

[DISCUSSION DRAFT]

116TH CONGRESS
2D SESSION

H. R. _____

To amend title 38, United States Code, to make certain improvements relating to the medical care furnished by the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title 38, United States Code, to make certain improvements relating to the medical care furnished by the Department of Veterans Affairs, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Veterans Comprehensive Prevention, Access to Care, and
6 Treatment Act of 2020” or the “Veterans COMPACT Act
7 of 2020”.

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

Sec. 1. Short title; table of contents.

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

Sec. 101. Expansion of health care coverage for veterans.

Sec. 102. Review of records of former members of the Armed Forces who die within one year of separation from the Armed Forces.

Sec. 103. Report on care for former members of the Armed Forces with other than honorable discharge.

Sec. 104. Physical examination and mental health assessment required during the 90-day period before separation from the Armed Forces.

Sec. 105. Medical examinations for certain veterans.

Sec. 106. Pilot program on information sharing between Department of Veterans Affairs and designated relatives and friends of veterans regarding the assistance and benefits available to the veterans.

Sec. 107. National survey of veterans.

TITLE II—SUICIDE PREVENTION

Sec. 201. Department of Veterans Affairs training and counseling in suicide prevention and lethal means.

Sec. 202. Financial assistance to certain entities to provide or coordinate the provision of suicide prevention services for eligible individuals and their families.

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

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

Sec. 205. Comptroller General report on management by Department of Veterans Affairs of veterans at high risk for suicide.

Sec. 206. Authority for Secretary of Veterans Affairs to award contracts and grants to States to promote health and wellness, prevent suicide, and improve outreach to veterans.

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

Sec. 301. Establishment by Department of Veterans Affairs and Department of Defense of a clinical provider treatment toolkit and accompanying training materials for co-occurring disorders and trauma.

Sec. 302. Update of clinical practice guidelines for assessment and management of patients at risk for suicide.

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED
SERVICES

Sec. 401. Study to inform suicide prevention and mental health outreach programs of Department of Veterans Affairs.

Sec. 402. Oversight of mental health and suicide prevention media outreach conducted by Department of Veterans Affairs.

- Sec. 403. Comptroller General management review of mental health and suicide prevention services of Department of Veterans Affairs.
- Sec. 404. Comptroller General report on efforts of Department of Veterans Affairs to integrate mental health care into primary care clinics.
- Sec. 405. Joint mental health programs by Department of Veterans Affairs and Department of Defense.

TITLE V—WORKFORCE IMPROVEMENT

- Sec. 501. Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.
- Sec. 502. Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs.
- Sec. 503. Expansion of reporting requirements on Readjustment Counseling Service of Department of Veterans Affairs.
- Sec. 504. Treatment of psychologists.
- Sec. 505. Pilot program on prescription of medication by psychologists of Department of Veterans Affairs.

TITLE VI—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

- Sec. 601. Expansion of capabilities of Women Veterans Call Center to include text messaging.
- Sec. 602. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.
- Sec. 603. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.
- Sec. 604. Report on locations where women veterans are using health care from Department of Veterans Affairs.
- Sec. 605. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs.
- Sec. 606. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers.
- Sec. 607. Counseling in retreat settings for women veterans and other individuals.
- Sec. 608. Study of barriers for women veterans to health care from the Department of Veterans Affairs.
- Sec. 609. Counseling and treatment for sexual trauma.
- Sec. 610. Women-specific drug and alcohol dependency treatment and rehabilitative programs for women veterans.
- Sec. 611. Study on suicide by women veterans.
- Sec. 612. Grants for women veterans.

TITLE VII—OTHER MATTERS

- Sec. 701. Prescription of technical qualifications for licensed hearing aid specialists and requirement for appointment of such specialists.

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

5 **SEC. 101. EXPANSION OF HEALTH CARE COVERAGE FOR**
6 **VETERANS.**

7 (a) IN GENERAL.—Section 1710(a)(1) of title 38,
8 United States Code, is amended—

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

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

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

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

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

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

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

3 (c) PROMOTION OF EXPANDED ELIGIBILITY.—

4 (1) TRANSITION ASSISTANCE PROGRAM.—

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

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

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

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

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

7 (a) IN GENERAL.—The Secretary of Defense and the
8 Secretary of Veterans Affairs shall jointly design and con-
9 duct a cohort study to compare records of former members
10 of the Armed Forces who died within one year of separa-
11 tion to a sample of former members of the Armed Forces
12 who did not die within one year of separation. In carrying
13 out the review, the Secretary of Defense and Secretary
14 of Veterans Affairs shall include records of members of
15 the Armed Forces who were separated during the five-year
16 period preceding the date of the enactment of this Act.

17 (b) COLLABORATION.—The Secretary of Defense and
18 the Secretary of Veterans Affairs shall conduct the review
19 required by subsection (a) in collaboration with Office of
20 Suicide Prevention of the Department of Veterans Affairs.

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

24 (1) In the case of a former member who died
25 withing one year of separation, the manner of death,

1 to include suicide, accident, violent death, or other
2 causes.

3 (2) If the Department of Defense had pre-
4 viously identified the former member as being at risk
5 for suicide and if that identification had been com-
6 municated to the Department of Veterans Affairs.

7 (3) What risk and protective factors were
8 present with respect to the former member and an
9 evaluation of how those risk and protective factors
10 may be associated with the health outcomes of the
11 former member.

12 (4) If the former member was eligible to receive
13 health care services from the Department of Vet-
14 erans Affairs.

15 (5) If the former member received health care
16 services, including mental health care services, from
17 a facility of the Department of Veterans Affairs, in-
18 cluding readjustment counseling services, or through
19 the Department of Defense following separation
20 from the Armed Forces.

21 (6) If the former member had received a mental
22 health waiver during service in the Armed Forces.

23 (7) The employment status, housing status,
24 marital status, age, rank within the Armed Forces,
25 type of discharge from the Armed Forces, military

1 occupational specialty, and branch of service within
2 the Armed Forces.

3 (8) In the case of a former member who is or
4 was enrolled in the patient enrollment system of the
5 Department of Veterans Affairs under section 1705
6 of title 38, United States Code, the priority group
7 of the former member in such system.

8 (9) Whether the former member has coverage
9 under a health plan contract under the meaning of
10 such term in section 1729 of title 39, United States
11 Code.

12 (10) If support services, specified by the type of
13 service, were provided to the former member during
14 their period of separation from the Armed Forces,
15 disaggregated by—

16 (A) services furnished by the Department
17 of Defense, including through contracts;

18 (B) services furnished by the Department
19 of Veterans Affairs, including through con-
20 tracts; and

21 (C) services not covered under subpara-
22 graph (A) or (B).

23 (d) REPORT.—

24 (1) IN GENERAL.—Not later than one year
25 after the date of the enactment of this Act, the Sec-

1 retary of Defense and the Secretary of Veterans Af-
2 fairs shall jointly submit to the appropriate commit-
3 tees of Congress an aggregated report on the results
4 of the review conducted under subsection (a).

5 (2) APPROPRIATE COMMITTEES OF CONGRESS
6 DEFINED.—In this subsection, the term “appro-
7 priate committees of Congress” means—

8 (A) The Committee on Armed Services and
9 the Committee on Veterans’ Affairs of the Sen-
10 ate; and

11 (B) The Committee on Armed Services and
12 the Committee on Veterans’ Affairs of the
13 House of Representatives.

14 **SEC. 103. REPORT ON CARE FOR FORMER MEMBERS OF**
15 **THE ARMED FORCES WITH OTHER THAN**
16 **HONORABLE DISCHARGE.**

17 Section 1720I of title 38, United States Code, is
18 amended—

19 (1) in subsection (e)—

20 (A) in paragraph (3)—

21 (i) in subparagraph (B), by striking
22 “and” at the end;

23 (ii) by redesignating subparagraph

24 (C) as subparagraph (D);

1 (iii) in subparagraph (D), as so redesi-
2 gnated, by striking “and” at the end; and

3 (iv) by inserting after subparagraph
4 (B) the following new subparagraph (C):

5 “(C) is displayed prominently on a website
6 of the department; and”;

7 (B) by redesignating paragraph (4) as
8 paragraph (5); and

9 (C) by inserting after paragraph (3) the
10 following new paragraph (4):

11 “(4) shall include outreach on Internet search
12 engines; and”; and

13 (2) in subsection (f)—

14 (A) in paragraph (1) by striking “Not less
15 frequently than once” and inserting “Not later
16 than February 15”; and

17 (B) in paragraph (2)—

18 (i) by redesignating subparagraph (C)
19 as subparagraph (G); and

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

22 “(C) The services provided to address the men-
23 tal or behavioral health care conditions treated
24 under this section.

1 “(D) The demographics of individuals who were
2 treated under this section, including—

3 “(i) age;

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

5 “(iii) branch of service in the Armed
6 Forces;

7 “(iv) combat experience; and

8 “(v) the geographic location of the resi-
9 dence of the individual at the time services are
10 delivered under this section.

11 “(E) The average number and distribution of
12 encounters, by type, for an individual for mental or
13 behavioral health care under this section.

14 “(F) The costs of mental or behavioral health
15 care furnished under this section.”.

16 **SEC. 104. PHYSICAL EXAMINATION AND MENTAL HEALTH**
17 **ASSESSMENT REQUIRED DURING THE 90-DAY**
18 **PERIOD BEFORE SEPARATION FROM THE**
19 **ARMED FORCES.**

20 (a) IN GENERAL.—Section 1145 of title 10, United
21 States Code, is amended—

22 (1) in subsection (a)(5)(A), by striking “imme-
23 diately” and inserting “not more than 90 days”; and

24 (2) in subsection (d)—

25 (A) in paragraph (1)—

1 (i) by inserting “and a mental health
2 assessment” after “physical examination”
3 each place it appears;

4 (ii) in subparagraph (A), by inserting
5 “and” after the semicolon;

6 (iii) in subparagraph (B), by striking
7 “; and” and inserting a period; and

8 (iv) by striking subparagraph (C);

9 (B) in paragraph (2), by inserting “and
10 mental health assessment” after “physical ex-
11 amination” both places it appears; and

12 (C) in paragraphs (3) and (4), by inserting
13 “or mental health assessment” after “physical
14 examination” both places it appears.

15 (b) HEALTH CARE PLANNING IN THE TRANSITION
16 ASSISTANCE PROGRAM.—Section 1142(b)(10) of title 10,
17 United States Code, is amended by inserting “health
18 care,” after “educational,”.

19 (c) ANNUAL REPORT REGARDING MEMBERS SEPA-
20 RATING FROM THE ARMED FORCES.—Section 1073b of
21 title 10, United States Code, is amended by adding at the
22 end the following new subsection (c):

23 “(c) ANNUAL REPORT ON MEMBERS SEPARATING
24 FROM THE ARMED FORCES.—(1) Not later than July 1
25 of each year, the Secretary of Defense shall issue a report

1 to Congress on data compiled from physical examinations
2 and mental health assessments of members of the armed
3 forces conducted under section 1145(a)(5) of this title.
4 The report shall cover the calendar year preceding the
5 year in which the report is submitted.

6 “(2) The report under paragraph (1) shall, with
7 respect to members described in section 1145(a)(5)
8 of this title, include the following information:

9 “(A) A breakdown of members by age,
10 rank, length of service, duties, deployment, con-
11 tingencies, sex, race, and military department.

12 “(B) What percentage of members received
13 physical examinations and mental health assess-
14 ments in such calendar year.

15 “(C) The most common physical and men-
16 tal health conditions identified by such physical
17 examinations and mental health assessments.

18 “(D) The risk factors and co-morbidities
19 associated with the conditions described in sub-
20 paragraph (C).

21 “(E) Plans of the Secretary to address the
22 conditions described in subparagraph (C).

23 “(F) What percentage of members received
24 preseparation counseling under section 1142 of
25 this title.

1 “(G) Challenges (including wait times and
2 administrative burdens) to providing services to
3 members under the Transition Assistance Pro-
4 gram under sections 1142 and 1144 of this
5 title.

6 “(3) The Secretary shall cooperate with the
7 Secretaries of Veterans Affairs and Labor to im-
8 prove implementation of the Transition Assistance
9 Program under sections 1142 and 1144 of this title.

10 “(4) The Secretary shall publish each report
11 under paragraph (1) on a publicly available website
12 of the Department of Defense.”.

13 **SEC. 105. MEDICAL EXAMINATIONS FOR CERTAIN VET-**
14 **ERANS.**

15 (a) NOTICE.—Not later than 90 days after the date
16 of the enactment of this Act, the Under Secretary of
17 Health of the Department of Veterans Affairs shall seek
18 to contact each covered veteran by mail, telephone, or
19 email to encourage each covered veteran to receive medical
20 examinations including the following:

21 (1) A comprehensive physical examination.

22 (2) A comprehensive mental health examina-
23 tion.

24 (3) A comprehensive eye examination if the cov-
25 ered veteran has not received such an examination

1 in the year immediately preceding the date of such
2 examination.

3 (4) A comprehensive audiological examination if
4 the covered veteran has not received such an exam-
5 ination in the year immediately preceding the date
6 of such examination.

7 (b) EXAMINATIONS.—

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

14 (2) COMMUNITY CARE.—Pursuant to subsection
15 (d) or (e) of section 1703 of title 38, United States
16 Code, a covered veteran may receive an examination
17 described in subsection (a) from a health care pro-
18 vider described in subsection (c) of that section.

19 (c) TRANSPORTATION.—

20 (1) BENEFICIARY TRAVEL PROGRAM.—Pursu-
21 ant to section 111 of title 38, United States Code,
22 the Secretary of Veterans Affairs may pay for a
23 rural covered veteran to travel to a health care facil-
24 ity to receive an examination described in subsection
25 (a).

1 (2) SHUTTLE SERVICE.—The Under Secretary
2 of Health shall seek to enter into agreements with
3 non-profit organizations to provide shuttle service to
4 rural covered veterans for examinations described in
5 subsection (a).

6 (d) REPORT REQUIRED.—Not later than 18 months
7 after the date of the enactment of this Act, the Secretary
8 of Veterans Affairs shall submit to Congress a report re-
9 garding how many covered veterans scheduled examina-
10 tions described in subsection (a) after receiving a letter,
11 telephone call, or email under that subsection.

12 (e) DEFINITIONS.—In this section:

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

15 (A) is enrolled in the system of annual pa-
16 tient enrollment under section 1705 of title 38,
17 United States Code; and

18 (B) has not received health care furnished
19 or paid for by the Secretary of Veterans Affairs
20 during the two years immediately preceding the
21 date in subsection (a)(1).

22 (2) The term “rural covered veteran” means a
23 covered veteran—

1 (A) who lives in an area served by the Of-
2 fice of Rural Health of the Department of Vet-
3 erans Affairs; and

4 (B) whom the Under Secretary of Health
5 determines requires assistance to travel to a
6 health care facility to receive an examination
7 described in subsection (a).

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

11 **SEC. 106. PILOT PROGRAM ON INFORMATION SHARING BE-**
12 **TWEEN DEPARTMENT OF VETERANS AFFAIRS**
13 **AND DESIGNATED RELATIVES AND FRIENDS**
14 **OF VETERANS REGARDING THE ASSISTANCE**
15 **AND BENEFITS AVAILABLE TO THE VET-**
16 **ERANS.**

17 (a) PILOT PROGRAM REQUIRED.—

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

22 (A) to encourage members of the Armed
23 Forces who are transitioning from service in the
24 Armed Forces to civilian life, before separating
25 from such service, to designate up to 10 per-

1 sons to whom information regarding the assist-
2 ance and benefits available to the veterans
3 under laws administered by the Secretary shall
4 be disseminated using the contact information
5 obtained under paragraph (7); and

6 (B) provides such persons, within 30 days
7 after the date on which such persons are des-
8 ignated under subparagraph (A), the option to
9 elect to receive such information.

10 (2) DURATION.—The Secretary shall carry out
11 the pilot program during a period beginning on the
12 date of the commencement of the pilot program that
13 is not less than two years.

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

17 (4) TYPES OF INFORMATION.—The types of in-
18 formation to be disseminated under the pilot pro-
19 gram to persons who elect to receive such informa-
20 tion shall include information regarding the fol-
21 lowing:

22 (A) Services and benefits offered to vet-
23 erans and their family members by the Depart-
24 ment of Veterans Affairs.

1 (B) Challenges and stresses that might ac-
2 company transitioning from service in the
3 Armed Forces to civilian life.

4 (C) Services available to veterans and their
5 family members to cope with the experiences
6 and challenges of service in the Armed Forces
7 and transition from such service to civilian life.

8 (D) Services available through community
9 partner organizations to support veterans and
10 their family members.

11 (E) Services available through Federal,
12 State, and local government agencies to support
13 veterans and their family members.

14 (F) The environmental health registry pro-
15 gram, health and wellness programs, and re-
16 sources for preventing and managing diseases
17 and illnesses.

18 (G) A toll-free telephone number through
19 which such persons who elect to receive infor-
20 mation under the pilot program may request in-
21 formation regarding the program.

22 (H) Such other matters as the Secretary,
23 in consultation with members of the Armed
24 Forces and such persons who elect to receive in-

1 formation under the pilot program, determines
2 to be appropriate.

3 (5) PRIVACY OF INFORMATION.—In carrying
4 out the pilot program, the Secretary may not dis-
5 seminate information under paragraph (4) in viola-
6 tion of laws and regulations pertaining to the pri-
7 vacy of members of the Armed Forces, including re-
8 quirements pursuant to—

9 (A) section 552a of title 5, United States
10 Code; and

11 (B) the Health Insurance Portability and
12 Accountability Act of 1996 (Public Law 104–
13 191).

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

17 (A) ensure that such veteran is notified of
18 the ability to modify designations made by such
19 veteran under paragraph (1)(A); and

20 (B) upon the request of a veteran, author-
21 ize such veteran to modify such designations at
22 any time.

23 (7) CONTACT INFORMATION.—In making a des-
24 ignation under the pilot program, a veteran shall
25 provide necessary contact information, specifically

1 including an email address, to facilitate the dissemi-
2 nation of information regarding the assistance and
3 benefits available to the veteran under laws adminis-
4 tered by the Secretary.

5 (8) OPT-IN AND OPT-OUT OF PILOT PRO-
6 GRAM.—

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

14 (B) OPT-IN BY DESIGNATED RECIPI-
15 ENTS.—A person designated pursuant to para-
16 graph (1)(A) may receive information under the
17 pilot program only if the person makes the elec-
18 tion described in paragraph (1)(B).

19 (C) OPT-OUT.—In carrying out the pilot
20 program, the Secretary shall, with respect to a
21 person who has elected to receive information
22 under such pilot program, cease disseminating
23 such information to that person upon request of
24 such person.

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

1 (1) SURVEY.—

2 (A) IN GENERAL.—Not later than one year
3 after the date of the commencement of the pilot
4 program and not less frequently than once each
5 year thereafter for the duration of the pilot pro-
6 gram, the Secretary shall administer a survey
7 to persons who ever elected to receive informa-
8 tion under the pilot program for the purpose of
9 receiving feedback regarding the quality of in-
10 formation disseminated under this section.

11 (B) ELEMENTS.—Each survey conducted
12 under subparagraph (A) shall include sollicita-
13 tion of the following:

14 (i) Feedback on the following:

15 (I) The nature of information
16 disseminated under the pilot program.

17 (II) Satisfaction with the pilot
18 program.

19 (III) The utility of the pilot pro-
20 gram.

21 (IV) Overall pilot program suc-
22 cesses and challenges.

23 (ii) Recommendations for improving
24 the pilot program.

1 (iii) Reasons for opting in or out of
2 the pilot program.

3 (iv) Such other feedback or matters as
4 the Secretary considers appropriate.

5 (2) REPORT.—

6 (A) IN GENERAL.—Not later than three
7 years after the date on which the pilot program
8 commences, the Secretary shall submit to the
9 Committee on Veterans“ Affairs of the Senate
10 and the Committee on Veterans” Affairs of the
11 House of Representatives a final report on the
12 pilot program.

13 (B) CONTENTS.—The report submitted
14 under subparagraph (A) shall include the fol-
15 lowing:

16 (i) The results of the survey adminis-
17 tered under paragraph (1).

18 (ii) The number of participants en-
19 rolled in the pilot program who are vet-
20 erans.

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

23 (iv) The number of such persons who
24 opted in or out of the pilot program under
25 subsection (a)(8).

1 (v) The average period such persons
2 remained in the pilot program.

3 (vi) An assessment of the feasibility
4 and advisability of making the pilot pro-
5 gram permanent.

6 (vii) Identification of legislative or ad-
7 ministrative action that may be necessary
8 if the pilot program is made permanent.

9 (viii) A plan to expand the pilot pro-
10 gram if the pilot program is made perma-
11 nent.

12 (ix) If the Secretary finds under
13 clause (vi) that making the pilot program
14 permanent is not feasible or advisable, a
15 justification for such finding.

16 **SEC. 107. NATIONAL SURVEY OF VETERANS.**

17 (a) SURVEY.—Not later than 365 days after the date
18 of the enactment of this Act, the Secretary of Veterans
19 Affairs shall conduct a national survey of veterans in a
20 manner to include a statistically valid sample of veterans
21 by—

22 (1) gender identity (including male, woman,
23 transgender, gender diverse);

24 (2) age;

25 (3) race and ethnicity;

- 1 (4) marital status;
- 2 (5) whether the veteran has dependent children;
- 3 (6) branch of service;
- 4 (7) period of service;
- 5 (8) component of the Armed Forces; and
- 6 (9) whether the veteran is enrolled in the pa-
- 7 tient enrollment system of the Department of Vet-
- 8 erans Affairs under section 1705 of title 38, United
- 9 States Code.

10 (b) MATTERS INCLUDED.—The survey required by
11 subsection (a) shall include an assessment of the experi-
12 ences of the veterans included in the survey with respect
13 to each of the following factors:

- 14 (1) Educational history and experience.
- 15 (2) Reason for leaving military service.
- 16 (3) Sexual orientation.
- 17 (4) Service-connected disability rating.
- 18 (5) Income amount and sources.
- 19 (6) Living arrangement, as of the date on
- 20 which the survey is conducted.
- 21 (7) Housing stability and security, both as of
- 22 the date on which the survey is conducted and prior
- 23 experiences.
- 24 (8) Employment status, both as of the date on
- 25 which the survey is conducted and prior experiences.

1 (9) Reasons for not seeking employment, if ap-
2 plicable.

3 (10) Level of food security.

4 (11) Financial and physical ability to meet
5 basic needs.

6 (12) Experience performing military service in
7 the National Guard or a reserve component.

8 (13) Experience performing military service in
9 a combat theater of operations or war zone.

10 (14) Exposure to dead, dying, or wounded peo-
11 ple while serving on active duty.

12 (15) Prisoner of war status.

13 (16) Exposure to environment hazards while in
14 military service.

15 (17) Health status.

16 (18) Quality of life.

17 (19) Exposure to military sexual trauma.

18 (20) Exposure to adverse childhood experiences.

19 (21) Experience and history with Department
20 of Veterans Affairs benefits and services, including,
21 if applicable, reasons for not using such benefits or
22 services.

23 (22) Experience with veterans treatment courts.

24 (23) Experience with criminal justice system.

1 (24) Experience with health care furnished by
2 the Department of Veterans Affairs.

3 (25) Experience using other services provided
4 by the Federal Government or a State government
5 including—

6 (A) a nutrition assistance program;

7 (B) Medicaid;

8 (C) Medicare;

9 (D) unemployment and employment pro-
10 grams; and

11 (E) other programs the Secretary deter-
12 mines appropriate.

13 (26) Such other issues that the Secretary deter-
14 mines appropriate for assessing the social deter-
15 minants of the health and overall well-being of vet-
16 erans.

17 (c) GROUPS OF VETERANS.—In conducting the sur-
18 vey required under subsection (a), the Secretary shall en-
19 sure that each of following groups are represented:

20 (1) World War II veterans.

21 (2) Korean conflict era veterans.

22 (3) Vietnam era veterans.

23 (4) Persian Gulf era veterans.

1 (5) Veterans of the conflicts in Lebanon in
2 1982 and 1983, Grenada in 1983, and Panama in
3 1989 and 1990.

4 (6) Post-9/11 era veterans.

5 (7) Veterans who served during peacetime.

6 (8) Members of the Armed Forces serving on
7 active duty.

8 (9) National Guard and Reserve members acti-
9 vated under title 10, United States Code.

10 (10) Family members and survivors of veterans
11 and members of the Armed Forces.

12 (d) REPORT.—Not later than 180 days after the com-
13 pletion of the survey conducted pursuant to subsection (a),
14 the Secretary of Veterans Affairs shall—

15 (1) submit to Congress a report on the results
16 of the survey; and

17 (2) publish such report on a publicly accessible
18 website of the Department of Veterans Affairs.

19 **TITLE II—SUICIDE PREVENTION**

20 **SEC. 201. DEPARTMENT OF VETERANS AFFAIRS TRAINING**

21 **AND COUNSELING IN SUICIDE PREVENTION**

22 **AND LETHAL MEANS.**

23 (a) TRAINING SESSION.—Not later than 180 days
24 after the date of the enactment of this Act, the Secretary
25 of Veterans Affairs shall develop a training session on sui-

1 cide prevention, suicide risk assessment, safety planning,
2 and lethal means counseling. Such training shall—

3 (1) be required for all primary care practi-
4 tioners of the Department of Veterans Affairs, and
5 to other Department employees, as directed by the
6 Secretary, by not later than 270 days after the date
7 of the enactment of this Act;

8 (2) be required for all primary care practi-
9 tioners who furnish care to veterans under the De-
10 partment of Veterans Affairs Community Care pro-
11 gram (under section 1703 of title 38, United States
12 Code) at least once every two years; and

13 (3) be updated at least once every two years.

14 (b) COUNSELING SESSION.—

15 (1) IN GENERAL.—Not later than 360 days
16 after the date of the enactment of this Act, the Sec-
17 retary shall develop a suicide prevention and lethal
18 means counseling session tailored to veterans. Such
19 counseling shall—

20 (A) be provided by primary care practi-
21 tioners of the Department to—

22 (i) all veterans enrolled in the patient
23 enrollment system under section 1705 of
24 title 38, United States Code; and

1 (ii) other patients, as determined by
2 the Secretary; and

3 (B) be provided annually to each such vet-
4 eran during a primary care appointment.

5 (2) LETHAL MEANS COUNSELING.—In this sub-
6 section, the term “lethal means counseling” means
7 counseling designed to—

8 (A) assess whether a person at risk for sui-
9 cide has access to lethal means; and

10 (B) work with such person and the family
11 and support system of such person to limit the
12 access of the person to lethal means until the
13 person is no longer at elevated risk of suicide.

14 (c) CONSULTATION.—In developing the training and
15 counseling sessions required by this section, the Secretary
16 shall consult with the Secretary of Health and Human
17 Services, the National Institutes of Health, experts in sui-
18 cide assessment, treatment, and management, and af-
19 fected professional associations.

20 **SEC. 202. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES**
21 **TO PROVIDE OR COORDINATE THE PROVI-**
22 **SION OF SUICIDE PREVENTION SERVICES**
23 **FOR ELIGIBLE INDIVIDUALS AND THEIR FAM-**
24 **ILIES.**

25 (a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

1 (1) IN GENERAL.—The Secretary of Veterans
2 Affairs shall provide financial assistance to eligible
3 entities approved under this section through the
4 award of grants to such entities to provide or coordi-
5 nate the provision of suicide prevention services to
6 eligible individuals and their families to reduce the
7 risk of suicide.

8 (2) COORDINATION WITH TASK FORCE.—The
9 Secretary shall carry out this section in coordination
10 with the President’s Roadmap to Empower Veterans
11 and End the National Tragedy of Suicide Task
12 Force, to the extent practicable.

13 (b) AWARD OF GRANTS.—

14 (1) IN GENERAL.—The Secretary shall award a
15 grant to each eligible entity for which the Secretary
16 has approved an application under subsection (e) to
17 provide or coordinate the provision of suicide preven-
18 tion services under this section.

19 (2) GRANT AMOUNTS, INTERVALS OF PAYMENT,
20 AND MATCHING FUNDS.—In accordance with the
21 services being provided under a grant under this sec-
22 tion and the duration of those services, the Secretary
23 shall—

1 (A) establish a maximum amount to be
2 awarded under the grant (that may not exceed
3 \$750,000 per grantee per fiscal year);

4 (B) establish intervals of payment for the
5 administration of the grant; and

6 (C) establish a requirement for the recipi-
7 ent of the grant to provide matching funds in
8 a specified percentage.

9 (c) DISTRIBUTION OF GRANTS AND PREFERENCE.—

10 (1) DISTRIBUTION.—

11 (A) PRIORITY.—Subject to subparagraphs
12 (B) and (C), in determining how to distribute
13 grants under this section, the Secretary may
14 prioritize the award of grants in—

15 (i) rural communities;

16 (ii) Tribal lands;

17 (iii) territories of the United States;

18 (iv) medically underserved areas;

19 (v) areas with a high number or per-
20 centage of minority veterans or women vet-
21 erans;

22 (vi) areas with a high number of sui-
23 cide deaths or a high rate of suicide; and

1 (vii) areas with a high number or per-
2 centage of calls to the Veterans Crisis
3 Line.

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

7 (i) to provide services in areas of
8 States that have experienced high rates or
9 high burdens of veteran suicide; and

10 (ii) to eligible entities that can assist
11 eligible individuals who are not currently
12 receiving health care furnished by the De-
13 partment of Veterans Affairs.

14 (C) GEOGRAPHY.—In distributing grants
15 under subparagraph (B), the Secretary may
16 provide grants to eligible entities that furnish
17 services to eligible individuals and their families
18 in geographically dispersed areas.

19 (2) PREFERENCE.—The Secretary shall give
20 preference in the award of grants under this section
21 to eligible entities that have demonstrated the ability
22 to provide or coordinate multiple suicide prevention
23 services using a collective impact model.

24 (d) REQUIREMENTS FOR RECEIPT OF GRANTS.—

1 (1) NOTIFICATION THAT SERVICES ARE FROM
2 DEPARTMENT.—Each entity receiving a grant under
3 this section to provide suicide prevention services to
4 eligible individuals and their families shall notify the
5 recipient of such services that such services are
6 being paid for, in whole or in part, by the Depart-
7 ment.

8 (2) COORDINATION.—An entity receiving a
9 grant under this section shall—

10 (A) coordinate with the Secretary with re-
11 spect to the provision of clinical services to eli-
12 gible individuals in accordance with subsection
13 (l) or any other provisions of the law regarding
14 the delivery of health care under the laws ad-
15 ministered by the Secretary;

16 (B) inform a veteran who receives assist-
17 ance under this section of the eligibility of the
18 veteran to enroll in the patient enrollment sys-
19 tem of the Department of Veterans Affairs es-
20 tablished and operated under section 1705 of
21 title 38, United States Code; and

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

1 (3) MEASUREMENT AND MONITORING.—An en-
2 tity receiving a grant under this section shall submit
3 to the Secretary a description of such tools and as-
4 sessments the entity uses or will use to determine
5 the effectiveness of the services furnished by the en-
6 tity, including the effect of the services furnished by
7 the entity on—

8 (A) the financial stability of the eligible in-
9 dividual;

10 (B) the mental health status, well-being,
11 and suicide risk of the eligible individual; and

12 (C) the social support of the eligible indi-
13 vidual.

14 (4) REPORTS.—The Secretary—

15 (A) shall require each entity receiving a
16 grant under this section to submit to the Sec-
17 retary an annual report that describes the
18 projects carried out with such grant during the
19 year covered by the report (including the num-
20 ber of eligible individuals served);

21 (B) shall specify to each such entity the
22 evaluation criteria and data and information
23 (inlcuding a mental health, well-being, and sui-
24 cide risk assessment for each eligible individual
25 served); and

1 (C) may require such entities to submit to
2 the Secretary such additional reports as the
3 Secretary determines appropriate.

4 (e) APPLICATION FOR GRANTS.—

5 (1) IN GENERAL.—An eligible entity seeking a
6 grant under this section shall submit to the Sec-
7 retary an application therefor in such form, in such
8 manner, and containing such commitments and in-
9 formation as the Secretary determines necessary to
10 carry out this section.

11 (2) MATTERS TO BE INCLUDED.—Each applica-
12 tion submitted by an eligible entity under paragraph
13 (1) shall contain the following:

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

17 (B) A detailed plan describing how the eli-
18 gible entity proposes to coordinate and deliver
19 suicide prevention services to eligible individuals
20 not currently receiving care furnished by the
21 Department, including—

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

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

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

6 (iv) an identification of the local sui-
7 cide prevention coordinator of the Depart-
8 ment; and

9 (v) a description of involvement in the
10 plan by that local suicide prevention coor-
11 dinator.

12 (C) A description of the population of eligi-
13 ble individuals and their families proposed to be
14 provided suicide prevention services.

15 (D) Based on information and methods de-
16 veloped by the Secretary for purposes of this
17 subsection, an estimate of the number of eligi-
18 ble individuals and their families proposed to be
19 provided suicide prevention services, including
20 the percentage of those eligible individuals who
21 are not currently receiving care furnished by
22 the Department.

23 (E) Evidence of the experience of the eligi-
24 ble entity (and the proposed partners of the en-
25 tity, if any) in providing suicide prevention

1 services to individuals, particularly to eligible
2 individuals and their families.

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

5 (i) to coordinate the provision of sui-
6 cide prevention services with the provision
7 of other services;

8 (ii) to assess on an on-going basis the
9 needs of eligible individuals and their fami-
10 lies for suicide prevention services;

11 (iii) to coordinate the provision of sui-
12 cide prevention services with the services of
13 the Department for which the individuals
14 are eligible;

15 (iv) to meet the needs of veterans with
16 physical disabilities, including spinal cord
17 injuries;

18 (v) to seek continuously new sources
19 of assistance to ensure the continuity of
20 suicide prevention services for eligible indi-
21 viduals and their families as long as they
22 are determined to be at risk of suicide; and

23 (vi) to measure, over a long-term pe-
24 riod, the improved mental health status,

1 well-being and suicide risk of the eligible
2 individual served.

3 (G) Clearly defined objectives for the provi-
4 sion of such services.

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

7 (I) A description of the geographic area
8 the eligible entity plans to serve during the year
9 for which the application applies.

10 (J) A description of the services the eligi-
11 ble entity proposes to deliver directly and a de-
12 scription of any services the eligible entity pro-
13 poses to deliver through an agreement with a
14 community partner, if any.

15 (K) The amount of grant funds proposed
16 to be made available to community partners, if
17 any, through agreements.

18 (L) An agreement to use each measure-
19 ment tool provided by the Department to meas-
20 ure the effectiveness of the suicide prevention
21 services under this section.

22 (M) A description of how the eligible entity
23 will assess the effectiveness of the provision of
24 suicide prevention services under this section.

1 (N) A description of how the eligible entity
2 will include individuals with physical disabilities
3 and meet the needs of such individuals.

4 (O) Such additional application criteria the
5 Secretary determines appropriate.

6 (f) TECHNICAL ASSISTANCE.—

7 (1) IN GENERAL.—The Secretary shall provide
8 training and technical assistance to eligible entities
9 in receipt of grants under this section regarding—

10 (A) the data required to be collected and
11 shared with the Department;

12 (B) the means of data collection and shar-
13 ing;

14 (C) familiarization with and appropriate
15 use of any tool to be used to measure the effec-
16 tiveness of the use of the grants provided;

17 (D) the requirements for reporting under
18 subsection (d)(5) on services provided via such
19 grants;

20 (E) suicide risk assessment and manage-
21 ment; and

22 (F) lethal means counseling.

23 (2) PROVISION OF TRAINING AND TECHNICAL
24 ASSISTANCE.—The Secretary may provide the train-
25 ing and technical assistance described in paragraph

1 (1) directly or through grants or contracts with ap-
2 propriate public or nonprofit entities.

3 (g) ADMINISTRATION OF GRANT PROGRAM.—

4 (1) SELECTION CRITERIA.—The Secretary, in
5 consultation with entities specified in paragraph (3),
6 shall establish criteria for the selection of eligible en-
7 tities that have submitted applications under sub-
8 section (e).

9 (2) DEVELOPMENT OF MEASURES AND
10 METRICS.—The Secretary shall develop, in consulta-
11 tion with entities specified in paragraph (3), the fol-
12 lowing:

13 (A) A framework for collecting and sharing
14 information about entities in receipt of grants
15 under this section for purposes of improving the
16 delivery of services available for eligible individ-
17 uals and their families, set forth by service
18 type, locality, and eligibility criteria.

19 (B) The measures to be used by each enti-
20 ty in receipt of grants under this section to de-
21 termine the effectiveness of the programming
22 being provided by such entity in improving
23 mental health status and well-being of eligible
24 individuals and their families (including meas-
25 ures of suicidal thoughts and behaviors among

1 individuals who receive services under this
2 grant program).

3 (C) Metrics (including the reduction of sui-
4 cide risk of eligible individuals) for measuring
5 the effectiveness of the provision of grants
6 under this section.

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

12 (A) Veterans service organizations.

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

18 (i) advocate for the needs of individ-
19 uals with or at risk of behavioral health
20 conditions;

21 (ii) represent mayors;

22 (iii) represent unions;

23 (iv) represent first responders;

24 (v) represent chiefs of police and sher-
25 iffs;

1 (vi) represent chief executive officers
2 of States; or

3 (vii) represent Tribes.

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

6 (D) Organizations with which the Depart-
7 ment has a current memorandum of agreement
8 or understanding related to mental health or
9 suicide prevention.

10 (E) State departments of veterans affairs.

11 (F) National organizations representing
12 members of the reserve components of the
13 Armed Forces.

14 (G) National organizations representing
15 members of the Coast Guard.

16 (H) Vet Centers.

17 (I) Organizations with experience in cre-
18 ating measurement tools for purposes of deter-
19 mining programmatic effectiveness.

20 (J) The National Alliance on Mental Ill-
21 ness.

22 (K) The Centers for Disease Control and
23 Prevention.

24 (L) The Substance Abuse and Mental
25 Health Services Administration.

1 (M) The President’s Roadmap to Empower
2 Veterans and End the National Tragedy of Sui-
3 cide Task Force.

4 (N) National organizations that represent
5 counties.

6 (O) Labor organizations (as defined in sec-
7 tion 7103 of title 5, United States Code).

8 (P) Such other organizations as the Sec-
9 retary determines appropriate.

10 (4) REPORT ON GRANT CRITERIA.—Not later
11 than 30 days before notifying eligible entities of the
12 availability of funding under this section, the Sec-
13 retary shall submit to the appropriate committees of
14 Congress a report containing—

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

17 (B) each tool or metric to be used by the
18 Department to measure the effectiveness of the
19 use of grants provided under this section;

20 (C) a framework for the sharing of infor-
21 mation about entities in receipt of grants under
22 this section; and

23 (D) the method by which the Secretary de-
24 termines financial responsibility with regards to
25 the definition of “eligible entity”.

1 (h) INFORMATION ON POTENTIAL ELIGIBLE INDI-
2 VIDUALS.—

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

7 (2) INFORMATION INCLUDED.—The information
8 made available under paragraph (1) with respect to
9 potential eligible individuals may include the fol-
10 lowing:

11 (A) Confirmation of the status of a poten-
12 tial eligible individual as a veteran.

13 (B) Confirmation of whether a potential el-
14 igible individual is enrolled in the patient enroll-
15 ment system of the Department under section
16 1705 of title 38, United States Code.

17 (C) Confirmation of whether a potential el-
18 igible individual is currently receiving care or
19 benefits furnished by the Department or has re-
20 cently received such care or benefits.

21 (3) OPT-OUT.—The Secretary shall allow an eli-
22 gible individual to opt out of having their informa-
23 tion shared under this subsection with recipients of
24 financial assistance under this section.

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

5 (j) REPORTING AND ASSESSMENT.—

6 (1) INTERIM REPORT.—

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

13 (B) ELEMENTS.—The report submitted
14 under subparagraph (A) shall include the fol-
15 lowing:

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

19 (I) the effectiveness of commu-
20 nity partners in conducting outreach
21 to veterans at risk of suicide and fam-
22 ilies of such veterans;

23 (II) reducing suicide rates for eli-
24 gible individuals; and

1 (III) the effectiveness of the
2 measures and metrics in improving
3 coordination of suicide prevention
4 services.

5 (ii) A list of grant recipients and their
6 partner organizations, if any, that deliv-
7 ered services funded by the grant and the
8 amount of such grant received by each re-
9 cipient and partner organization.

10 (iii) The number of eligible individuals
11 supported by each grant recipient, includ-
12 ing through services provided to family
13 members.

14 (iv) The types of suicide prevention
15 services provided by each grant recipient
16 and partner organization.

17 (v) The number of eligible individuals
18 supported by grants under this section, in-
19 cluding through services provided to family
20 members, who were not previously receiv-
21 ing care furnished by the Department.

22 (vi) The number of eligible individuals
23 who received a baseline suicide risk assess-
24 ment under this section and the number of
25 such eligible individuals whose mental

1 health status, suicide risk, and well-being,
2 will be measured by the Department or a
3 community partner over a period of time
4 for any improvements.

5 (vii) The types of data the Depart-
6 ment was able to collect and share with
7 partners, including a characterization of
8 the benefits of that data.

9 (viii) The number and percentage of
10 eligible individuals newly enrolled in the
11 Veterans Health Administration by each
12 grant recipient.

13 (ix) A detailed account of how the
14 grant funds were used, including executive
15 compensation, overhead costs, and other
16 indirect costs.

17 (x) A description of any outreach ac-
18 tivities conducted by the eligible entity
19 with respect to services provided using the
20 grant.

21 (xi) The number of individuals who
22 seek services from the grantee who were
23 not eligible individuals.

24 (C) PROVISION OF INFORMATION TO SEC-
25 RETARY.—The Secretary may require eligible

1 entities receiving grants under this section to
2 provide to the Secretary such information as
3 the Secretary determines necessary to report to
4 Congress the elements set forth in subpara-
5 graph (B).

6 (2) FINAL REPORT.—Not later than three years
7 after the date on which the first grant is awarded
8 under this section, and annually thereafter for every
9 year in which financial assistance is provided under
10 this section, the Secretary shall submit to the appro-
11 priate committees of Congress—

12 (A) a follow-up on the interim report sub-
13 mitted under paragraph (1) containing the ele-
14 ments set forth in subparagraph (B) of such
15 paragraph; and

16 (B) a report on—

17 (i) the effectiveness of the provision of
18 grants under this section, including the ef-
19 fectiveness of community partners in—

20 (I) conducting outreach to eligi-
21 ble individuals and their families; and

22 (II) reducing suicide rates for
23 such eligible individuals;

24 (ii) an assessment of the increased ca-
25 pacity of the Department to provide serv-

1 ices to eligible individuals and their fami-
2 lies, set forth by State, as a result of the
3 provision of grants under this section;

4 (iii) the feasibility and advisability of
5 extending or expanding the provision of
6 grants under this section; and

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

9 (3) THIRD PARTY ASSESSMENT.—

10 (A) STUDY OF GRANT PROGRAM.—

11 (i) IN GENERAL.—Not later than 180
12 days after the date on which the first
13 grant is awarded under this section, the
14 Secretary shall seek to enter into a con-
15 tract with an appropriate entity described
16 in subparagraph (C) to conduct a study of
17 the provision of grants under this section.

18 (ii) ELEMENTS.—In conducting the
19 study under clause (i), the entity shall—

20 (I) evaluate the effectiveness of
21 grants under this section in address-
22 ing the factors that contribute to sui-
23 cide through the provision of services
24 by eligible entities located in commu-

1 nities where such recipients of such
2 services live;

3 (II) evaluate the effectiveness of
4 grants under this section in reducing
5 suicidal thoughts and behaviors, and
6 suicide deaths; and

7 (III) compare the results of the
8 provision of grants under this section
9 with other national programs in deliv-
10 ering resources to eligible individuals
11 in the communities where they live
12 that address the factors that con-
13 tribute to suicide.

14 (B) ASSESSMENT.—

15 (i) IN GENERAL.—The contract under
16 subparagraph (A) shall provide that not
17 later than 24 months after the date on
18 which the first grant is awarded under this
19 section, the appropriate entity shall submit
20 to the Secretary an assessment based on
21 the study conducted pursuant to such con-
22 tract.

23 (ii) SUBMITTAL TO CONGRESS.—Upon
24 receipt of the assessment under clause (i),
25 the Secretary shall submit to the appro-

1 appropriate committees of Congress a copy of
2 the assessment.

3 (C) APPROPRIATE ENTITY.—An appro-
4 priate entity described in this subparagraph is
5 a nongovernment entity with experience assess-
6 ing the effectiveness of suicide prevention serv-
7 ices.

8 (k) PROVISION OF CARE TO ELIGIBLE INDIVID-
9 UALS.—

10 (1) IN GENERAL.—When the Secretary deter-
11 mines it is clinically appropriate, the Secretary shall
12 furnish, to eligible individuals who are receiving or
13 have received support through grants provided under
14 this section, an initial mental health assessment and
15 mental health or behavioral health care services au-
16 thorized under chapter 17 of title 38, United States
17 Code, that are required to treat the mental or behav-
18 ioral health care needs of the eligible individual, in-
19 cluding risk of suicide.

20 (2) INELIGIBILITY.—If an eligible individual re-
21 fuses to receive services under paragraph (1) or is
22 ineligible for such services, any clinical services pro-
23 vided by the recipient of a grant under this section,
24 or a community partner of such recipient, shall be
25 at the expense of the grant recipient.

1 (3) TERMINATION.—The requirement to furnish
2 an initial mental health assessment and mental
3 health or behavioral health care services under para-
4 graph (1) shall terminate on the date specified in
5 subsection (i).

6 (1) AGREEMENTS WITH COMMUNITY PARTNERS.—
7 An eligible entity in receipt of a grant under this section
8 may use grant funds to enter into an agreement with a
9 community partner under which the eligible entity may
10 provide funds to a community partner for the provision
11 of covered services to eligible individuals and their fami-
12 lies.

13 (m) DEFINITIONS.—In this section:

14 (1) APPROPRIATE COMMITTEES OF CON-
15 GRESS.—The term “appropriate committees of Con-
16 gress” means—

17 (A) the Committee on Veterans’ Affairs
18 and the Subcommittee on Military Construc-
19 tion, Veterans Affairs, and Related Agencies of
20 the Committee on Appropriations of the Senate;
21 and

22 (B) the Committee on Veterans’ Affairs
23 and the Subcommittee on Military Construc-
24 tion, Veterans Affairs, and Related Agencies of

1 the Committee on Appropriations of the House
2 of Representatives.

3 (2) COLLECTIVE IMPACT MODEL.—The term
4 “collective impact model” means a partnership be-
5 tween entities that—

6 (A) collectively provide multiple suicide
7 prevention services;

8 (B) shares the common goal of reducing
9 the risk of suicide among eligible individuals;

10 (C) engages in continuous communication;

11 (D) uses a common measurement system;

12 and

13 (E) includes an organization that acts as
14 the supporting infrastructure of the model by
15 creating a structured process for—

16 (i) strategic planning;

17 (ii) project management; and

18 (iii) supporting partner entities
19 through ongoing facilitation, technology
20 and communications support, data collec-
21 tion and reporting, and administrative sup-
22 port.

23 (3) ELIGIBLE ENTITY.—The term “eligible enti-
24 ty” means—

1 (A) an incorporated private institution or
2 foundation—

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

6 (ii) that has a governing board that is
7 responsible for the operation of the suicide
8 prevention services provided under this sec-
9 tion; and

10 (iii) that is approved by the Secretary
11 as financially responsible;

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

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

20 (D) a community-based organization that
21 is physically based in the targeted community
22 and can effectively network with local civic or-
23 ganizations, regional health systems, and other
24 settings where eligible individuals and their
25 families are likely to have contact;

1 (E) a community-based organization
2 that—

3 (i) is physically based in the targeted
4 community;

5 (ii) has demonstrated the potential to
6 use a collective impact model to effectively
7 network and partner with community part-
8 ners that offer suicide prevention services
9 to reduce the risk of suicide for eligible in-
10 dividuals; and

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

13 (F) a State or local government.

14 (4) ELIGIBLE INDIVIDUAL.—The term “eligible
15 individual” means a person at risk of suicide who
16 is—

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

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

21 (C) an individual described in any of clause
22 (i) through (iv) of section 1712A(a)(1)(C) of
23 such title; or

24 (D) such other individual as the Secretary
25 determines appropriate.

1 (5) EMERGENCY MEDICAL CONDITION.—The
2 term “emergency medical condition” means a med-
3 ical or behavioral condition manifesting in acute
4 symptoms of sufficient severity (including severe
5 pain) that the absence of immediate medical atten-
6 tion could reasonably be expected to result in—

7 (A) placing the health of the individual in
8 serious jeopardy;

9 (B) serious impairment of bodily functions;

10 or

11 (C) serious dysfunction of bodily organs.

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

14 (A) A parent.

15 (B) A spouse.

16 (C) A child.

17 (D) A sibling.

18 (E) A step-family member.

19 (F) An extended family member.

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

22 (7) NECESSARY STABILIZING TREATMENT.—

23 The term “necessary stabilizing treatment” the pro-
24 vision, for not longer than 72 consecutive hours, of
25 treatment of an emergency medical condition to en-

1 sure, to a reasonable medical probability, that no
2 material deterioration of the condition is likely to re-
3 sult from or occur during the transfer of the indi-
4 vidual from a facility.

5 (8) PEER SPECIALIST.—The term “peer spe-
6 cialist” means an individual eligible to be appointed
7 as a peer specialist under section 7402 of title 38,
8 United States Code.

9 (9) RISK OF SUICIDE.—The term “risk of sui-
10 cide” means exposure to or the existence of any of
11 the following (to a degree determined by the Sec-
12 retary pursuant to regulations):

13 (A) Health risk factors, including the fol-
14 lowing:

- 15 (i) Mental health challenges.
- 16 (ii) Substance abuse.
- 17 (iii) Serious or chronic health condi-
18 tions or pain.
- 19 (iv) Traumatic brain injury.

20 (B) Environmental risk factors, including
21 the following:

- 22 (i) Access to lethal means (such as
23 drugs, firearms, etc.).
- 24 (ii) Prolonged stress.
- 25 (iii) Stressful life events.

1 (iv) Unemployment.

2 (v) Homelessness.

3 (vi) Recent loss.

4 (vii) Legal or financial challenges.

5 (C) Historical risk factors, including the
6 following:

7 (i) Previous suicide attempts.

8 (ii) Family history of suicide.

9 (iii) History of abuse, neglect, or trau-
10 ma.

11 (10) STATE.—The term “State” has the mean-
12 ing given that term in section 101 of title 38, United
13 States Code.

14 (11) SUICIDE PREVENTION SERVICES.—The
15 term “suicide prevention services” means services
16 (other than direct cash assistance to eligible individ-
17 uals or their families) to address the needs of eligi-
18 ble individuals and their families and includes the
19 following:

20 (A) Outreach to identify those at risk of
21 suicide, focusing on eligible individuals who—

22 (i) are at the greatest risk of suicide;

23 or

1 (ii) are not receiving health care or
2 other services furnished by the Secretary
3 of Veterans Affairs.

4 (B) A baseline mental health assessment
5 for risk screening and referral to care at—

6 (i) a medical facility of the Depart-
7 ment;

8 (ii) a Vet Center; or

9 (iii) a non-Department facility if the
10 eligible individual refuses or is ineligible
11 for care from the Department.

12 (C) Education on suicide risk and preven-
13 tion to families and communities.

14 (D) Case management services.

15 (E) Peer support services.

16 (F) Assistance in obtaining any benefits
17 from the Department that the eligible individ-
18 uals and their families may be eligible to re-
19 ceive, including—

20 (i) vocational and rehabilitation coun-
21 seling;

22 (ii) supportive services for homeless
23 veterans;

24 (iii) employment and training services;

25 (iv) educational assistance; and

1 (v) health care services.

2 (G) Assistance in obtaining and coordi-
3 nating the provision of other benefits provided
4 by the Federal Government, a State or local
5 government, or an eligible entity.

6 (H) The provision of necessary stabilizing
7 treatment to an eligible individual, including—

8 (i) assessing the eligible individual for
9 immediate suicide risk;

10 (ii) connecting the eligible individual
11 to the Veterans Crisis Line; and

12 (iii) in the case of an eligible indi-
13 vidual who is at imminent risk of self-
14 harm, transport to—

15 (I) a medical facility of the De-
16 partment; or

17 (II) a non-Department facility
18 under section 1703B, 1725, or 1720J
19 (as added by section 201 of this Act)
20 of title 38, United States Code.

21 (I) Assistance with emergent needs relat-
22 ing to—

23 (i) daily living;

24 (ii) personal financial planning;

25 (iii) transportation;

1 (iv) legal services to assist the eligible
2 individual with issues that may contribute
3 to risk of suicide; and

4 (v) child care (not to exceed \$5,000
5 per family of the eligible individual per fis-
6 cal year).

7 (J) Such other services necessary for im-
8 proving the mental health status and well-being
9 of eligible individuals and their families the Sec-
10 retary determines appropriate, which may in-
11 clude—

12 (i) adaptive sports, equine-assisted
13 therapy, or in-place or outdoor recreational
14 therapy;

15 (ii) non-medical substance use reduc-
16 tion programming;

17 (iii) family counseling; and

18 (iv) relationship coaching.

19 (12) VET CENTER.—The term “Vet Center”
20 has the meaning given that term in section
21 1712A(h)(1) of title 38, United States Code.

22 (13) VETERANS CRISIS LINE.—The term “Vet-
23 erans Crisis Line” means the toll-free hotline for
24 veterans established under section 1720F(h) of title
25 38, United States Code.

1 (14) VETERANS SERVICE ORGANIZATION.—The
2 term “veterans service organization” means any or-
3 ganization recognized by the Secretary of Veterans
4 Affairs as assisting veterans, including under section
5 5902 of title 38, United States Code.

6 **SEC. 203. INTERAGENCY TASK FORCE ON OUTDOOR RECRE-**
7 **ATION FOR VETERANS.**

8 (a) ESTABLISHMENT.—Not later than 180 days after
9 the date of the enactment of this Act, the Secretary of
10 Veterans Affairs shall establish a task force to be known
11 as the “Task Force on Outdoor Recreation for Veterans”
12 (in this section referred to as the “Task Force”).

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

- 15 (1) The Secretary of Veterans Affairs.
16 (2) The Secretary of the Interior.
17 (3) The Secretary of Health and Human Serv-
18 ices.
19 (4) The Secretary of Agriculture.
20 (5) The Secretary of Defense.
21 (6) The Secretary of Homeland Security.
22 (7) The Chief of the Army Corps of Engineers.
23 (8) Any other member that the Secretary of
24 Veterans Affairs determines to be appropriate.

1 (c) CHAIRPERSONS.—The Secretary of Veterans Af-
2 fairs and the Secretary of the Interior shall serve as co-
3 chairpersons of the Task Force (in this section referred
4 to as the “Chairpersons”).

5 (d) DUTIES.—

6 (1) TASK FORCE.—The duties of the Task
7 Force shall be—

8 (A) to identify opportunities to formalize
9 coordination between the Department of Vet-
10 erans Affairs, public land agencies, and partner
11 organizations regarding the use of public lands
12 or other outdoor spaces for medical treatment
13 and recreational therapy for veterans;

14 (B) to identify barriers that exist to pro-
15 viding veterans with opportunities for medical
16 treatment and therapy through the use of out-
17 door recreation on public lands or other outdoor
18 spaces; and

19 (C) to develop recommendations to better
20 facilitate the use of public lands or other out-
21 door spaces for preventative care, medical treat-
22 ment, and therapy for veterans.

23 (2) CONSULTATION.—The Task Force shall
24 carry out the duties under paragraph (1) in con-

1 sultation with appropriate veterans outdoor recre-
2 ation groups.

3 (e) REPORTS.—

4 (1) PRELIMINARY REPORT.—Not later than
5 180 days after the date on which the Task Force is
6 established, the Chairpersons shall submit to Con-
7 gress a report on the preliminary findings of the
8 Task Force.

9 (2) FINAL REPORT.—Not later than one year
10 after the date of the submittal of the preliminary re-
11 port under paragraph (1), the Chairpersons shall
12 submit to Congress a report on the findings of the
13 Task Force, which shall include the recommenda-
14 tions developed under subsection (d)(1)(C).

15 (f) DURATION.—The Task Force shall terminate on
16 the date that is one year after the date of the submittal
17 of the final report in subsection (e)(2).

18 (g) DEFINITIONS.—In this section:

19 (1) The term “public lands” means any rec-
20 reational lands under the jurisdiction of the Federal
21 Government or a State or local government.

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

1 **SEC. 204. DEPARTMENT OF VETERANS AFFAIRS INDE-**
2 **PENDENT REVIEWS OF CERTAIN DEATHS OF**
3 **VETERANS BY SUICIDE AND STAFFING LEV-**
4 **ELS OF MENTAL HEALTH PROFESSIONALS.**

5 (a) REVIEW OF DEATHS OF VETERANS BY SUI-
6 CIDE.—

7 (1) IN GENERAL.—Not later than 90 days after
8 the date of the enactment of this Act, the Secretary
9 of Veterans Affairs shall seek to enter into an agree-
10 ment with the National Academies of Sciences, En-
11 gineering, and Medicine under which the National
12 Academies shall conduct a review of the deaths of all
13 covered veterans who died during the five-year pe-
14 riod ending on the date of the enactment of this Act,
15 regardless of whether information relating to such
16 deaths has been reported by the Centers for Disease
17 Control and Prevention.

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

20 (A) The total number of covered veterans
21 who died by suicide during the five-year period
22 ending on the date of the enactment of this Act.

23 (B) The total number of covered veterans
24 who died by a violent death during such five-
25 year period.

1 (C) The total number of covered veterans
2 who died by an accidental death during such
3 five-year period.

4 (D) The total number of covered veterans
5 who died by other causes during such five-year
6 period.

7 (E) A description of each covered veteran
8 described in subparagraphs (A) through (D),
9 including age, gender, race, ethnicity, and era
10 of service.

11 (F) A comprehensive list of prescribed
12 medications and legal or illegal substances as
13 annotated on toxicology reports of covered vet-
14 erans described in subparagraphs (A) through
15 (C), specifically listing any medications that
16 carried a black box warning, were prescribed for
17 off-label use, were psychotropic, or carried
18 warnings that included suicidal ideation.

19 (G) A summary of medical diagnoses by
20 physicians of the Department of Veterans Af-
21 fairs or physicians providing services to covered
22 veterans through programs of the Department
23 that led to the prescribing of medications re-
24 ferred to in subparagraph (E) in cases of post-
25 traumatic stress disorder, traumatic brain in-

1 jury, military sexual trauma, and other anxiety
2 and depressive disorders.

3 (H) The number of instances in which a
4 covered veteran described in subparagraph (A),
5 (B), or (C) was concurrently on multiple medi-
6 cations prescribed by physicians of the Depart-
7 ment or physicians providing services to vet-
8 erans through programs of the Department to
9 treat post-traumatic stress disorder, traumatic
10 brain injury, military sexual trauma, other anx-
11 iety and depressive disorders, or instances of
12 comorbidity.

13 (I) The number of covered veterans de-
14 scribed in subparagraphs (A) through (C) who
15 were not taking any medication prescribed by a
16 physician of the Department or a physician pro-
17 viding services to veterans through a program
18 of the Department.

19 (J) With respect to the treatment of post-
20 traumatic stress disorder, traumatic brain in-
21 jury, military sexual trauma, or other anxiety
22 and depressive disorders, the percentage of cov-
23 ered veterans described in subparagraphs (A)
24 through (C) who received a non-medication

1 first-line treatment compared to the percentage
2 of such veterans who received medication only.

3 (K) With respect to the treatment of cov-
4 ered veterans described in subparagraphs (A)
5 through (C) for post-traumatic stress disorder,
6 traumatic brain injury, military sexual trauma,
7 or other anxiety and depressive disorders, the
8 number of instances in which a non-medication
9 first-line treatment (such as cognitive behav-
10 ioral therapy) was attempted and determined to
11 be ineffective for such a veteran, which subse-
12 quently led to the prescribing of a medication
13 referred to in subparagraph (E).

14 (L) A description and example of how the
15 Department determines and continually updates
16 the clinical practice guidelines governing the
17 prescribing of medications.

18 (M) An analysis of the use by the Depart-
19 ment, including protocols or practices at med-
20 ical facilities of the Department, of systemati-
21 cally measuring pain scores during clinical en-
22 counters under the Pain as the 5th Vital Sign
23 Toolkit of the Department and an evaluation of
24 the relationship between the use of such meas-
25 urements and the number of veterans concur-

1 rently on multiple medications prescribed by
2 physicians of the Department.

3 (N) The percentage of covered veterans de-
4 scribed in subparagraphs (A) through (C) with
5 combat experience or trauma related to combat
6 experience (including military sexual trauma,
7 traumatic brain injury, and post-traumatic
8 stress).

9 (O) An identification of the medical facili-
10 ties of the Department with markedly high pre-
11 scription rates and suicide rates for veterans re-
12 ceiving treatment at those facilities.

13 (P) An analysis, by State, of programs of
14 the Department that collaborate with State
15 Medicaid agencies and the Centers for Medicare
16 and Medicaid Services, including the following:

17 (i) An analysis of the sharing of pre-
18 scription and behavioral health data for
19 veterans.

20 (ii) An analysis of whether Depart-
21 ment staff check with State prescription
22 drug monitoring programs before pre-
23 scribing medications to veterans.

24 (iii) A description of the procedures of
25 the Department for coordinating with pre-

1 scribers outside of the Department to en-
2 sure that veterans are not overprescribed.

3 (iv) A description of actions that the
4 Department takes when a veteran is deter-
5 mined to be overprescribed.

6 (Q) An analysis of the collaboration of
7 medical centers of the Department with medical
8 examiners' offices or local jurisdictions to deter-
9 mine veteran mortality and cause of death.

10 (R) An identification and determination of
11 a best practice model to collect and share vet-
12 eran death certificate data between the Depart-
13 ment of Veterans Affairs, the Department of
14 Defense, States, and tribal entities.

15 (S) A description of how data relating to
16 death certificates of veterans is collected, deter-
17 mined, and reported by the Department of Vet-
18 erans Affairs.

19 (T) An assessment of any patterns appar-
20 ent to the National Academies of Sciences, En-
21 gineering, and Medicine based on the review
22 conducted under paragraph (1).

23 (U) Such recommendations for further ac-
24 tion that would improve the safety and well-
25 being of veterans as the National Academies of

1 Sciences, Engineering, and Medicine determine
2 appropriate.

3 (b) REVIEW OF STAFFING LEVELS FOR MENTAL
4 HEALTH PROFESSIONALS.—

5 (1) IN GENERAL.—Not later than 90 days after
6 the date of the enactment of this Act, the Secretary
7 shall seek to enter into an agreement with the Na-
8 tional Academies of Sciences, Engineering, and Med-
9 icine under which the National Academies shall con-
10 duct a review of the staffing levels for mental health
11 professionals of the Department.

12 (2) ELEMENTS.—The review required by para-
13 graph (1) shall include a description of the efforts
14 of the Department to maintain appropriate staffing
15 levels for mental health professionals, such as men-
16 tal health counselors, marriage and family thera-
17 pists, and other appropriate counselors, including
18 the following:

19 (A) a description of any impediments to
20 carry out the education, training, and hiring of
21 mental health counselors and marriage and
22 family therapists under section 7302(a) of title
23 38, United States Code, and strategies for ad-
24 dressing those impediments;

1 (B) a description of the objectives, goals,
2 and timing of the Department with respect to
3 increasing the representation of such counselors
4 and therapists in the behavioral health work-
5 force of the Department, including—

6 (i) a review of eligibility criteria for
7 such counselors and therapists and a com-
8 parison of such criteria to that of other be-
9 havioral health professions in the Depart-
10 ment; and

11 (ii) an assessment of the participation
12 of such counselors and therapists in the
13 mental health professionals trainee pro-
14 gram of the Department and any impedi-
15 ments to such participation;

16 (C) an assessment of the development by
17 the Department of hiring guidelines for mental
18 health counselors, marriage and family thera-
19 pists, and other appropriate counselors;

20 (D) a description of how the Depart-
21 ment—

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

1 (ii) determines successful staffing ra-
2 tios for mental health professionals of the
3 Department;

4 (E) a description of actions taken by the
5 Secretary, in consultation with the Director of
6 the Office of Personnel Management, to create
7 an occupational series for mental health coun-
8 selors and marriage and family therapists of the
9 Department and a timeline for the creation of
10 such an occupational series; and

11 (F) a description of actions taken by the
12 Secretary to ensure that the national, regional,
13 and local professional standards boards for
14 mental health counselors and marriage and
15 family therapists are comprised of only mental
16 health counselors and marriage and family
17 therapists and that the liaison from the Depart-
18 ment to such boards is a mental health coun-
19 selor or marriage and family therapist.

20 (c) COMPILATION OF DATA.—

21 (1) FORM OF COMPILATION.—The Secretary of
22 Veterans Affairs shall ensure that data compiled
23 under subsections (a) and (b) is compiled in a man-
24 ner that allows it to be analyzed across all data
25 fields for purposes of informing and updating clin-

1 ical practice guidelines of the Department of Vet-
2 erans Affairs.

3 (2) COMPILATION OF DATA REGARDING COV-
4 ERED VETERANS.—In compiling data under sub-
5 section (a)(2) regarding covered veterans described
6 in subparagraphs (A) through (C) of such sub-
7 section, data regarding veterans described in each
8 such subparagraph shall be compiled separately and
9 disaggregated by year.

10 (d) COMPLETION OF REVIEWS AND REPORTS.—Each
11 agreement entered into under subsections (a)(1) and
12 (b)(1) shall require that the National Academies of
13 Sciences, Engineering, and Medicine complete the review
14 under each such subsection and submit to the Secretary
15 of Veterans Affairs a report containing the results of the
16 review—

17 (1) with respect to the review under subsection
18 (a)(1), not later than 24 months after entering into
19 the agreement; and

20 (2) with respect to the review under subsection
21 (b)(1), not later than 18 months after entering into
22 the agreement.

23 (e) REPORT.—Not later than 90 days after the com-
24 pletion by the National Academies of Sciences, Engineer-

1 ing, and Medicine of the review required under subsection
2 (a), the Secretary of Veterans Affairs shall—

3 (1) submit to the Committee on Veterans' Af-
4 fairs of the Senate and the Committee on Veterans'
5 Affairs of the House of Representatives a report on
6 the results of the review; and

7 (2) make such report publicly available.

8 (f) DEFINITIONS.—In this section:

9 (1) The term “black box warning” means a
10 warning displayed on the label of a prescription drug
11 that is designed to call attention to the serious or
12 life-threatening risk of the prescription drug.

13 (2) The term “covered veteran” means a vet-
14 eran who received hospital care or medical services
15 furnished by the Department of Veterans Affairs
16 during the five-year period preceding the death of
17 the veteran.

18 (3) The term “first-line treatment” means a po-
19 tential intervention that has been evaluated and as-
20 signed a high score within clinical practice guide-
21 lines.

22 (4) The term “State” means each of the States,
23 territories, and possessions of the United States, the
24 District of Columbia, and the Commonwealth of
25 Puerto Rico.

1 **SEC. 205. COMPTROLLER GENERAL REPORT ON MANAGE-**
2 **MENT BY DEPARTMENT OF VETERANS AF-**
3 **FAIRS OF VETERANS AT HIGH RISK FOR SUI-**
4 **CIDE.**

5 (a) IN GENERAL.—Not later than 18 months after
6 the date of the enactment of this Act, the Comptroller
7 General of the United States shall submit to the Com-
8 mittee on Veterans' Affairs of the Senate and the Com-
9 mittee on Veterans' Affairs of the House of Representa-
10 tives a report on the efforts of the Department of Veterans
11 Affairs to manage veterans at high risk for suicide.

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

14 (1) A description of how the Department identi-
15 fies patients as high risk for suicide, with particular
16 consideration to the efficacy of inputs into the Re-
17 covery Engagement and Coordination for Health –
18 Veterans Enhanced Treatment program (commonly
19 referred to as the “REACH VET” program) of the
20 Department, including an assessment of the efficacy
21 of such identifications disaggregated by age, gender,
22 Veterans Integrated Service Network, and, to the ex-
23 tent practicable, medical center of the Department.

24 (2) A description of how the Department inter-
25 venes when a patient is identified as high risk, in-
26 cluding an assessment of the efficacy of such inter-

1 ventions disaggregated by age, gender, Veterans In-
2 tegrated Service Network, and, to the extent prac-
3 ticable, medical center of the Department.

4 (3) A description of how the Department mon-
5 itors patients who have been identified as high risk,
6 including an assessment of the efficacy of such mon-
7 itoring and any follow-ups disaggregated by age,
8 gender, Veterans Integrated Service Network, and,
9 to the extent practicable, medical center of the De-
10 partment.

11 (4) A review of staffing levels of suicide preven-
12 tion coordinators across the Veterans Health Admin-
13 istration.

14 (5) A review of the resources and programming
15 offered to family members and friends of veterans
16 who have a mental health condition in order to as-
17 sist that veteran in treatment and recovery.

18 (6) An assessment of such other areas as the
19 Comptroller General determines appropriate to
20 study.

1 **SEC. 206. AUTHORITY FOR SECRETARY OF VETERANS AF-**
2 **FAIRS TO AWARD CONTRACTS AND GRANTS**
3 **TO STATES TO PROMOTE HEALTH AND**
4 **WELLNESS, PREVENT SUICIDE, AND IMPROVE**
5 **OUTREACH TO VETERANS.**

6 (a) IN GENERAL.—Chapter 63 of title 38, United
7 States Code, is amended—

8 (1) by redesignating sections 6307 and 6308 as
9 sections 6308 and 6309, respectively; and

10 (2) by inserting after section 6306 the following
11 new section 6307:

12 **“§ 6307. Contracts and grants to promote health and**
13 **wellness, prevent suicide, and improve**
14 **outreach to veterans**

15 “(a) PURPOSE.—It is the purpose of this section to
16 provide for assistance by the Secretary to States to carry
17 out programs that promote health and wellness, strength-
18 en the coordination, implementation, and evaluation of
19 comprehensive veteran suicide prevention programs, and
20 offer a high probability of improving outreach and assist-
21 ance to veterans and the spouses, children, and parents
22 of veterans, to ensure that such individuals are fully in-
23 formed about, and assisted in applying for, any veterans
24 and veterans-related benefits and programs (including
25 State veterans programs) for which they may be eligible.

1 “(b) CONTRACTS.—(1) The Secretary may enter into
2 a contract with a State in order to carry out, coordinate,
3 improve, or otherwise enhance health and wellness pro-
4 grams, comprehensive veteran suicide prevention pro-
5 grams, and outreach by the Department and the State (in-
6 cluding outreach with respect to a State, county, or other
7 local veterans program).

8 “(2) As a condition of entering into a contract with
9 a State under paragraph (1), the Secretary shall require
10 the State to submit to the Secretary a detailed plan for
11 the use of any funds provided to the State pursuant to
12 the contract and to meet the outcome measures developed
13 by the Secretary under subsection (c)(4).

14 “(3) Each contract entered into with a State under
15 this subsection to carry out an activity shall include a re-
16 quirement that the State carry out the activity through—

17 “(A) the county veterans service officers of the
18 State; or

19 “(B) if a county veterans service officer does
20 not exist in the State or exists only in portions of
21 the State, an appropriate State, local, or tribal enti-
22 ty as determined by the Secretary.

23 “(c) GRANTS.—(1) The Secretary may award a grant
24 to a State to be used—

1 “(A) to carry out, coordinate, improve, or oth-
2 erwise enhance—

3 “(i) health and wellness programs;

4 “(ii) comprehensive veteran suicide preven-
5 tion programs;

6 “(iii) outreach activities; or

7 “(iv) activities to assist in the development
8 and submittal of claims for veterans and vet-
9 erans-related benefits; or

10 “(B) to increase the number of county veterans
11 service officers serving in the State by hiring new,
12 additional county veterans service officers.

13 “(2) A State that receives a grant under this sub-
14 section to carry out an activity described in paragraph
15 (1)(A) shall carry out the activity through—

16 “(A) a county veterans service officer of the
17 State; or

18 “(B) if a county veterans service officer does
19 not exist in the State or exists only in portions of
20 the State, an appropriate State, local, or tribal enti-
21 ty as determined by the Secretary.

22 “(3)(A) To be eligible for a grant under this sub-
23 section, a State shall submit to the Secretary an applica-
24 tion therefor at such time, in such manner, and containing
25 such information as the Secretary may require.

1 “(B) Each application submitted under subparagraph
2 (A) shall include the following:

3 “(i) A detailed plan for the use of the grant.

4 “(ii) A description of the programs through
5 which the State will meet the outcome measures de-
6 veloped by the Secretary under paragraph (4).

7 “(4)(A) The Secretary shall develop and provide to
8 the recipient of a grant under this subsection written guid-
9 ance on outcome measures, policies of the Department,
10 and procedures for applying for grants under this section.

11 “(B) The Secretary shall review the performance of
12 each State that receives a grant under this section and
13 shall make information regarding such performance pub-
14 licly available.

15 “(C) In the case of a State that is a recipient of a
16 grant under this subsection that does not meet the out-
17 come measures developed by the Secretary, the Secretary
18 shall require the State to submit a remediation plan under
19 which the State shall describe how and when it plans to
20 meet such outcome measures. The Secretary must approve
21 such plan before the Secretary may award a subsequent
22 grant to that State under this subsection.

23 “(5) A grant under this subsection—

24 “(A) shall be used—

1 “(i) to expand existing programs, activi-
2 ties, and services;

3 “(ii) to hire new, additional county vet-
4 erans service officers; or

5 “(iii) for travel and transportation to fa-
6 cilitate carrying out clause (i) or (ii); and

7 “(B) shall be used to supplement and not sup-
8 plant State and local funding that is otherwise avail-
9 able.

10 “(6) A grant under this subsection may be used to
11 provide education and training, including on-the-job train-
12 ing, for State, county, local, and tribal government em-
13 ployees who provide (or when trained will provide) vet-
14 erans outreach services in order for those employees to
15 obtain accreditation in accordance with procedures ap-
16 proved by the Secretary and, for employees so accredited,
17 for purposes of continuing education.

18 “(7) A grant awarded under paragraph (1)(A) may
19 be used to carry out, coordinate, improve, or otherwise en-
20 hance an activity carried out pursuant to a contract en-
21 tered into under subsection (b).

22 “(d) COUNTY VETERANS SERVICE OFFICER DE-
23 FINED.—In this section, the term ‘county veterans service
24 officer’ includes—

1 “(1) a local equivalent veterans service officer;
2 and

3 “(2) a tribal veterans service officer or tribal
4 veteran representative.

5 “(e) FUNDING.—(1) Amounts for the activities of the
6 Department under this section shall be budgeted and ap-
7 propriated through a separate appropriation account.

8 “(2) In the budget justification materials submitted
9 to Congress in support of the Department budget for any
10 fiscal year (as submitted with the budget of the President
11 under section 1105(a) of title 31), the Secretary shall in-
12 clude a separate statement of the amount requested to be
13 appropriated for that fiscal year for the account specified
14 in paragraph (1).

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to the Secretary for each
17 of fiscal years 2020 through 2024, \$50,000,000 to carry
18 out this section.”.

19 (b) CLERICAL AMENDMENT.—The table of sections
20 at the beginning of chapter 63 of such title is amended
21 by striking the items relating to sections 6307 and 6308
22 and inserting the following new items:

“6307. Contracts and grants to promote health and wellness, prevent suicide,
and improve outreach to veterans.

“6308. Outreach for eligible dependents.

“6309. Biennial report to Congress.”.

1 **TITLE III—PROGRAMS, STUDIES,**
2 **AND GUIDELINES ON MENTAL**
3 **HEALTH**

4 **SEC. 301. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
5 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
6 **A CLINICAL PROVIDER TREATMENT TOOLKIT**
7 **AND ACCOMPANYING TRAINING MATERIALS**
8 **FOR CO-OCCURRING DISORDERS AND TRAU-**
9 **MA.**

10 (a) IN GENERAL.—Not later than two years after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs, in consultation with the Secretary of De-
13 fense, the Secretary of Health and Human Services (in-
14 cluding through the Director of the Indian Health Service
15 and the Administrator of the Substance Abuse and Mental
16 Health Services Administration), shall develop a clinical
17 provider treatment toolkit and accompanying training ma-
18 terials for the evidence-based management of co-occurring
19 mental health conditions, co-occurring mental health and
20 substance use disorders, and a co-occurring mental health
21 condition and chronic pain.

22 (b) MATTERS INCLUDED.—In developing the clinical
23 provider treatment toolkit and accompanying training ma-
24 terials under subsection (a), the Secretary of Veterans Af-

1 fairs shall ensure that the toolkit and training materials
2 include guidance with respect to the following:

3 (1) The treatment of patients with post-trau-
4 matic stress disorder who are also experiencing an
5 additional mental health condition, a substance use
6 disorder, military sexual trauma, chronic pain, or a
7 combination thereof.

8 (2) The treatment of patients experiencing a
9 mental health condition, including anxiety, depres-
10 sion, or bipolar disorder, who are also experiencing
11 a substance use disorder, military sexual trauma,
12 chronic pain, or a combination thereof.

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

15 (A) a mental health condition, including
16 post-traumatic stress disorder, anxiety, depres-
17 sion, or bipolar disorder;

18 (B) military sexual trauma;

19 (C) a substance use disorder;

20 (D) chronic pain; or

21 (E) any combination thereof.

1 **SEC. 302. UPDATE OF CLINICAL PRACTICE GUIDELINES**
2 **FOR ASSESSMENT AND MANAGEMENT OF PA-**
3 **TIENTS AT RISK FOR SUICIDE.**

4 (a) IN GENERAL.—In the first publication of the De-
5 partment of Veterans Affairs and Department of Defense
6 Clinical Practice Guideline for Assessment and Manage-
7 ment of Patients at Risk for Suicide published after the
8 date of the enactment of this Act, the Secretary of Vet-
9 erans Affairs and the Secretary of Defense, through the
10 Assessment and Management of Patients at Risk for Sui-
11 cide Work Group (in this section referred to as the “Work
12 Group”), shall ensure that—

13 (1) there is an explicit plan for implementation
14 and dissemination of the publication; and

15 (2) the publication includes—

16 (A) enhanced guidance with respect to, if
17 empirically indicated—

18 (i) gender-specific and sexual-orienta-
19 tion-specific risk factors for suicide and su-
20 icidal ideation;

21 (ii) gender-specific and sexual-orienta-
22 tion-specific treatment efficacy for depres-
23 sion and suicide prevention;

24 (iii) gender-specific and sexual-ori-
25 entation-specific pharmacotherapy efficacy;
26 and

1 (iv) gender-specific and sexual-ori-
2 entation-specific psychotherapy efficacy;
3 and

4 (B) guidance with respect to the findings
5 of the Creating Options for Veterans' Expedited
6 Recovery Commission (commonly referred to as
7 the "COVER Commission") established under
8 section 931 of the Jason Simcakoski Memorial
9 and Promise Act (title IX of Public Law 114–
10 198; 38 U.S.C. 1701 note) regarding the effi-
11 cacy of complementary and integrative health
12 approaches to suicide prevention, and any sig-
13 nificant empirical findings in such areas since
14 publication of the final report of such Commis-
15 sion.

16 (b) RULE OF CONSTRUCTION.—Nothing in this sec-
17 tion shall be construed to prevent the Secretary of Vet-
18 erans Affairs and the Secretary of Defense from consid-
19 ering all relevant evidence, as appropriate, in updating the
20 Department of Veterans Affairs and Department of De-
21 fense Clinical Practice Guideline for Assessment and Man-
22 agement of Patients at Risk for Suicide, as required under
23 subsection (a), or from ensuring that the final clinical
24 practice guidelines updated under such subsection remain

1 applicable to the patient populations of the Department
2 of Veterans Affairs and the Department of Defense.

3 **TITLE IV—OVERSIGHT OF MEN-**
4 **TAL HEALTH CARE AND RE-**
5 **LATED SERVICES**

6 **SEC. 401. STUDY TO INFORM SUICIDE PREVENTION AND**
7 **MENTAL HEALTH OUTREACH PROGRAMS OF**
8 **DEPARTMENT OF VETERANS AFFAIRS.**

9 (a) IN GENERAL.—Not later than 180 days after the
10 date of the enactment of this Act, the Secretary of Vet-
11 erans Affairs shall enter into an agreement with a non-
12 Federal Government entity to conduct a study of the
13 strengths and weaknesses of the suicide prevention and
14 mental health outreach materials prepared by the Depart-
15 ment of Veterans Affairs and the suicide prevention and
16 mental health outreach campaigns conducted by the De-
17 partment. Such study shall be conducted in accordance
18 with this section.

19 (b) USE OF FOCUS GROUPS.—

20 (1) IN GENERAL.—An agreement entered into
21 under subsection (a) shall provide that the non-Fed-
22 eral Government entity shall consult with not fewer
23 than eight different focus groups that meet the cri-
24 teria under paragraph (2) to discuss the develop-
25 ment of the suicide prevention and mental health

1 materials and campaigns as required under sub-
2 section (a).

3 (2) CRITERIA FOCUS GROUPS.—Focus groups
4 convened for purposes of paragraph (1) shall meet
5 the following criteria:

6 (A) Such groups shall be held in geo-
7 graphically diverse areas as follows:

8 (i) Not fewer than two in rural or
9 highly rural areas.

10 (ii) Not fewer than one in each of the
11 four districts of the Veterans Benefits Ad-
12 ministration.

13 (B) Such groups shall be held at a variety
14 of dates and times to ensure an adequate rep-
15 resentation of veterans with different work
16 schedules.

17 (C) Each such group shall include not
18 fewer than five and not more than 12 partici-
19 pants.

20 (D) Each such group shall, to the extent
21 practicable, include veterans of diverse back-
22 grounds, including veterans from each of the
23 covered veteran groups.

24 (c) REPORT.—

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

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

9 (A) Based on the findings of the focus
10 groups, an assessment of veteran perceptions of
11 the strengths and weaknesses of current suicide
12 prevention and mental health outreach efforts
13 of the Department in reaching veterans as a
14 whole as well as specific groups of veterans (for
15 example, women veterans).

16 (B) Based on the findings of the focus
17 groups, recommendations for future suicide pre-
18 vention and mental health outreach efforts by
19 the Department to target specific groups of vet-
20 erans.

21 (C) A plan to improve and expand the cur-
22 rent approach by the Department to suicide
23 prevention and mental health outreach or, if the
24 Secretary decides not to change the current ap-

1 proach, an explanation of the reason for main-
2 taining the current approach.

3 (D) Such other issues as the Secretary
4 considers necessary.

5 (d) REPRESENTATIVE SURVEY.—

6 (1) IN GENERAL.—An agreement entered into
7 under subsection (a) shall provide that not later
8 than one year after the last focus group meeting
9 under subsection (b), the non-Federal Government
10 entity shall complete a representative survey of the
11 veteran population in order to collect information
12 about veterans' perceptions of and experiences with
13 the mental health and suicide prevention outreach
14 campaigns conducted by the Department.

15 (2) VETERANS SURVEYED.—

16 (A) IN GENERAL.—To the extent prac-
17 ticable, veterans surveyed under paragraph (1)
18 shall include veterans from each of the covered
19 veteran groups.

20 (B) DISAGGREGATION OF INFORMATION.—

21 Information collected from veterans surveyed
22 under paragraph (1) shall be disaggregated
23 by—

1 (i) veterans received care from the
2 Department during the two-year period
3 preceding the survey; and

4 (ii) veterans who did not receive care
5 from the Department during the two-year
6 period preceding the survey.

7 (e) TREATMENT OF CONTRACTS FOR SUICIDE PRE-
8 VENTION AND MENTAL HEALTH OUTREACH MEDIA.—

9 (1) FOCUS GROUPS.—

10 (A) IN GENERAL.—The Secretary shall in-
11 clude in each contract to develop media relating
12 to suicide prevention and mental health out-
13 reach a requirement that the contractor convene
14 focus groups of veterans to inform the develop-
15 ment of suicide prevention and mental health
16 outreach materials.

17 (B) REPRESENTATION.—Each focus group
18 required pursuant to a contract referred to in
19 subparagraph (A) shall, to the extent prac-
20 ticable, include veterans of diverse backgrounds
21 from each of the covered veteran groups.

22 (2) SUBCONTRACTING.—The Secretary shall in-
23 clude in each contract described in paragraph (1)(A)
24 a requirement that, if the contractor subcontracts
25 for the development of media, the contractor shall

1 subcontract with a subcontractor that has experience
2 creating effective media campaigns that target indi-
3 viduals age 18 to 34.

4 (f) DEFINITIONS.—In this section:

5 (1) With respect to an area, the terms “rural”
6 and “highly rural” have the meanings given those
7 terms in the Rural-Urban Commuting Areas coding
8 system of the Department of Agriculture.

9 (2) The term “covered veteran group” means
10 each of the following:

11 (A) Veterans of all eras, as determined by
12 the Secretary.

13 (B) Women veterans.

14 (C) Minority veterans.

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

17 (E) Veterans who identify as lesbian, gay,
18 bisexual, transgender, or queer.

19 (F) Veterans who live in rural or highly
20 rural areas.

21 (G) Veterans with physical disabilities, in-
22 cluding spinal cord injuries and disorders.

23 (H) Veterans not enrolled in the patient
24 enrollment system of the Department.

1 (I) Individuals transitioning from active
2 duty in the Armed Forces to civilian life.

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

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

9 **“§ 1709C. Outreach: mental health and suicide pre-**
10 **vention**

11 “(a) GOALS AND METRICS.—The Secretary shall es-
12 tablish and maintain measurable objectives applicable to
13 the mental health and suicide prevention media outreach
14 campaigns of the Department. Such objectives shall in-
15 clude specific goals and targets, specific metrics, and ac-
16 tion plans to track progress.

17 “(b) USE OF METRICS.—(1) The Secretary shall de-
18 termine the appropriate methodological approach for
19 measuring the objectives required under subsection (a)
20 using metrics specific to each type of media. In carrying
21 out this subsection, the Secretary shall consider the fol-
22 lowing metrics:

23 “(A) Metrics relating to social media, which
24 may include the following:

25 “(i) Impressions.

1 “(ii) Reach.

2 “(iii) Engagement rate.

3 “(iv) Number of followers.

4 “(v) Such other metrics as the Secretary
5 considers necessary.

6 “(B) Metrics relating to television, which may
7 include the following:

8 “(i) Nielsen ratings.

9 “(ii) Such other metrics as the Secretary
10 considers necessary.

11 “(C) Metrics relating to email, which may in-
12 clude the following:

13 “(i) Open rate.

14 “(ii) Response rate.

15 “(iii) Click through rate.

16 “(iv) Delivery rate.

17 “(v) Such other metrics as the Secretary
18 considers necessary.

19 “(2) The Secretary shall periodically update the
20 metrics used under paragraph (1) as more accurate
21 metrics become available.

22 “(c) TARGETS AND MEASURES.—The targets estab-
23 lished under subsection (a) shall include—

24 “(1) targets to track the metrics used under
25 subsection (b); and

1 “(2) measures to assess how media outreach
2 campaigns influence the knowledge, attitudes, and
3 behaviors of veterans with respect to mental health
4 treatment and suicide prevention.

5 “(d) ANNUAL REPORT.—Not later than September
6 30 each year, the Secretary shall submit to the Committee
7 on Veterans’ Affairs of the Senate and the Committee on
8 Veterans’ Affairs of the House of Representatives a report
9 that includes a detailed description of—

10 “(1) the progress of the Department in meeting
11 the objectives and targets established under sub-
12 section (a) during the year covered by the report;
13 and

14 “(2) any action to be taken by the Department
15 to modify mental health and suicide prevention
16 media outreach campaigns if those objectives and
17 targets are not being met.

18 “(e) REPORT ON USE OF FUNDS BY OFFICE OF
19 MENTAL HEALTH AND SUICIDE PREVENTION.—Not later
20 than September 30 each year, the Secretary shall submit
21 to the Committee on Appropriations and the Committee
22 on Veterans’ Affairs of the Senate and the Committee on
23 Appropriations and the Committee on Veterans’ Affairs
24 of the House of Representatives a report containing the
25 expenditures and obligations of the Office of Mental

1 Health and Suicide Prevention of the Veterans Health Ad-
2 ministration during the period covered by the report.”.

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 1709B the following new
6 item:

“1709C. Outreach: mental health and suicide prevention.”.

7 (c) CONSULTATION.—In establishing measurable ob-
8 jectives under section 1709C of title 38, United States
9 Code, as added by subsection (a), the Secretary of Vet-
10 erans Affairs shall consult with the following:

11 (1) Relevant stakeholders, including organiza-
12 tions that represent veterans, as determined by the
13 Secretary.

14 (2) Mental health and suicide prevention ex-
15 perts.

16 (3) Such other persons as the Secretary con-
17 siders appropriate.

18 (d) INITIAL REPORT.—Not later than 180 days after
19 the date of the enactment of this Act, the Secretary shall
20 submit to the Committee on Veterans’ Affairs of the Sen-
21 ate and the Committee on Veterans’ Affairs of the House
22 of Representatives a report that includes a detailed de-
23 scription of the measurable objectives for the mental
24 health and suicide prevention media outreach campaigns
25 of the Department as required by section 1709C of title

1 38, United States Code, as added by subsection (a). Such
2 report shall include a description of the targets for such
3 objectives as described in subsection (c) of such section.

4 **SEC. 403. COMPTROLLER GENERAL MANAGEMENT REVIEW**
5 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
6 **TION SERVICES OF DEPARTMENT OF VET-**
7 **ERANS AFFAIRS.**

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

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

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

1 (2) A description of the management and orga-
2 nizational structure of the Office of Mental Health
3 and Suicide Prevention, including roles and respon-
4 sibilities for each position.

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

8 (4) An assessment of suicide prevention prac-
9 tices and initiatives available from the Department
10 and through community partnerships.

11 (5) An assessment of the National Strategy for
12 Preventing Veteran Suicide and the Suicide Preven-
13 tion 2.0 Strategy of the Department of Veterans Af-
14 fairs, including—

15 (A) an assessment of the progress of the
16 Department in meeting the goals and objectives
17 specified in such Strategy;

18 (B) a description of any action to be taken
19 by the Department if such goals and objectives
20 are not being met;

21 (C) a description of any changes to such
22 goals and objectives;

23 (D) an identification of any new programs
24 or partnerships that have resulted from the im-

1 plementation of the National Strategy for Pre-
2 venting Veteran Suicide, 2018–2028; and

3 (E) an assessment of the effectiveness of
4 the implementation of the National Strategy for
5 Preventing Veterans Suicide, 2018–2028 in re-
6 ducing veteran suicide.

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

11 (7) An assessment of the Nurse Advice Line
12 pilot program conducted by the Department.

13 (8) An assessment of recruitment initiatives in
14 rural areas for mental health professionals of the
15 Department.

16 (9) An assessment of strategic planning con-
17 ducted by the Office of Mental Health and Suicide
18 Prevention.

19 (10) An assessment of the communication, and
20 the effectiveness of such communication—

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

23 (B) between that central office and any
24 staff member or office in the field, including

1 chaplains, attorneys, law enforcement per-
2 sonnel, and volunteers; and

3 (C) between that central office, local facili-
4 ties of the Department, and community part-
5 ners of the Department, including first respond-
6 ers, community support groups, and health care
7 industry partners.

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

11 (12) An assessment of how the Department of
12 Veterans Affairs and the Department of Defense co-
13 ordinate suicide prevention efforts, and recommenda-
14 tions on how the Department of Veterans Affairs
15 and Department of Defense can more effectively co-
16 ordinate those efforts.

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

19 **SEC. 404. COMPTROLLER GENERAL REPORT ON EFFORTS**
20 **OF DEPARTMENT OF VETERANS AFFAIRS TO**
21 **INTEGRATE MENTAL HEALTH CARE INTO**
22 **PRIMARY CARE CLINICS.**

23 (a) INITIAL REPORT.—

24 (1) IN GENERAL.—Not later than two years
25 after the date of the enactment of this Act, the

1 Comptroller General of the United States shall sub-
2 mit to the Committee on Veterans' Affairs of the
3 Senate and the Committee on Veterans' Affairs of
4 the House of Representatives a report on the efforts
5 of the Department of Veterans Affairs to integrate
6 mental health care into primary care clinics of the
7 Department.

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

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

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

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

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

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

1 (ii) How care is coordinated when vet-
2 erans are required to travel to different fa-
3 cilities of the Department.

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

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

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

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

18 (b) COMMUNITY CARE INTEGRATION REPORT.—

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

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

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

5 (A) An assessment of the efforts of the
6 Department to integrate community-based men-
7 tal health care into the Veterans Health Admin-
8 istration.

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

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

13 (D) A description of how care is coordi-
14 nated between providers of community-based
15 mental health care and the Veterans Health
16 Administration, including a description of how
17 documents and patient information are trans-
18 ferred and the effectiveness of those transfers
19 between—

20 (i) the Veterans Health Administra-
21 tion and providers of community-based
22 mental health care; and

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

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

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

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

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

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

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

3 **SEC. 405. JOINT MENTAL HEALTH PROGRAMS BY DEPART-**
4 **MENT OF VETERANS AFFAIRS AND DEPART-**
5 **MENT OF DEFENSE.**

6 (a) REPORT ON MENTAL HEALTH PROGRAMS.—

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

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

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

23 (i) Transition assistance programs.

24 (ii) Clinical and non-clinical mental
25 health initiatives, including centers of ex-

1 cellence of the Department of Veterans Af-
2 fairs for traumatic brain injury and post-
3 traumatic stress disorder.

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

8 (iv) Research into mental health
9 issues and conditions, to include post-trau-
10 matic stress disorder, depression, anxiety,
11 bipolar disorder, traumatic brain injury,
12 suicidal ideation, and any other issues or
13 conditions as the Secretary of Veterans Af-
14 fairs considers necessary.

15 (B) A description and evaluation of mental
16 health programs operated by the Department of
17 Defense, including the following:

18 (i) Transition assistance programs, in-
19 cluding the In Transition program.

20 (ii) Clinical and non-clinical mental
21 health initiatives, including the Psycho-
22 logical Health Center of Excellence, the
23 Defense Veteran Brain Injury Center, the
24 National Center for Telehealth and Tech-
25 nology, the National Intrepid Center of

1 Excellence, and the Intrepid Spirit Cen-
2 ters.

3 (iii) Programs that may secondarily
4 improve mental health, including employ-
5 ment, housing assistance, and financial lit-
6 eracy programs.

7 (iv) Research into mental health
8 issues and conditions, to include post-trau-
9 matic stress disorder, depression, anxiety,
10 bipolar disorder, traumatic brain injury,
11 suicidal ideation, and any other issues or
12 conditions as the Secretary of Defense con-
13 siders necessary.

14 (C) A description of mental health pro-
15 grams jointly operated by the Department of
16 Veterans Affairs and the Department of De-
17 fense, including the following:

18 (i) Transition assistance programs.

19 (ii) Clinical and non-clinical mental
20 health initiatives including the integrated
21 mental health strategy established by the
22 Interagency Task Force on Military and
23 Veteran Mental Health.

24 (iii) Programs that may secondarily
25 improve mental health, including employ-

1 ment, housing assistance, and financial lit-
2 eracy programs.

3 (iv) Research into mental health
4 issues and conditions, to include post-trau-
5 matic stress disorder, depression, anxiety,
6 bipolar disorder, traumatic brain injury,
7 suicidal ideation, and completed suicides,
8 including through the use of the joint sui-
9 cide data repository of the Department of
10 Veterans Affairs and the Department of
11 Defense, and any other issues or conditions
12 as the Secretary of Veterans Affairs and
13 the Secretary of Defense consider nec-
14 essary.

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

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

1 (b) AUTHORIZATION OF A PUBLIC-PRIVATE PART-
2 NERSHIP TO ESTABLISH A JOINT CENTER OF EXCEL-
3 LENCE.—

4 (1) IN GENERAL.—Not later than two years
5 after the date of the enactment of this Act, the Sec-
6 retary of Veterans Affairs, in consultation with the
7 Secretary of Defense, shall enter into agreements
8 with private entities and philanthropic organizations
9 to establish a center of excellence to be known as the
10 “Joint VA/DOD National Intrepid Center of Excel-
11 lence Intrepid Spirit Center” (in this subsection re-
12 ferred to as the “Center”).

13 (2) DUTIES.—The Center shall conduct the fol-
14 lowing:

15 (A) Joint mental health care delivery pro-
16 grams of the Department of Veterans Affairs
17 and the Department of Defense for veterans
18 and members of the Armed Forces, including
19 members of the reserve components, who reside
20 in rural and highly rural areas.

21 (B) Mental health and suicide prevention
22 research focused on veterans and members of
23 the Armed Forces, including members of the re-
24 serve components, to inform treatment and care
25 delivery programs.

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

3 (A) is geographically distant from existing
4 and planned Intrepid Spirit Centers of the De-
5 partment of Defense;

6 (B) is in close proximity to rural and high-
7 ly rural areas and able to serve veterans in
8 those areas who, as of the date of the enact-
9 ment of this Act, are underserved by the De-
10 partment of Veterans Affairs; and

11 (C) is in close proximity to a medical
12 school of an institution of higher education.

13 **TITLE V—WORKFORCE**
14 **IMPROVEMENT**

15 **SEC. 501. ESTABLISHMENT OF DEPARTMENT OF VETERANS**
16 **AFFAIRS READJUSTMENT COUNSELING**
17 **SERVICE SCHOLARSHIP PROGRAM.**

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

21 “SUBCHAPTER IX—READJUSTMENT
22 COUNSELING SERVICE SCHOLARSHIP PROGRAM
23 “§ 7698. Requirement for program

24 “As part of the Educational Assistance Program, the
25 Secretary shall carry out a scholarship program under this

1 subchapter. The program shall be known as the Depart-
2 ment of Veterans Affairs Readjustment Counseling Serv-
3 ice Scholarship Program (in this subchapter referred to
4 as the ‘Program’).

5 **“§ 7699. Eligibility; agreement**

6 “(a) IN GENERAL.—An individual is eligible to par-
7 ticipate in the Program, as determined by the Readjust-
8 ment Counseling Service of the Department, if the indi-
9 vidual—

10 “(1) is accepted for enrollment or enrolled (as
11 described in section 7602 of this title) in a program
12 of study at an accredited educational institution,
13 school, or training program leading to a terminal de-
14 gree in psychology, social work, marriage and family
15 therapy, or mental health counseling that would
16 meet the qualification standards for the respective
17 position as outlined in section 7402(b) of this title;
18 and

19 “(2) enters into an agreement with the Sec-
20 retary under subsection (c).

21 “(b) PRIORITY.—In selecting individuals to partici-
22 pate in the Program, the Secretary shall give priority to
23 the following individuals:

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

1 “(A) designated as a medically underserved
2 population under section 330(b)(3) of the Pub-
3 lic Health Service Act (42 U.S.C. 254b(b)(3));
4 and

5 “(B) in a State with a per capita popu-
6 lation of veterans of more than five percent ac-
7 cording to the National Center for Veterans
8 Analysis and Statistics and the Bureau of the
9 Census.

10 “(2) An individual who is a veteran.

11 “(c) AGREEMENT.—An agreement between the Sec-
12 retary and a participant in the Program shall (in addition
13 to the requirements set forth in section 7604 of this title)
14 include the following:

15 “(1) An agreement by the Secretary to provide
16 the participant with a scholarship under the Pro-
17 gram for a specified number of school years during
18 which the participant pursues a program of study
19 described in subsection (a)(1) that meets the re-
20 quirements set forth in section 7602(a) of this title.

21 “(2) An agreement by the participant to serve
22 as a full-time employee of the Department at a Vet
23 Center for a six-year period following the completion
24 by the participant of such program of study (in this

1 subchapter referred to as the ‘period of obligated
2 service’).

3 “(d) VET CENTER DEFINED.—In this section, the
4 term ‘Vet Center’ has the meaning given that term in sec-
5 tion 1712A(h) of this title.

6 **“§ 7699A. Obligated service**

7 “(a) IN GENERAL.—Each participant in the Program
8 shall provide service as a full-time employee of the Depart-
9 ment at a Vet Center (as defined in section 7699(d) of
10 this title) for the period of obligated service set forth in
11 the agreement of the participant entered into under sec-
12 tion 7604 of this title.

13 “(b) DETERMINATION OF SERVICE COMMENCEMENT
14 DATE.—(1) Not later than 60 days before the service com-
15 mencement date of a participant, the Secretary shall no-
16 tify the participant of that service commencement date.

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

20 **“§ 7699B. Breach of agreement: liability**

21 “(a) LIQUIDATED DAMAGES.—(1) A participant in
22 the Program (other than a participant described in sub-
23 section (b)) who fails to accept payment, or instructs the
24 educational institution in which the participant is enrolled
25 not to accept payment, in whole or in part, of a scholarship

1 under the agreement entered into under section 7604 of
2 this title shall be liable to the United States for liquidated
3 damages in the amount of \$1,500.

4 “(2) Liability under paragraph (1) is in addition to
5 any period of obligated service or other obligation or liabil-
6 ity under such agreement.

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

12 “(A) The participant fails to maintain an ac-
13 ceptable level of academic standing in the edu-
14 cational institution in which the participant is en-
15 rolled (as determined by the educational institution
16 under regulations prescribed by the Secretary).

17 “(B) The participant is dismissed from such
18 educational institution for disciplinary reasons.

19 “(C) The participant voluntarily terminates the
20 program of study in such educational institution be-
21 fore the completion of such program of study.

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

24 “(c) LIABILITY DURING PERIOD OF OBLIGATED
25 SERVICE.—(1) Except as provided in subsection (d), if a

1 participant in the Program does not complete the period
2 of obligated service of the participant, the United States
3 shall be entitled to recover from the participant an amount
4 determined in accordance with the following formula: A
5 = $3\Phi(t - s/t)$.

6 “(2) In the formula in paragraph (1):

7 “(A) ‘A’ is the amount the United States is en-
8 titled to recover.

9 “(B) ‘ Φ ’ is the sum of—

10 “(i) the amounts paid under this sub-
11 chapter to or on behalf of the participant; and

12 “(ii) the interest on such amounts which
13 would be payable if at the time the amounts
14 were paid they were loans bearing interest at
15 the maximum legal prevailing rate, as deter-
16 mined by the Treasurer of the United States.

17 “(C) ‘t’ is the total number of months in the
18 period of obligated service of the participant.

19 “(D) ‘s’ is the number of months of such period
20 served by the participant.

21 “(d) LIMITATION ON LIABILITY FOR REDUCTIONS-
22 IN-FORCE.—Liability shall not arise under subsection (c)
23 if the participant fails to maintain employment as a De-
24 partment employee due to a staffing adjustment.

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

6 (b) CONFORMING AND TECHNICAL AMENDMENTS.—

7 (1) CONFORMING AMENDMENTS.—

8 (A) ESTABLISHMENT OF PROGRAM.—Sec-
9 tion 7601(a) of such title is amended—

10 (i) in paragraph (5), by striking
11 “and”;

12 (ii) in paragraph (6), by striking the
13 period and inserting “; and”; and

14 (iii) by adding at the end the fol-
15 lowing new paragraph:

16 “(7) the readjustment counseling service schol-
17 arship program provided for in subchapter IX of this
18 chapter.”.

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

21 (i) in subsection (a)(1)—

22 (I) by striking “or VI” and in-
23 serting “VI, or IX”; and

1 (II) by striking “subchapter VI”
2 and inserting “subchapter VI or IX”;
3 and
4 (ii) in subsection (b), by striking “or
5 VI” and inserting “VI, or IX”.

6 (C) APPLICATION.—Section 7603(a)(1) of
7 such title is amended by striking “or VIII” and
8 inserting “VIII, or IX”.

9 (D) TERMS OF AGREEMENT.—Section
10 7604 of such title is amended by striking “or
11 VIII” each place it appears and inserting
12 “VIII, or IX”.

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

15 (i) in paragraph (1), by striking “and
16 the Specialty Education Loan Repayment
17 Program” and inserting “the Specialty
18 Education Loan Repayment Program, and
19 the Readjustment Counseling Service
20 Scholarship Program”; and

21 (ii) in paragraph (4), by striking “and
22 per participant in the Specialty Education
23 Loan Repayment Program” and inserting
24 “per participant in the Specialty Education
25 Loan Repayment Program, and per partic-

1 participant in the Readjustment Counseling
2 Service Scholarship Program”.

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

“SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP
PROGRAM

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

7 (c) EFFECTIVE DATE.—The Secretary of Veterans
8 Affairs shall begin awarding scholarships under sub-
9 chapter IX of chapter 76 of title 38, United States Code,
10 as added by subsection (a), for programs of study begin-
11 ning not later than one year after the date of the enact-
12 ment of this Act.

13 **SEC. 502. COMPTROLLER GENERAL REPORT ON READJUST-**
14 **MENT COUNSELING SERVICE OF DEPART-**
15 **MENT OF VETERANS AFFAIRS.**

16 (a) IN GENERAL.—Not later than one year after the
17 date of the enactment of this Act, the Comptroller General
18 of the United States shall submit to the Committee on
19 Veterans’ Affairs of the Senate and the Committee on Vet-
20 erans’ Affairs of the House of Representatives a report
21 on the Readjustment Counseling Service of the Depart-
22 ment of Veterans Affairs.

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

3 (1) An assessment of the adequacy and types of
4 treatment, counseling, and other services provided at
5 Vet Centers, including recommendations on whether
6 and how such treatment, counseling, and other serv-
7 ices can be expanded.

8 (2) An assessment of the efficacy of outreach
9 efforts by the Readjustment Counseling Service, in-
10 cluding recommendations for how outreach efforts
11 can be improved.

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

15 (4) An assessment of the efficacy and frequency
16 of the use of telehealth by counselors of the Read-
17 justment Counseling Service to provide mental
18 health services, including recommendations for how
19 the use of telehealth can be improved.

20 (5) An assessment of the feasibility and advis-
21 ability of expanding eligibility for services from the
22 Readjustment Counseling Service, including—

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

1 (B) an assessment of potential costs and
2 increased infrastructure requirements if eligi-
3 bility is expanded.

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

8 (7) An assessment of the use of Vet Centers by
9 eligible family members of former members of the
10 Armed Forces and recommendations on how to bet-
11 ter reach those family members.

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

15 (9) An assessment of the efficiency and effec-
16 tiveness of the task organization structure of Vet
17 Centers.

18 (10) An assessment of the use of Vet Centers
19 by Native American veterans, as defined in section
20 3765 of title 38, United States Code, and rec-
21 ommendations on how to better reach those vet-
22 erans.

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

1 **SEC. 503. EXPANSION OF REPORTING REQUIREMENTS ON**
2 **READJUSTMENT COUNSELING SERVICE OF**
3 **DEPARTMENT OF VETERANS AFFAIRS.**

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

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

13 “(3) For each even numbered year in which the re-
14 port required by paragraph (1) is submitted, the Secretary
15 shall include in such report a prediction of—

16 “(A) trends in demand for care;

17 “(B) long-term investments required with re-
18 spect to the provision of care;

19 “(C) requirements relating to maintenance of
20 infrastructure; and

21 “(D) other capital investment requirements
22 with respect to the Readjustment Counseling Serv-
23 ice, including Vet Centers, mobile Vet Centers, and
24 community access points.”.

1 **SEC. 504. TREATMENT OF PSYCHOLOGISTS.**

2 (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section
3 7401 of title 38, United States Code, is amended—

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

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

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

12 **SEC. 505. PILOT PROGRAM ON PRESCRIPTION OF MEDICA-**
13 **TION BY PSYCHOLOGISTS OF DEPARTMENT**
14 **OF VETERANS AFFAIRS.**

15 (a) SURVEY REQUIRED.—

16 (1) IN GENERAL.—Not later than 180 days
17 after the date of the enactment of this Act, the Sec-
18 retary of the Department of Veterans Affairs shall
19 conduct a survey of all licensed psychologists em-
20 ployed by the Department and submit to the Com-
21 mittees on Veterans’ Affairs of the House of Rep-
22 resentatives and the Senate the results of such sur-
23 vey.

24 (2) ELEMENTS.—The survey required under
25 paragraph (1) shall be designed to elicit the fol-

1 lowing information from the psychologists who are
2 surveyed:

3 (A) Whether the psychologist holds a mas-
4 ter's degree in clinical psychopharmacology.

5 (B) In the case of any psychologist who
6 holds a master's degree in clinical
7 psychopharmacology—

8 (i) the State or territory in which the
9 psychologist is licensed;

10 (ii) the facility of the Department in
11 which the psychologist is employed;

12 (iii) the accredited
13 psychopharmacology program from which
14 the psychologist graduated; and

15 (iv) whether, and in which State or
16 territory, the psychologist is credentialed to
17 prescribe medication.

18 (b) PILOT PROGRAM.—

19 (1) IN GENERAL.—Not later than 180 days
20 after the date of the completion of the survey re-
21 quired under subsection (a), the Secretary shall com-
22 mence the conduct of a two-year pilot program
23 under which covered psychologists are permitted to
24 prescribe covered medication in the course of pro-
25 viding hospital care or medical services, regardless of

1 where the psychologist is licensed or certified and
2 the location of the facility of the Department in
3 which the psychologist provides such hospital care or
4 medical services.

5 (2) COVERED PSYCHOLOGIST.—For purposes of
6 the pilot program a covered psychologist is a psy-
7 chologist who—

8 (A) is an employee of the Department who
9 is appointed pursuant to section 7402(b)(8) of
10 title 38, United States Code;

11 (B) holds a doctoral degree in psychology
12 and a master's degree in clinical
13 psychopharmacology from an accredited univer-
14 sity;

15 (C) has completed at least one year of clin-
16 ical supervision by a board certified psychia-
17 trist, physician, psychiatric nurse practitioner,
18 or prescribing psychologist—

19 (i) of the Department of Defense, the
20 Public Health Service, or the Indian
21 Health Service; or

22 (ii) who is in private practice; and

23 (D) earned a passing score of no less than
24 70 percent correct on the Psychopharmacology
25 Examination for Psychologists administered by

1 the Association of State and Provincial Psy-
2 chology Boards.

3 (3) TERMINATION.—The authority to conduct a
4 pilot program under this subsection shall terminate
5 on the date that is two years after the commence-
6 ment of the pilot program.

7 (c) REPORT.—Not later than three years after the
8 date of the enactment of this Act, the Secretary of Vet-
9 erans Affairs shall submit to the Committees on Veterans'
10 Affairs of the House of Representatives and the Senate
11 a report that includes the following:

12 (1) The number of covered psychologists under
13 subsection (b)(2).

14 (2) The number of covered psychologists who
15 prescribed covered medication under the pilot pro-
16 gram under subsection (b).

17 (3) The number of veterans who were pre-
18 scribed covered medication by covered psychologists
19 under the pilot program.

20 (4) Any barriers to implementing the pilot pro-
21 gram.

22 (5) The recommendations of the Secretary with
23 respect to the continuation of the pilot program.

24 (d) DEFINITIONS.—In this section:

25 (1) The term “covered medication” means—

1 (A) medication commonly accepted for the
2 treatment of mental illness;

3 (B) medication commonly used to treat the
4 unwanted side effects of medication described in
5 clause (i); and

6 (C) medication determined appropriate by
7 the Secretary for purposes of this section.

8 (2) The terms “hospital care” and “medical
9 services” have the meanings given such terms in sec-
10 tion 1701 of title 38, United States Code.

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

14 **SEC. 601. EXPANSION OF CAPABILITIES OF WOMEN VET-**
15 **ERANS CALL CENTER TO INCLUDE TEXT MES-**
16 **SAGING.**

17 The Secretary of Veterans Affairs shall expand the
18 capabilities of the Women Veterans Call Center of the De-
19 partment of Veterans Affairs to include a text messaging
20 capability.

1 **SEC. 602. GAP ANALYSIS OF DEPARTMENT OF VETERANS**
2 **AFFAIRS PROGRAMS THAT PROVIDE ASSIST-**
3 **ANCE TO WOMEN VETERANS WHO ARE HOME-**
4 **LESS.**

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

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

17 **SEC. 603. REQUIREMENT FOR DEPARTMENT OF VETERANS**
18 **AFFAIRS INTERNET WEBSITE TO PROVIDE IN-**
19 **FORMATION ON SERVICES AVAILABLE TO**
20 **WOMEN VETERANS.**

21 (a) IN GENERAL.—The Secretary of Veterans Affairs
22 shall survey the internet websites and information re-
23 sources of the Department of Veterans Affairs in effect
24 on the day before the date of the enactment of this Act
25 and publish an internet website that serves as a central-
26 ized source for the provision to women veterans of infor-

1 mation about the benefits and services available to them
2 under laws administered by the Secretary. The Secretary
3 shall include on the landing page of the main internet
4 website of the Department a hyperlink to the internet
5 website published under this subsection.

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

13 (1) the name and contact information of each
14 women’s health coordinator;

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

19 (3) a list of each women-only residential treat-
20 ment program; and

21 (4) such other information as the Secretary
22 considers appropriate.

23 (c) UPDATED INFORMATION.—The Secretary shall
24 ensure that the information described in subsection (b)
25 that is published on the internet website required by sub-

1 section (a) is updated not less frequently than once every
2 90 days.

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

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

12 **SEC. 604. REPORT ON LOCATIONS WHERE WOMEN VET-**
13 **ERANS ARE USING HEALTH CARE FROM DE-**
14 **PARTMENT OF VETERANS AFFAIRS.**

15 (a) IN GENERAL.—Not later than 90 days after the
16 date of the enactment of this Act, and annually thereafter,
17 the Secretary of Veterans Affairs shall submit to the Com-
18 mittee on Veterans' Affairs of the Senate and the Com-
19 mittee on Veterans' Affairs of the House of Representa-
20 tives a report on the use by women veterans of health care
21 from the Department of Veterans Affairs.

22 (b) ELEMENTS.—Each report required by subsection
23 (a) shall include the following 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) of title 38, United States
5 Code.

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

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

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

17 (6) The number of female mental health pro-
18 viders at each medical facility of the Department
19 during such year.

20 (7) The number of mental health appointments
21 that women veterans received in the community pur-
22 suant to section 1703 of title 38, United States
23 Code, during such year.

1 (8) The number of tele-mental health appoint-
2 ments that women veterans received through each
3 medical facility of the Department during such year.

4 (9) An identification of the medical facility of
5 the Department in each Veterans Integrated Service
6 Network with the largest rate of increase in patient
7 population of women veterans as measured by the
8 increase in unique women veteran patient use.

9 (10) An identification of the medical facility of
10 the Department in each Veterans Integrated Service
11 Network with the largest rate of decrease in patient
12 population of women veterans as measured by the
13 decrease in unique women veterans patient use.

14 **SEC. 605. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT**

15 **POLICY OF THE DEPARTMENT OF VETERANS**

16 **AFFAIRS.**

17 (a) IN GENERAL.—Subchapter II of chapter 5 of title
18 38, United States Code, is amended by adding at the end
19 the following new section:

20 **“§ 533. Anti-harassment and anti-sexual assault pol-
21 icy**

22 **“(a) ESTABLISHMENT.—**The Secretary of Veterans
23 Affairs shall establish a comprehensive policy to end har-
24 assment and sexual assault, including sexual harassment
25 and gender-based harassment, throughout the Depart-

1 ment of Veterans Affairs. This policy shall include the fol-
2 lowing:

3 “(1) A process for employees and contractors of
4 the Department to respond to reported incidents of
5 harassment and sexual assault committed by any
6 non-Department individual within a facility of the
7 Department, including with respect to accountability
8 or disciplinary measures.

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

13 “(3) A process for any non-Department indi-
14 vidual to report harassment and sexual assault de-
15 scribed in paragraph (1), including an option for
16 confidential reporting, and for the Secretary to re-
17 spond to and address such reports.

18 “(4) Clear mechanisms for non-Department in-
19 dividuals to readily identify to whom and how to re-
20 port incidents of harassment and sexual assault
21 committed by another non-Department individual.

22 “(5) Clear mechanisms for employees and con-
23 tractors of the Department to readily identify to
24 whom and how to report incidents of harassment
25 and sexual assault and how to refer non-Department

1 individuals with respect to reporting an incident of
2 harassment or sexual assault.

3 “(6) A process for, and mandatory reporting re-
4 quirement applicable to, any employee or contractor
5 of the Department who witnesses harassment or sex-
6 ual assault described in paragraph (1) or (2) within
7 a facility of the Department, regardless of whether
8 the individual affected by such harassment or sexual
9 assault wants to report such harassment or sexual
10 assault.

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

16 “(8) On an annual or more frequent basis,
17 mandatory training for employees and contractors of
18 the Department regarding how to report and ad-
19 dress harassment and sexual assault described in
20 paragraphs (1) and (2), including bystander inter-
21 vention training.

22 “(9) On an annual or more frequent basis, the
23 distribution of the policy under this subsection and
24 anti-harassment and anti-sexual assault educational
25 materials by mail or email to each individual receiv-

1 ing a benefit under a law administered by the Sec-
2 retary.

3 “(10) The prominent display of anti-harass-
4 ment and anti-sexual assault messages in each facil-
5 ity of the Department, including how non-Depart-
6 ment individuals may report harassment and sexual
7 assault described in paragraphs (1) and (2) at such
8 facility and the points of contact under subsection
9 (b).

10 “(11) The posting on internet websites of the
11 Department, including the main internet website re-
12 garding benefits of the Department and the main
13 internet website regarding health care of the Depart-
14 ment, of anti-harassment and anti-sexual assault
15 banners specifically addressing harassment and sex-
16 ual assault described in paragraphs (1) and (2).

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

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

1 “(2) at least one individual employed in each
2 Veterans Integrated Service Network, with regards
3 to facilities in that Veterans Integrated Service Net-
4 work;

5 “(3) at least one individual employed in each
6 regional benefits office;

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

9 “(5) at least one individual employed at the
10 Central Office of the Department to track reports of
11 such harassment and sexual assault across the De-
12 partment, disaggregated by facility.

13 “(c) ACCOUNTABILITY.—The Secretary shall estab-
14 lish a policy to ensure that each facility of the Department
15 and each director of a Veterans Integrated Service Net-
16 work is responsible for addressing harassment and sexual
17 assault at the facility and the Network. Such policy shall
18 include—

19 “(1) a remediation plan for facilities that expe-
20 rience five or more incidents of sexual harassment,
21 sexual assault, or combination thereof, during any
22 single fiscal year; and

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

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

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

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

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

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

16 “(A) veterans service organizations;

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

18 and

19 “(C) other persons the Secretary determines
20 appropriate.

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

23 “(A) an action plan for addressing changes at
24 the local level to reduce instances of harassment and
25 sexual assault;

1 “(B) standardized media for veterans service
2 organizations and other persons to use in print and
3 on the internet with respect to reducing harassment
4 and sexual assault; and

5 “(C) bystander intervention training for vet-
6 erans.

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

13 “(1) Results of harassment and sexual assault
14 programming, including the End Harassment pro-
15 gram, the Stand-Up to Stop Harassment Campaign,
16 and any successor programs.

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

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

22 “(4) A description of any actions taken by the
23 Secretary during the year preceding the date of the
24 report to stop harassment and sexual assault at fa-
25 cilities of the Department.

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

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

6 “(g) DEFINITIONS.—In this section:

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

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

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of such chapter is amended by adding
16 after the item relating to section 532 the following new
17 item:

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

18 (c) DEFINITION OF SEXUAL HARASSMENT.—Section
19 1720D(f) of such title is amended by striking “repeated,”.

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

1 **SEC. 606. ESTABLISHMENT OF WOMEN VETERAN TRAINING**
2 **MODULE FOR NON-DEPARTMENT OF VET-**
3 **ERANS AFFAIRS HEALTH CARE PROVIDERS.**

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

9 (b) COMMUNITY PROVIDER DEFINED.—In this sec-
10 tion, the term “community provider” means a non-Depart-
11 ment of Veterans Affairs health care provider who pro-
12 vides health care to veterans under the laws administered
13 by the Secretary of Veterans Affairs.

14 **SEC. 607. COUNSELING IN RETREAT SETTINGS FOR WOMEN**
15 **VETERANS AND OTHER INDIVIDUALS.**

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

19 **“§ 1712D. Counseling in retreat settings for women**
20 **veterans and other individuals**

21 “(a) PROGRAM.—(1) Commencing not later than
22 January 1, 2021, the Secretary shall carry out, through
23 the Readjustment Counseling Service of the Veterans
24 Health Administration, a program to provide reintegration
25 and readjustment services described in subsection (b) in
26 group retreat settings to covered individuals, including co-

1 horts of women veterans who are eligible for readjustment
2 counseling services under section 1712A of this title.

3 “(2) The participation of a covered individual in the
4 program under paragraph (1) shall be at the election of
5 the individual.

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

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

11 “(2) Financial counseling.

12 “(3) Occupational counseling.

13 “(4) Information and counseling on stress re-
14 duction.

15 “(5) Information and counseling on conflict res-
16 olution.

17 “(6) Such other information and counseling as
18 the Secretary considers appropriate to assist the in-
19 dividual in reintegration into the family, employ-
20 ment, and community of the veteran.

21 “(c) BIENNIAL REPORTS.—Not later than December
22 31, 2022, and each even-numbered year thereafter, the
23 Secretary shall submit to the Committees on Veterans’ Af-
24 fairs of the House of Representatives and the Senate a
25 report on the program under subsection (a)(1).

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

3 “(1) Any veteran who is enrolled in the system
4 of annual patient enrollment under section 1705 of
5 this title.

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

9 (b) CLERICAL AMENDMENT.—The table of sections
10 at the beginning of such chapter is amended by inserting
11 after the item relating to section 1712C the following new
12 item:

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

13 **SEC. 608. STUDY OF BARRIERS FOR WOMEN VETERANS TO**
14 **HEALTH CARE FROM THE DEPARTMENT OF**
15 **VETERANS AFFAIRS.**

16 (a) STUDY REQUIRED.—The Secretary of Veterans
17 Affairs shall conduct a comprehensive study of the bar-
18 riers to the provision of comprehensive health care by the
19 Department of Veterans Affairs encountered by women
20 who are veterans. In conducting the study, the Secretary
21 shall—

22 (1) survey women veterans who seek or receive
23 hospital care or medical services provided by the De-
24 partment of Veterans Affairs as well as women vet-

1 erans who do not seek or receive such care or serv-
2 ices;

3 (2) administer the survey to a representative
4 sample of women veterans from each Veterans Inte-
5 grated Service Network; and

6 (3) ensure that the sample of women veterans
7 surveyed is of sufficient size for the study results to
8 be statistically significant and is a larger sample
9 than that of the study referred to in subsection
10 (b)(1).

11 (b) **USE OF PREVIOUS STUDIES.**—In conducting the
12 study required by subsection (a), the Secretary shall build
13 on the work of the studies of the Department of Veterans
14 Affairs titled—

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

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

19 (c) **ELEMENTS OF STUDY.**—In conducting the study
20 required by subsection (a), the Secretary shall conduct re-
21 search on the effects of the following on the women vet-
22 erans surveyed in the study:

23 (1) The barriers associated with seeking mental
24 health care services, including with respect to pro-

1 vider availability, telehealth access, and family,
2 work, and school obligations.

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

6 (3) The effect of access to care in the commu-
7 nity.

8 (4) The availability of child care.

9 (5) The acceptability of integrated primary
10 care, women's health clinics, or both.

11 (6) The comprehension of eligibility require-
12 ments for, and the scope of services available under,
13 hospital care and medical services.

14 (7) The perception of personal safety and com-
15 fort in inpatient, outpatient, and behavioral health
16 facilities.

17 (8) The gender sensitivity of health care pro-
18 viders and staff to issues that particularly affect
19 women.

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

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

1 (11) The perception of women veterans regard-
2 ing the motto of the Department of Veterans Af-
3 fairs.

4 (12) Such other significant barriers as the Sec-
5 retary considers appropriate.

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

10 (e) MANDATORY REVIEW OF DATA BY CERTAIN DE-
11 PARTMENT DIVISIONS.—

12 (1) IN GENERAL.—The Secretary shall ensure
13 that the head of each division of the Department of
14 Veterans Affairs specified in paragraph (2) reviews
15 the results of the study conducted under this sec-
16 tion. The head of each such division shall submit
17 findings with respect to the study to the Under Sec-
18 retary for responsibilities relating to health care
19 services for women veterans.

20 (2) SPECIFIED DIVISIONS.—The divisions of the
21 Department of Veterans Affairs specified in this
22 paragraph are the following:

23 (A) The Under Secretary for Health.

24 (B) The Office of Women's Health.

1 (C) The Center for Women Veterans estab-
2 lished under section 318 of title 38, United
3 States Code.

4 (D) The Advisory Committee on Women
5 Veterans established under section 542 of such
6 title.

7 (f) REPORT.—Not later than 30 months after the
8 date of the enactment of this Act, the Secretary shall sub-
9 mit to Congress a report on the study required under this
10 section. The report shall include recommendations for
11 such administrative and legislative action as the Secretary
12 considers appropriate. The report shall also include the
13 findings of the head of each division of the Department
14 specified under subsection (e)(2) and of the Under Sec-
15 retary for Health.

16 **SEC. 609. COUNSELING AND TREATMENT FOR SEXUAL**
17 **TRAUMA.**

18 (a) EXPANSION OF ELIGIBILITY FOR COUNSELING
19 AND TREATMENT.—Section 1720D of title 38, United
20 States Code, as amended by section 605, is further amend-
21 ed—

22 (1) in subsection (a)—

23 (A) in paragraph (1), by striking “active
24 duty, active duty for training, or inactive duty
25 training” and inserting “duty, regardless of

1 duty status or line of duty determination (as
2 that term is used in section 12323 of title 10”);
3 and

4 (B) in paragraph (2)(A), by striking “ac-
5 tive duty, active duty for training, or inactive
6 duty training” and inserting “duty, regardless
7 of duty status or line of duty determination (as
8 that term is used in section 12323 of title 10”);

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

12 (3) by striking “veterans” each place it appears
13 and inserting “former members of the Armed
14 Forces”; and

15 (4) by adding at the end the following new sub-
16 section:

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

19 “(1) A veteran described in section 101(2) of
20 this title.

21 “(2) An individual not described in paragraph
22 (1) who was discharged or released from the Armed
23 Forces, including a reserve component thereof,
24 under a condition that is not honorable but not—

25 “(A) a dishonorable discharge; or

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

2 (b) PROVISION OF PHYSICAL AND MENTAL HEALTH
3 CARE SERVICES FOR MILITARY SEXUAL TRAUMA.—Sec-
4 tion 1720D, as amended by subsection (a), is further
5 amended—

6 (1) in subsection (a)—

7 (A) in paragraph (1), by striking “over-
8 come psychological trauma, which in the judg-
9 ment of a mental health professional” and in-
10 serting “treat a condition, which in the judg-
11 ment of a health care professional”;

12 (B) in paragraph (2)(A), by striking “over-
13 come psychological trauma” and inserting
14 “treat a condition”; and

15 (C) by amending paragraph (3) to read as
16 follows:

17 “(3) In furnishing counseling and care and services
18 to an individual under this subsection, the Secretary may
19 provide such counseling and care and services pursuant
20 to a contract with a qualified health care professional if—

21 “(A) in the judgment of a health care profes-
22 sional employed by the Department, the receipt of
23 such counseling and care and services by that indi-
24 vidual in facilities of the Department would be clini-
25 cally inadvisable; or

1 “(B) facilities of the Department are not capa-
2 ble of furnishing such counseling and care and serv-
3 ices to that individual economically because of geo-
4 graphical inaccessibility.”;

5 (2) in subsection (b)(2), by striking “coun-
6 seling” each place it appears and inserting “coun-
7 seling and care and services”;

8 (3) in subsection (c), by striking “and treat-
9 ment” each place it appears and inserting “and care
10 and services”;

11 (4) in subsection (d), by striking “mental
12 health professionals” each place it appears and in-
13 serting “health care professionals”; and

14 (5) in subsection (e)(1), by striking “mental
15 health professionals” and inserting “health care pro-
16 fessionals”.

17 **SEC. 610. WOMEN-SPECIFIC DRUG AND ALCOHOL DEPEND-**
18 **ENCY TREATMENT AND REHABILITATIVE**
19 **PROGRAMS FOR WOMEN VETERANS.**

20 (a) ANALYSIS.—

21 (1) REQUIREMENT.—Not later than 180 days
22 after the date of the enactment of this Act, the Sec-
23 retary of Veterans Affairs shall conduct a nation-
24 wide analysis of the need for women-specific pro-
25 grams of the Department of Veterans Affairs that

1 treat and rehabilitate women veterans with drug and
2 alcohol dependency. Such analysis shall include the
3 following:

4 (A) With respect to each of the three years
5 preceding the date of the analysis, the annual
6 number of women veterans who have been
7 treated and rehabilitated for drug and alcohol
8 dependency at each medical center of the De-
9 partment of Veterans Affairs.

10 (B) Information on all non-Department
11 women-specific programs to which the Secretary
12 refers women veterans for treatment and reha-
13 bilitation of drug and alcohol dependency, in-
14 cluding, for each such program, the name of the
15 entity carrying out the program, the location of
16 the program, and the number of women vet-
17 erans referred by the Secretary served annually
18 by the program.

19 (C) An analysis of the effectiveness of pro-
20 grams of the Department and non-Department
21 programs to treat and rehabilitate women vet-
22 erans with drug and alcohol dependency,
23 disaggregated by single-sex versus coed pro-
24 grams.

1 (D) An analysis of all information the Sec-
2 retary maintains on the satisfaction of women
3 veterans with programs of the Department and
4 non-Department programs to treat and rehabili-
5 tate women veterans with drug and alcohol de-
6 pendency, disaggregated by single-sex versus
7 coed programs.

8 (E) An assessment of the demand and
9 need for women-specific programs to treat and
10 rehabilitate women veterans with drug and alco-
11 hol dependency, disaggregated by Veterans In-
12 tegrated Service Network and medical center of
13 the Department.

14 (F) Proposed locations for implementing
15 the pilot program under subsection (b).

16 (2) REPORT.—Not later than 270 days after
17 the date of the enactment of this Act, the Secretary
18 of Veterans Affairs shall submit to the Committees
19 on Veterans' Affairs and Appropriations of the
20 House of Representatives and the Senate a report
21 containing the analysis under paragraph (1).

22 (b) PILOT PROGRAM.—

23 (1) REQUIREMENT.—Not later than one year
24 after the date of the enactment of this Act, the Sec-
25 retary shall carry out a women-specific pilot pro-

1 gram to treat and rehabilitate women veterans with
2 drug and alcohol dependency. The Secretary shall
3 develop such pilot program based on the findings of
4 the analysis conducted under subsection (a).

5 (2) LOCATIONS.—The Secretary shall select not
6 fewer than three Veterans Integrated Service Net-
7 works in which to carry out the pilot program.

8 (3) TERMINATION.—The authority to carry out
9 a pilot program under this section shall terminate on
10 the date that is five years after the date of the en-
11 actment of this Act.

12 (4) REPORT.—Not later than 180 days after
13 the date on which the pilot program under para-
14 graph (1) is completed, the Secretary shall submit to
15 Committees on Veterans' Affairs and Appropriations
16 of the House of Representatives and the Senate a
17 report on the pilot program, including—

18 (A) the findings and conclusions of the
19 Secretary regarding the pilot program; and

20 (B) such recommendations of the Sec-
21 retary regarding the continuation or expansion
22 of the pilot program as the Secretary considers
23 appropriate.

1 **SEC. 611. STUDY ON SUICIDE BY WOMEN VETERANS.**

2 (a) STUDY.—The Secretary of Veterans Affairs shall
3 seek to enter into an agreement with an independent enti-
4 ty to conduct a study on suicide by women veterans.

5 (b) MATTERS INCLUDED.—The study conducted
6 under subsection (a) shall—

7 (1) determine whether experiences relating to
8 suicide with the medical facilities of the Department
9 of Veterans Affairs vary by gender and, if so, the
10 causes of such variation; and

11 (2) include recommendations to—

12 (A) improve preventing women veterans
13 from attempting suicide or dying by suicide;
14 and

15 (B) address any variations described in
16 paragraph (1).

17 (c) REPORT.—Not later than one year after the date
18 of the enactment of this Act, the Secretary shall submit
19 to the Committees on Veterans' Affairs of the House of
20 Representatives and the Senate, and make publicly avail-
21 able, a report on—

22 (1) the results of the study conducted under
23 subsection (a); and

24 (2) recommendations to improve the care pro-
25 vided to women veterans relating to suicide by the
26 Department of Veterans Affairs.

1 **SEC. 612. GRANTS FOR WOMEN VETERANS.**

2 (a) PROGRAM REQUIRED.—Commencing not later
3 than one year after the date of the enactment of this Act,
4 the Secretary of Veterans Affairs shall establish a grant
5 program to provide services described in subsection (f) to
6 women veterans.

7 (b) DURATION OF PROGRAM.—The Secretary shall
8 carry out the program during the five-year period begin-
9 ning on the date of the commencement of the program.

10 (c) GRANTS.—

11 (1) IN GENERAL.—The Secretary shall carry
12 out the program through the award of grants to eli-
13 gible organizations to provide services described in
14 subsection (f).

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

20 (d) ELIGIBLE ORGANIZATIONS.—For purposes of
21 this section, an eligible organization is any nonprofit orga-
22 nization that the Secretary determines, in consultation
23 with State, local, and Tribal veterans agencies, is suitable
24 for receipt of a grant under the program.

25 (e) SELECTION OF GRANT RECIPIENTS.—

1 (1) APPLICATIONS.—An organization seeking a
2 grant under the program shall submit to the Sec-
3 retary an application therefor at such time, in such
4 manner, and containing such information and assur-
5 ances as the Secretary, in consultation with State,
6 local, and Tribal veterans agencies, may require.

7 (2) PRIORITY FOR HUBS OF SERVICES.—In
8 awarding grants under the program, the Secretary
9 shall give priority to an organization that provides
10 multiple forms of services described in subsection
11 (f).

12 (f) USE OF GRANT FUNDS.—Each organization re-
13 ceiving a grant under the program shall use the grant to
14 provide services to women veterans, including with respect
15 to—

- 16 (1) daily living services;
- 17 (2) income support services;
- 18 (3) financial counseling services;
- 19 (4) legal assistance;
- 20 (5) education supportive services;
- 21 (6) career advancement services;
- 22 (7) transportation;
- 23 (8) childcare; and
- 24 (9) housing.

25 (g) ANNUAL REPORTS.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the commencement of the program
3 and not less frequently than once each year there-
4 after until the termination of the program, the Sec-
5 retary shall submit to the appropriate committees of
6 Congress a report on the program carried out under
7 this section.

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

10 (A) A list of the organizations that have
11 received grants under the program, including
12 the geographic location of the organization and
13 the types of services under subsection (f) that
14 each organization provides.

15 (B) The number of veterans served by each
16 organization.

17 (C) An assessment of the effectiveness of
18 the services provided under the program.

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

21 (E) Such other matters as the Secretary
22 considers appropriate.

23 (3) APPROPRIATE COMMITTEES OF CONGRESS
24 DEFINED.—In this subsection, the term “appro-
25 priate committees of Congress” means—

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

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

7 **TITLE VII—OTHER MATTERS**

8 **SEC. 701. PRESCRIPTION OF TECHNICAL QUALIFICATIONS** 9 **FOR LICENSED HEARING AID SPECIALISTS** 10 **AND REQUIREMENT FOR APPOINTMENT OF** 11 **SUCH SPECIALISTS.**

12 (a) IN GENERAL.—Not later than 180 days after the
13 date of the enactment of this Act, the Secretary of Vet-
14 erans Affairs shall prescribe the technical qualifications
15 required under section 7402(b)(14) of title 38, United
16 States Code, to be appointed as a licensed hearing aid spe-
17 cialist under section 7401(3) of such title.

18 (b) ELEMENTS FOR QUALIFICATIONS.—In pre-
19 scribing the qualifications for licensed hearing aid special-
20 ists under subsection (a), the Secretary, at a minimum,
21 shall ensure such qualifications are consistent with the fol-
22 lowing:

23 (1) Standards for licensure of hearing aid spe-
24 cialists that are required by a majority of States.

1 (2) Any competencies needed to perform tasks
2 and services commonly performed by hearing aid
3 specialists pursuant to such standards.

4 (3) Any competencies needed to perform tasks
5 specific to providing care to individuals under the
6 laws administered by the Secretary.

7 (c) **AUTHORITY TO SET AND MAINTAIN DUTIES.**—
8 The Secretary shall retain the authority to set and main-
9 tain the duties for licensed hearing aid specialists ap-
10 pointed under section 7401(3) of title 38, United States
11 Code, for the purposes of the employment of such special-
12 ists with the Department of Veterans Affairs.

13 (d) **APPOINTMENT.**—Not later than September 30,
14 2022, the Secretary shall appoint not fewer than one li-
15 censed hearing aid specialist at each medical center of the
16 Department.

17 (e) **REPORT.**—Not later than September 30, 2022,
18 and annually thereafter, the Secretary shall submit to the
19 Committee on Veterans' Affairs of the Senate and the
20 Committee on Veterans' Affairs of the House of Rep-
21 resentatives a report—

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

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

4 (3) assessing the factors that led to such con-
5 flicts or obstacles;

6 (4) assessing access of patients to comprehen-
7 sive hearing health care services from the Depart-
8 ment consistent with the requirements under section
9 4(b) of the Veterans Mobility Safety Act of 2016
10 (Public Law 114–256; 38 U.S.C. 7401 note), includ-
11 ing an assessment of the impact of infrastructure
12 and equipment limitations on wait times for
13 audiologic care; and

14 (5) indicating the medical centers of the De-
15 partment with vacancies for licensed hearing aid spe-
16 cialists.