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.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020” or the “Veterans COMPACT Act of 2020”.

September 4, 2020 (11:09 a.m.)
(b) TABLE OF CONTENTS.—The table of contents for 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.

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

SEC. 101. EXPANSION OF HEALTH CARE COVERAGE FOR VETERANS.

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

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

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

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

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

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

“(3) Nothing in this section shall be construed to prevent the Secretary from providing hospital care and medical services to a veteran under section 1710(a)(1)(B) of this title during the period specified in such section notwithstanding the failure of the veteran to enroll in the sys-
tem of patient enrollment established by the Secretary under subsection (a).”.

(c) PROMOTION OF EXPANDED ELIGIBILITY.—

(1) TRANSITION ASSISTANCE PROGRAM.—

(A) IN GENERAL.—The Secretary of Labor, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall promote to members of the Armed Forces transitioning from service in the Armed Forces to civilian life through the Transition Assistance Program the expanded eligibility of veterans for health care under the laws administered by the Secretary of Veterans Affairs pursuant to the amendments made by this section.

(B) TRANSITION ASSISTANCE PROGRAM DEFINED.—In this paragraph, the term “Transition Assistance Program” means the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(2) PUBLICATION BY DEPARTMENT OF VETERANS AFFAIRS.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish on a website of the Department of Veterans Affairs notification of the expanded eligibility of veterans for health care under
the laws administered by the Secretary pursuant to
the amendments made by this section.

SEC. 102. REVIEW OF RECORDS OF FORMER MEMBERS OF
THE ARMED FORCES WHO DIE WITHIN ONE
YEAR OF SEPARATION FROM THE ARMED
FORCES.

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

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

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

(1) In the case of a former member who died
withing one year of separation, the manner of death,
to include suicide, accident, violent death, or other causes.

(2) If the Department of Defense had previously identified the former member as being at risk for suicide and if that identification had been communicated to the Department of Veterans Affairs.

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

(4) If the former member was eligible to receive health care services from the Department of Veterans Affairs.

(5) If the former member received health care services, including mental health care services, from a facility of the Department of Veterans Affairs, including readjustment counseling services, or through the Department of Defense following separation from the Armed Forces.

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

(7) The employment status, housing status, marital status, age, rank within the Armed Forces, type of discharge from the Armed Forces, military
occupational specialty, and branch of service within the Armed Forces.

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

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

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

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

(B) services furnished by the Department of Veterans Affairs, including through contracts; and

(C) services not covered under subparagraph (A) or (B).

(d) REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Sec-
The Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress an aggregated report on the results of the review conducted under subsection (a).

(2) **Appropriate Committees of Congress** Defined.—In this subsection, the term “appropriate committees of Congress” means—

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

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

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

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

(1) in subsection (e)—

(A) in paragraph (3)—

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

(ii) by redesignating subparagraph (C) as subparagraph (D);
(iii) in subparagraph (D), as so redesignated, by striking “and” at the end; and

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

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

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

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

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

(2) in subsection (f)—

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

(B) in paragraph (2)—

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

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

“(C) The services provided to address the mental or behavioral health care conditions treated under this section.
“(D) The demographics of individuals who were treated under this section, including—

“(i) age;

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

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

“(iv) combat experience; and

“(v) the geographic location of the residence of the individual at the time services are delivered under this section.

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

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

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

(a) In general.—Section 1145 of title 10, United States Code, is amended—

(1) in subsection (a)(5)(A), by striking “immediately” and inserting “not more than 90 days”; and

(2) in subsection (d)—

(A) in paragraph (1)—
(i) by inserting “and a mental health assessment” after “physical examination” each place it appears;

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

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

(iv) by striking subparagraph (C);

(B) in paragraph (2), by inserting “and mental health assessment” after “physical examination” both places it appears; and

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

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

c) ANNUAL REPORT REGARDING MEMBERS SEPARATING FROM THE ARMED FORCES.—Section 1073b of title 10, United States Code, is amended by adding at the end the following new subsection (e):

“(e) ANNUAL REPORT ON MEMBERS SEPARATING FROM THE ARMED FORCES.—(1) Not later than July 1 of each year, the Secretary of Defense shall issue a report
to Congress on data compiled from physical examinations and mental health assessments of members of the armed forces conducted under section 1145(a)(5) of this title. The report shall cover the calendar year preceding the year in which the report is submitted.

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

“(A) A breakdown of members by age, rank, length of service, duties, deployment, contingencies, sex, race, and military department.

“(B) What percentage of members received physical examinations and mental health assessments in such calendar year.

“(C) The most common physical and mental health conditions identified by such physical examinations and mental health assessments.

“(D) The risk factors and co-morbidities associated with the conditions described in subparagraph (C).

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

“(F) What percentage of members received preseparation counseling under section 1142 of this title.
“(G) Challenges (including wait times and administrative burdens) to providing services to members under the Transition Assistance Program under sections 1142 and 1144 of this title.

“(3) The Secretary shall cooperate with the Secretaries of Veterans Affairs and Labor to improve implementation of the Transition Assistance Program under sections 1142 and 1144 of this title.

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

SEC. 105. MEDICAL EXAMINATIONS FOR CERTAIN VETERANS.

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

(1) A comprehensive physical examination.

(2) A comprehensive mental health examination.

(3) A comprehensive eye examination if the covered veteran has not received such an examination
in the year immediately preceding the date of such examination.

(4) A comprehensive audiological examination if the covered veteran has not received such an examination in the year immediately preceding the date of such examination.

(b) EXAMINATIONS.—

(1) VA HEALTH CARE FACILITIES.—If a covered veteran elects to receive more than one examination described in subsection (a) at a health care facility of the Department of Veterans Affairs, the Under Secretary of Health shall seek to furnish all such scheduled examinations on the same day.

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

(c) TRANSPORTATION.—

(1) BENEFICIARY TRAVEL PROGRAM.—Pursuant to section 111 of title 38, United States Code, the Secretary of Veterans Affairs may pay for a rural covered veteran to travel to a health care facility to receive an examination described in subsection (a).
(2) SHUTTLE SERVICE.—The Under Secretary of Health shall seek to enter into agreements with non-profit organizations to provide shuttle service to rural covered veterans for examinations described in subsection (a).

(d) REPORT REQUIRED.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report regarding how many covered veterans scheduled examinations described in subsection (a) after receiving a letter, telephone call, or email under that subsection.

(e) DEFINITIONS.—In this section:

(1) The term “covered veteran” means a veteran who—

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

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

(2) The term “rural covered veteran” means a covered veteran—
(A) who lives in an area served by the Office of Rural Health of the Department of Veterans Affairs; and

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

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

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.

(a) Pilot Program Required.—

(1) In general.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence carrying out a pilot program—

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

(B) provides such persons, within 30 days after the date on which such persons are designated under subparagraph (A), the option to elect to receive such information.

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

(3) DISSEMINATION.—The Secretary shall disseminate information described in paragraph (1)(A) under the pilot program no less than quarterly.

(4) TYPES OF INFORMATION.—The types of information to be disseminated under the pilot program to persons who elect to receive such information shall include information regarding the following:

(A) Services and benefits offered to veterans and their family members by the Department of Veterans Affairs.
(B) Challenges and stresses that might accompany transitioning from service in the Armed Forces to civilian life.

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

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

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

(F) The environmental health registry program, health and wellness programs, and resources for preventing and managing diseases and illnesses.

(G) A toll-free telephone number through which such persons who elect to receive information under the pilot program may request information regarding the program.

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

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

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

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

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

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

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

(7) CONTACT INFORMATION.—In making a des-
ignation under the pilot program, a veteran shall
provide necessary contact information, specifically
including an email address, to facilitate the dissemination of information regarding the assistance and benefits available to the veteran under laws administered by the Secretary.

(8) **Opt-in and Opt-out of Pilot Program.**—

(A) **Opt-in by Members.**—A veteran may participate in the pilot program only if the veteran voluntarily elects to participate in the program. A veteran seeking to make such an election shall make such election in a manner, and by including such information, as the Secretary shall specify for purposes of the pilot program.

(B) **Opt-in by Designated Recipients.**—A person designated pursuant to paragraph (1)(A) may receive information under the pilot program only if the person makes the election described in paragraph (1)(B).

(C) **Opt-out.**—In carrying out the pilot program, the Secretary shall, with respect to a person who has elected to receive information under such pilot program, cease disseminating such information to that person upon request of such person.

(b) **Survey and Report on Pilot Program.**—
(1) **Survey.**—

(A) **In General.**—Not later than one year after the date of the commencement of the pilot program and not less frequently than once each year thereafter for the duration of the pilot program, the Secretary shall administer a survey to persons who ever elected to receive information under the pilot program for the purpose of receiving feedback regarding the quality of information disseminated under this section.

(B) **Elements.**—Each survey conducted under subparagraph (A) shall include solicitation of the following:

(i) Feedback on the following:

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

   (II) Satisfaction with the pilot program.

   (III) The utility of the pilot program.

   (IV) Overall pilot program successes and challenges.

(ii) Recommendations for improving the pilot program.
23

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

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

(2) REPORT.—

(A) IN GENERAL.—Not later than three
years after the date on which the pilot program
commences, the Secretary shall submit to the
Committee on Veterans’ Affairs of the Senate
and the Committee on Veterans’ Affairs of the
House of Representatives a final report on the
pilot program.

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

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

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

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

(iv) The number of such persons who
opted in or out of the pilot program under
subsection (a)(8).
(v) The average period such persons remained in the pilot program.

(vi) An assessment of the feasibility and advisability of making the pilot program permanent.

(vii) Identification of legislative or administrative action that may be necessary if the pilot program is made permanent.

(viii) A plan to expand the pilot program if the pilot program is made permanent.

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

SEC. 107. NATIONAL SURVEY OF VETERANS.

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

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

(2) age;

(3) race and ethnicity;
(4) marital status;
(5) whether the veteran has dependent children;
(6) branch of service;
(7) period of service;
(8) component of the Armed Forces; and
(9) whether the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code.

(b) MATTERS INCLUDED.—The survey required by subsection (a) shall include an assessment of the experiences of the veterans included in the survey with respect to each of the following factors:

(1) Educational history and experience.
(2) Reason for leaving military service.
(3) Sexual orientation.
(4) Service-connected disability rating.
(5) Income amount and sources.
(6) Living arrangement, as of the date on which the survey is conducted.
(7) Housing stability and security, both as of the date on which the survey is conducted and prior experiences.
(8) Employment status, both as of the date on which the survey is conducted and prior experiences.
(9) Reasons for not seeking employment, if applicable.
(10) Level of food security.
(11) Financial and physical ability to meet basic needs.
(12) Experience performing military service in the National Guard or a reserve component.
(13) Experience performing military service in a combat theater of operations or war zone.
(14) Exposure to dead, dying, or wounded people while serving on active duty.
(15) Prisoner of war status.
(16) Exposure to environment hazards while in military service.
(17) Health status.
(18) Quality of life.
(19) Exposure to military sexual trauma.
(20) Exposure to adverse childhood experiences.
(21) Experience and history with Department of Veterans Affairs benefits and services, including, if applicable, reasons for not using such benefits or services.
(22) Experience with veterans treatment courts.
(23) Experience with criminal justice system.
(24) Experience with health care furnished by the Department of Veterans Affairs.

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

(A) a nutrition assistance program;

(B) Medicaid;

(C) Medicare;

(D) unemployment and employment programs; and

(E) other programs the Secretary determines appropriate.

(26) Such other issues that the Secretary determines appropriate for assessing the social determinants of the health and overall well-being of veterans.

(c) GROUPS OF VETERANS.—In conducting the survey required under subsection (a), the Secretary shall ensure that each of following groups are represented:

(1) World War II veterans.

(2) Korean conflict era veterans.

(3) Vietnam era veterans.

(4) Persian Gulf era veterans.

(6) Post-9/11 era veterans.

(7) Veterans who served during peacetime.

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

(9) National Guard and Reserve members activated under title 10, United States Code.

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

(d) REPORT.—Not later than 180 days after the completion of the survey conducted pursuant to subsection (a), the Secretary of Veterans Affairs shall—

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

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

TITLE II—SUICIDE PREVENTION

SEC. 201. DEPARTMENT OF VETERANS AFFAIRS TRAINING AND COUNSELING IN SUICIDE PREVENTION AND LETHAL MEANS.

(a) TRAINING SESSION.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop a training session on sui-
cide prevention, suicide risk assessment, safety planning, and lethal means counseling. Such training shall—

(1) be required for all primary care practitioners of the Department of Veterans Affairs, and to other Department employees, as directed by the Secretary, by not later than 270 days after the date of the enactment of this Act;

(2) be required for all primary care practitioners who furnish care to veterans under the Department of Veterans Affairs Community Care program (under section 1703 of title 38, United States Code) at least once every two years; and

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

(b) COUNSELING SESSION.—

(1) IN GENERAL.—Not later than 360 days after the date of the enactment of this Act, the Secretary shall develop a suicide prevention and lethal means counseling session tailored to veterans. Such counseling shall—

(A) be provided by primary care practitioners of the Department to—

(i) all veterans enrolled in the patient enrollment system under section 1705 of title 38, United States Code; and
(ii) other patients, as determined by the Secretary; and

(B) be provided annually to each such veteran during a primary care appointment.

(2) LETHAL MEANS COUNSELING.—In this subsection, the term “lethal means counseling” means counseling designed to—

(A) assess whether a person at risk for suicide has access to lethal means; and

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

(e) CONSULTATION.—In developing the training and counseling sessions required by this section, the Secretary shall consult with the Secretary of Health and Human Services, the National Institutes of Health, experts in suicide assessment, treatment, and management, and affected professional associations.

SEC. 202. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES.

(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—
(1) IN GENERAL.—The Secretary of Veterans Affairs shall provide financial assistance to eligible entities approved under this section through the award of grants to such entities to provide or coordinate the provision of suicide prevention services to eligible individuals and their families to reduce the risk of suicide.

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

(b) AWARD OF GRANTS.—

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

(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall—
(A) establish a maximum amount to be awarded under the grant (that may not exceed $750,000 per grantee per fiscal year);

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

(C) establish a requirement for the recipient of the grant to provide matching funds in a specified percentage.

(c) DISTRIBUTION OF GRANTS AND PREFERENCE.—

(1) DISTRIBUTION.—

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

(i) rural communities;

(ii) Tribal lands;

(iii) territories of the United States;

(iv) medically underserved areas;

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

(vi) areas with a high number of suicide deaths or a high rate of suicide; and
33

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

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

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

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

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

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

(d) REQUIREMENTS FOR RECEIPT OF GRANTS.—
(1) Notification that services are from department.—Each entity receiving a grant under this section to provide suicide prevention services to eligible individuals and their families shall notify the recipient of such services that such services are being paid for, in whole or in part, by the Department.

(2) Coordination.—An entity receiving a grant under this section shall—

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

(B) inform a veteran who receives assistance under this section of the eligibility of the veteran to enroll in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code; and

(C) if such a veteran wishes to so enroll, inform the veteran of the point of contact at the Department who can assist the veteran in such enrollment.
(3) Measurement and Monitoring.—An entity receiving a grant under this section shall submit to the Secretary a description of such tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity, including the effect of the services furnished by the entity on—

(A) the financial stability of the eligible individual;

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

(C) the social support of the eligible individual.

(4) Reports.—The Secretary—

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

(B) shall specify to each such entity the evaluation criteria and data and information (including a mental health, well-being, and suicide risk assessment for each eligible individual served); and
(C) may require such entities to submit to the Secretary such additional reports as the Secretary determines appropriate.

(e) Application for Grants.—

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

(2) Matters to be included.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

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

(B) A detailed plan describing how the eligible entity proposes to coordinate and deliver suicide prevention services to eligible individuals not currently receiving care furnished by the Department, including—

(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;
(ii) a description of the arrangements currently in place between the eligible entity and such partners;

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

(iv) an identification of the local suicide prevention coordinator of the Department; and

(v) a description of involvement in the plan by that local suicide prevention coordinator.

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

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

(E) Evidence of the experience of the eligible entity (and the proposed partners of the entity, if any) in providing suicide prevention
services to individuals, particularly to eligible
individuals and their families.

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

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

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

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

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

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

(vi) to measure, over a long-term pe-
riod, the improved mental health status,
well-being and suicide risk of the eligible individual served.

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

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

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

(J) A description of the services the eligible entity proposes to deliver directly and a description of any services the eligible entity proposes to deliver through an agreement with a community partner, if any.

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

(L) An agreement to use each measurement tool provided by the Department to measure the effectiveness of the suicide prevention services under this section.

(M) A description of how the eligible entity will assess the effectiveness of the provision of suicide prevention services under this section.
(N) A description of how the eligible entity will include individuals with physical disabilities and meet the needs of such individuals.

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

(f) TECHNICAL ASSISTANCE.—

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

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

(B) the means of data collection and sharing;

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

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

(E) suicide risk assessment and management; and

(F) lethal means counseling.

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

(g) ADMINISTRATION OF GRANT PROGRAM.—

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

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

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

(B) The measures to be used by each entity in receipt of grants under this section to determine the effectiveness of the programming being provided by such entity in improving mental health status and well-being of eligible individuals and their families (including measures of suicidal thoughts and behaviors among...
individuals who receive services under this
grant program).

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

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

(A) Veterans service organizations.

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

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

(ii) represent mayors;

(iii) represent unions;

(iv) represent first responders;

(v) represent chiefs of police and sher-
iffs;
(vi) represent chief executive officers of States; or

(vii) represent Tribes.

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

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

(E) State departments of veterans affairs.

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

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

(H) Vet Centers.

(I) Organizations with experience in creating measurement tools for purposes of determining programmatic effectiveness.

(J) The National Alliance on Mental Illness.

(K) The Centers for Disease Control and Prevention.

(L) The Substance Abuse and Mental Health Services Administration.
(M) The President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide Task Force.

(N) National organizations that represent counties.

(O) Labor organizations (as defined in section 7103 of title 5, United States Code).

(P) Such other organizations as the Secretary determines appropriate.

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

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

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

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

(D) the method by which the Secretary determines financial responsibility with regards to the definition of “eligible entity”.
(h) INFORMATION ON POTENTIAL ELIGIBLE INDIVIDUALS.—

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

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

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

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

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

(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of financial assistance under this section.
(i) **Duration.**—The authority of the Secretary to provide grants under this section shall terminate on the date that is three years after the date on which the first grant is awarded under this section.

(j) **Reporting and Assessment.**—

(1) **Interim Report.**—

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

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

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

(I) the effectiveness of community partners in conducting outreach to veterans at risk of suicide and families of such veterans;

(II) reducing suicide rates for eligible individuals; and
(III) the effectiveness of the measures and metrics in improving coordination of suicide prevention services.

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

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

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

(v) The number of eligible individuals supported by grants under this section, including through services provided to family members, who were not previously receiving care furnished by the Department.

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

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

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

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

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

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

(C) PROVISION OF INFORMATION TO SECRETARY.—The Secretary may require eligible
entities receiving grants under this section to provide to the Secretary such information as the Secretary determines necessary to report to Congress the elements set forth in subparagraph (B).

(2) Final report.—Not later than three years after the date on which the first grant is awarded under this section, and annually thereafter for every year in which financial assistance is provided under this section, the Secretary shall submit to the appropriate committees of Congress—

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

(B) a report on—

(i) the effectiveness of the provision of grants under this section, including the effectiveness of community partners in—

(I) conducting outreach to eligible individuals and their families; and

(II) reducing suicide rates for such eligible individuals;

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

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

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

(3) Third party assessment.—

(A) Study of grant program.—

(i) In general.—Not later than 180 days after the date on which the first grant is awarded under this section, the Secretary shall seek to enter into a contract with an appropriate entity described in subparagraph (C) to conduct a study of the provision of grants under this section.

(ii) Elements.—In conducting the study under clause (i), the entity shall—

(I) evaluate the effectiveness of grants under this section in addressing the factors that contribute to suicide through the provision of services by eligible entities located in commu-
nities where such recipients of such services live;

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

(III) compare the results of the provision of grants under this section with other national programs in delivering resources to eligible individuals in the communities where they live that address the factors that contribute to suicide.

(B) ASSESSMENT.—

(i) In general.—The contract under subparagraph (A) shall provide that not later than 24 months after the date on which the first grant is awarded under this section, the appropriate entity shall submit to the Secretary an assessment based on the study conducted pursuant to such contract.

(ii) Submittal to Congress.—Upon receipt of the assessment under clause (i), the Secretary shall submit to the appro-
appropriate committees of Congress a copy of the assessment.

(C) APPROPRIATE ENTITY.—An appropriate entity described in this subparagraph is a nongovernment entity with experience assessing the effectiveness of suicide prevention services.

(k) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—

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

(2) INELIGIBILITY.—If an eligible individual refuses to receive services under paragraph (1) or is ineligible for such services, any clinical services provided by the recipient of a grant under this section, or a community partner of such recipient, shall be at the expense of the grant recipient.
(3) TERMINATION.—The requirement to furnish an initial mental health assessment and mental health or behavioral health care services under paragraph (1) shall terminate on the date specified in subsection (i).

(l) AGREEMENTS WITH COMMUNITY PARTNERS.—
An eligible entity in receipt of a grant under this section may use grant funds to enter into an agreement with a community partner under which the eligible entity may provide funds to a community partner for the provision of covered services to eligible individuals and their families.

(m) DEFINITIONS.—In this section:

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

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

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

(2) **COLLECTIVE IMPACT MODEL.**—The term “collective impact model” means a partnership between entities that—

(A) collectively provide multiple suicide prevention services;

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

(C) engages in continuous communication;

(D) uses a common measurement system; and

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

(i) strategic planning;

(ii) project management; and

(iii) supporting partner entities through ongoing facilitation, technology and communications support, data collection and reporting, and administrative support.

(3) **ELIGIBLE ENTITY.**—The term “eligible entity” means—
(A) an incorporated private institution or foundation—

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

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

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

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

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

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

(i) is physically based in the targeted community;

(ii) has demonstrated the potential to use a collective impact model to effectively network and partner with community partners that offer suicide prevention services to reduce the risk of suicide for eligible individuals; and

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

(F) a State or local government.

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

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

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

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

(D) such other individual as the Secretary determines appropriate.
(5) Emergency Medical Condition.—The term “emergency medical condition” means a medical or behavioral condition manifesting in acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in—

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

(B) serious impairment of bodily functions;

or

(C) serious dysfunction of bodily organs.

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

(A) A parent.

(B) A spouse.

(C) A child.

(D) A sibling.

(E) A step-family member.

(F) An extended family member.

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

(7) Necessary Stabilizing Treatment.—The term “necessary stabilizing treatment” the provision, for not longer than 72 consecutive hours, of treatment of an emergency medical condition to en-
sure, to a reasonable medical probability, that no material deterioration of the condition is likely to re-
sult from or occur during the transfer of the indi-
vidual from a facility.

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

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

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

(i) Mental health challenges.

(ii) Substance abuse.

(iii) Serious or chronic health condi-
tions or pain.

(iv) Traumatic brain injury.

(B) Environmental risk factors, including the following:

(i) Access to lethal means (such as drugs, firearms, etc.).

(ii) Prolonged stress.

(iii) Stressful life events.
(iv) Unemployment.
(v) Homelessness.
(vi) Recent loss.
(vii) Legal or financial challenges.

(C) Historical risk factors, including the following:

(i) Previous suicide attempts.
(ii) Family history of suicide.
(iii) History of abuse, neglect, or trauma.

(10) STATE.—The term “State” has the meaning given that term in section 101 of title 38, United States Code.

(11) SUICIDE PREVENTION SERVICES.—The term “suicide prevention services” means services (other than direct cash assistance to eligible individuals or their families) to address the needs of eligible individuals and their families and includes the following:

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

(i) are at the greatest risk of suicide;

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

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

(i) a medical facility of the Department;

(ii) a Vet Center; or

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

(C) Education on suicide risk and prevention to families and communities.

(D) Case management services.

(E) Peer support services.

(F) Assistance in obtaining any benefits from the Department that the eligible individuals and their families may be eligible to receive, including—

(i) vocational and rehabilitation counseling;

(ii) supportive services for homeless veterans;

(iii) employment and training services;

(iv) educational assistance; and
(v) health care services.

(G) Assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity.

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

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

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

(iii) in the case of an eligible individual who is at imminent risk of self-harm, transport to—

(I) a medical facility of the Department; or

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

(I) Assistance with emergent needs relating to—

(i) daily living;

(ii) personal financial planning;

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

(v) child care (not to exceed $5,000 per family of the eligible individual per fiscal year).

(J) Such other services necessary for improving the mental health status and well-being of eligible individuals and their families the Secretary determines appropriate, which may include—

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

(ii) non-medical substance use reduction programming;

(iii) family counseling; and

(iv) relationship coaching.

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

(13) Veterans Crisis Line.—The term “Veterans Crisis Line” means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.
(14) VETERANS SERVICE ORGANIZATION.—The term “veterans service organization” means any organization recognized by the Secretary of Veterans Affairs as assisting veterans, including under section 5902 of title 38, United States Code.

SEC. 203. INTERAGENCY TASK FORCE ON OUTDOOR RECREATION FOR VETERANS.

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

(b) COMPOSITION.—The Task Force shall be composed of the following members or their designees:

(1) The Secretary of Veterans Affairs.

(2) The Secretary of the Interior.

(3) The Secretary of Health and Human Services.

(4) The Secretary of Agriculture.

(5) The Secretary of Defense.


(7) The Chief of the Army Corps of Engineers.

(8) Any other member that the Secretary of Veterans Affairs determines to be appropriate.
(c) **Chairpersons.**—The Secretary of Veterans Affairs and the Secretary of the Interior shall serve as co-chairpersons of the Task Force (in this section referred to as the “Chairpersons”).

(d) **Duties.—**

(1) **Task Force.**—The duties of the Task Force shall be—

(A) to identify opportunities to formalize coordination between the Department of Veterans Affairs, public land agencies, and partner organizations regarding the use of public lands or other outdoor spaces for medical treatment and recreational therapy for veterans;

(B) to identify barriers that exist to providing veterans with opportunities for medical treatment and therapy through the use of outdoor recreation on public lands or other outdoor spaces; and

(C) to develop recommendations to better facilitate the use of public lands or other outdoor spaces for preventative care, medical treatment, and therapy for veterans.

(2) **Consultation.**—The Task Force shall carry out the duties under paragraph (1) in con-
sultation with appropriate veterans outdoor recreation groups.

(c) REPORTS.—

(1) PRELIMINARY REPORT.—Not later than 180 days after the date on which the Task Force is established, the Chairpersons shall submit to Congress a report on the preliminary findings of the Task Force.

(2) FINAL REPORT.—Not later than one year after the date of the submittal of the preliminary report under paragraph (1), the Chairpersons shall submit to Congress a report on the findings of the Task Force, which shall include the recommendations developed under subsection (d)(1)(C).

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

(g) DEFINITIONS.—In this section:

(1) The term “public lands” means any recreational lands under the jurisdiction of the Federal Government or a State or local government.

(2) The term “veteran” has the meaning given that term in section 101 of title 38, United States Code.
SEC. 204. DEPARTMENT OF VETERANS AFFAIRS INDEPENDENT REVIEWS OF CERTAIN DEATHS OF VETERANS BY SUICIDE AND STAFFING LEVELS OF MENTAL HEALTH PROFESSIONALS.

(a) Review of Deaths of Veterans by Suicide.—

(1) In general.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall conduct a review of the deaths of all covered veterans who died during the five-year period ending on the date of the enactment of this Act, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention.

(2) Elements.—The review required by paragraph (1) shall include the following:

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

(B) The total number of covered veterans who died by a violent death during such five-year period.
(C) The total number of covered veterans who died by an accidental death during such five-year period.

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

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

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

(G) A summary of medical diagnoses by physicians of the Department of Veterans Affairs or physicians providing services to covered veterans through programs of the Department that led to the prescribing of medications referred to in subparagraph (E) in cases of post-traumatic stress disorder, traumatic brain in-
jury, military sexual trauma, and other anxiety and depressive disorders.

(H) The number of instances in which a covered veteran described in subparagraph (A), (B), or (C) was concurrently on multiple medications prescribed by physicians of the Department or physicians providing services to veterans through programs of the Department to treat post-traumatic stress disorder, traumatic brain injury, military sexual trauma, other anxiety and depressive disorders, or instances of comorbidity.

(I) The number of covered veterans described in subparagraphs (A) through (C) who were not taking any medication prescribed by a physician of the Department or a physician providing services to veterans through a program of the Department.

(J) With respect to the treatment of post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the percentage of covered veterans described in subparagraphs (A) through (C) who received a non-medication
first-line treatment compared to the percentage of such veterans who received medication only. (K) With respect to the treatment of covered veterans described in subparagraphs (A) through (C) for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the number of instances in which a non-medication first-line treatment (such as cognitive behavioral therapy) was attempted and determined to be ineffective for such a veteran, which subsequently led to the prescribing of a medication referred to in subparagraph (E). (L) A description and example of how the Department determines and continually updates the clinical practice guidelines governing the prescribing of medications. (M) An analysis of the use by the Department, including protocols or practices at medical facilities of the Department, of systematically measuring pain scores during clinical encounters under the Pain as the 5th Vital Sign Toolkit of the Department and an evaluation of the relationship between the use of such measurements and the number of veterans concur-
rently on multiple medications prescribed by physicians of the Department.

(N) The percentage of covered veterans described in subparagraphs (A) through (C) with combat experience or trauma related to combat experience (including military sexual trauma, traumatic brain injury, and post-traumatic stress).

(O) An identification of the medical facilities of the Department with markedly high prescription rates and suicide rates for veterans receiving treatment at those facilities.

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

(i) An analysis of the sharing of prescription and behavioral health data for veterans.

(ii) An analysis of whether Department staff check with State prescription drug monitoring programs before prescribing medications to veterans.

(iii) A description of the procedures of the Department for coordinating with pre-
scribers outside of the Department to ensure that veterans are not overprescribed.

(iv) A description of actions that the Department takes when a veteran is determined to be overprescribed.

(Q) An analysis of the collaboration of medical centers of the Department with medical examiners’ offices or local jurisdictions to determine veteran mortality and cause of death.

(R) An identification and determination of a best practice model to collect and share veteran death certificate data between the Department of Veterans Affairs, the Department of Defense, States, and tribal entities.

(S) A description of how data relating to death certificates of veterans is collected, determined, and reported by the Department of Veterans Affairs.

(T) An assessment of any patterns apparent to the National Academies of Sciences, Engineering, and Medicine based on the review conducted under paragraph (1).

(U) Such recommendations for further action that would improve the safety and well-being of veterans as the National Academies of
Sciences, Engineering, and Medicine determine appropriate.

(b) Review of Staffing Levels for Mental Health Professionals.—

(1) In General.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall conduct a review of the staffing levels for mental health professionals of the Department.

(2) Elements.—The review required by paragraph (1) shall include a description of the efforts of the Department to maintain appropriate staffing levels for mental health professionals, such as mental health counselors, marriage and family therapists, and other appropriate counselors, including the following:

(A) a description of any impediments to carry out the education, training, and hiring of mental health counselors and marriage and family therapists under section 7302(a) of title 38, United States Code, and strategies for addressing those impediments;
(B) a description of the objectives, goals, and timing of the Department with respect to increasing the representation of such counselors and therapists in the behavioral health workforce of the Department, including—

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

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

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

(D) a description of how the Department—

(i) identifies gaps in the supply of mental health professionals; and
(ii) determines successful staffing ratios for mental health professionals of the Department;

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

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

(e) Compilation of Data.—

(1) Form of Compilation.—The Secretary of Veterans Affairs shall ensure that data compiled under subsections (a) and (b) is compiled in a manner that allows it to be analyzed across all data fields for purposes of informing and updating clin-
ical practice guidelines of the Department of Veterans Affairs.

(2) Compilation of data regarding covered veterans.—In compiling data under subsection (a)(2) regarding covered veterans described in subparagraphs (A) through (C) of such subsection, data regarding veterans described in each such subparagraph shall be compiled separately and disaggregated by year.

(d) Completion of Reviews and Reports.—Each agreement entered into under subsections (a)(1) and (b)(1) shall require that the National Academies of Sciences, Engineering, and Medicine complete the review under each such subsection and submit to the Secretary of Veterans Affairs a report containing the results of the review—

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

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

(e) Report.—Not later than 90 days after the completion by the National Academies of Sciences, Engineer-
(a), the Secretary of Veterans Affairs shall—

(1) submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the results of the review; and

(2) make such report publicly available.

(f) DEFINITIONS.—In this section:

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

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

(3) The term “first-line treatment” means a potential intervention that has been evaluated and assigned a high score within clinical practice guidelines.

(4) The term “State” means each of the States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.
SEC. 205. COMPTROLLER GENERAL REPORT ON MANAGEMENT BY DEPARTMENT OF VETERANS AFFAIRS OF VETERANS AT HIGH RISK FOR SUICIDE.

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

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

(1) A description of how the Department identifies patients as high risk for suicide, with particular consideration to the efficacy of inputs into the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment program (commonly referred to as the “REACH VET” program) of the Department, including an assessment of the efficacy of such identifications disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.

(2) A description of how the Department intervenes when a patient is identified as high risk, including an assessment of the efficacy of such inter-
ventions disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.

(3) A description of how the Department monitors patients who have been identified as high risk, including an assessment of the efficacy of such monitoring and any follow-ups disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.

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

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

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

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

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

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

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

“(a) PURPOSE.—It is the purpose of this section to provide for assistance by the Secretary to States to carry out programs that promote health and wellness, strengthen the coordination, implementation, and evaluation of comprehensive veteran suicide prevention programs, and offer a high probability of improving outreach and assistance to veterans and the spouses, children, and parents of veterans, to ensure that such individuals are fully informed about, and assisted in applying for, any veterans and veterans-related benefits and programs (including State veterans programs) for which they may be eligible.
“(b) CONTRACTS.—(1) The Secretary may enter into a contract with a State in order to carry out, coordinate, improve, or otherwise enhance health and wellness programs, comprehensive veteran suicide prevention programs, and outreach by the Department and the State (including outreach with respect to a State, county, or other local veterans program).

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

“(3) Each contract entered into with a State under this subsection to carry out an activity shall include a requirement that the State carry out the activity through—

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

“(B) if a county veterans service officer does not exist in the State or exists only in portions of the State, an appropriate State, local, or tribal entity as determined by the Secretary.

“(c) GRANTS.—(1) The Secretary may award a grant to a State to be used—
“(A) to carry out, coordinate, improve, or otherwise enhance—

“(i) health and wellness programs;

“(ii) comprehensive veteran suicide prevention programs;

“(iii) outreach activities; or

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

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

“(2) A State that receives a grant under this subsection to carry out an activity described in paragraph (1)(A) shall carry out the activity through—

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

“(B) if a county veterans service officer does not exist in the State or exists only in portions of the State, an appropriate State, local, or tribal entity as determined by the Secretary.

“(3)(A) To be eligible for a grant under this subsection, a State shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.
“(B) Each application submitted under subparagraph (A) shall include the following:

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

“(ii) A description of the programs through which the State will meet the outcome measures developed by the Secretary under paragraph (4).

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

“(B) The Secretary shall review the performance of each State that receives a grant under this section and shall make information regarding such performance publicly available.

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

“(5) A grant under this subsection—

“(A) shall be used—
“(i) to expand existing programs, activities, and services;

“(ii) to hire new, additional county veterans service officers; or

“(iii) for travel and transportation to facilitate carrying out clause (i) or (ii); and

“(B) shall be used to supplement and not supplant State and local funding that is otherwise available.

“(6) A grant under this subsection may be used to provide education and training, including on-the-job training, for State, county, local, and tribal government employees who provide (or when trained will provide) veterans outreach services in order for those employees to obtain accreditation in accordance with procedures approved by the Secretary and, for employees so accredited, for purposes of continuing education.

“(7) A grant awarded under paragraph (1)(A) may be used to carry out, coordinate, improve, or otherwise enhance an activity carried out pursuant to a contract entered into under subsection (b).

“(d) COUNTY VETERANS SERVICE OFFICER DEFINED.—In this section, the term ‘county veterans service officer’ includes—
“(1) a local equivalent veterans service officer;

and

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

“(e) FUNDING.—(1) Amounts for the activities of the Department under this section shall be budgeted and appropriated through a separate appropriation account.

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

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

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 63 of such title is amended by striking the items relating to sections 6307 and 6308 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.”.
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.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, the Secretary of Health and Human Services (including through the Director of the Indian Health Service and the Administrator of the Substance Abuse and Mental Health Services Administration), shall develop a clinical provider treatment toolkit and accompanying training materials for the evidence-based management of co-occurring mental health conditions, co-occurring mental health and substance use disorders, and a co-occurring mental health condition and chronic pain.

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

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

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

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

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

(B) military sexual trauma;

(C) a substance use disorder;

(D) chronic pain; or

(E) any combination thereof.
SEC. 302. UPDATE OF CLINICAL PRACTICE GUIDELINES
FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE.

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

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

(2) the publication includes—

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

(i) gender-specific and sexual-orientation-specific risk factors for suicide and suicidal ideation;

(ii) gender-specific and sexual-orientation-specific treatment efficacy for depression and suicide prevention;

(iii) gender-specific and sexual-orientation-specific pharmacotherapy efficacy; and
(iv) gender-specific and sexual-orientation-specific psychotherapy efficacy; and

(B) guidance with respect to the findings of the Creating Options for Veterans’ Expedited Recovery Commission (commonly referred to as the “COVER Commission”) established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114–198; 38 U.S.C. 1701 note) regarding the efficacy of complementary and integrative health approaches to suicide prevention, and any significant empirical findings in such areas since publication of the final report of such Commission.

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

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.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with a non-Federal Government entity to conduct a study of the strengths and weaknesses of the suicide prevention and mental health outreach materials prepared by the Department of Veterans Affairs and the suicide prevention and mental health outreach campaigns conducted by the Department. Such study shall be conducted in accordance with this section.

(b) USE OF FOCUS GROUPS.—

(1) IN GENERAL.—An agreement entered into under subsection (a) shall provide that the non-Federal Government entity shall consult with not fewer than eight different focus groups that meet the criteria under paragraph (2) to discuss the development of the suicide prevention and mental health
materials and campaigns as required under subsection (a).

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

(A) Such groups shall be held in geographically diverse areas as follows:

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

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

(B) Such groups shall be held at a variety of dates and times to ensure an adequate representation of veterans with different work schedules.

(C) Each such group shall include not fewer than five and not more than 12 participants.

(D) Each such group shall, to the extent practicable, include veterans of diverse backgrounds, including veterans from each of the covered veteran groups.

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

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

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

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

(C) A plan to improve and expand the current approach by the Department to suicide prevention and mental health outreach or, if the Secretary decides not to change the current ap-
proach, an explanation of the reason for maintaining the current approach.

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

(d) **REPRESENTATIVE SURVEY.**—

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

(2) **VETERANS SURVEYED.**—

(A) **IN GENERAL.**—To the extent practicable, veterans surveyed under paragraph (1) shall include veterans from each of the covered veteran groups.

(B) **DISAGGREGATION OF INFORMATION.**—Information collected from veterans surveyed under paragraph (1) shall be disaggregated by—
(i) veterans received care from the Department during the two-year period preceding the survey; and

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

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

(1) FOCUS GROUPS.—

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

(B) REPRESENTATION.—Each focus group required pursuant to a contract referred to in subparagraph (A) shall, to the extent practicable, include veterans of diverse backgrounds from each of the covered veteran groups.

(2) SUBCONTRACTING.—The Secretary shall include in each contract described in paragraph (1)(A) a requirement that, if the contractor subcontracts for the development of media, the contractor shall
subcontract with a subcontractor that has experience creating effective media campaigns that target individuals age 18 to 34.

(f) DEFINITIONS.—In this section:

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

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

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

(B) Women veterans.

(C) Minority veterans.

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

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

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

(G) Veterans with physical disabilities, including spinal cord injuries and disorders.

(H) Veterans not enrolled in the patient enrollment system of the Department.
(I) Individuals transitioning from active duty in the Armed Forces to civilian life.

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

(a) In General.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

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

“(a) Goals and Metrics.—The Secretary shall establish and maintain measurable objectives applicable to the mental health and suicide prevention media outreach campaigns of the Department. Such objectives shall include specific goals and targets, specific metrics, and action plans to track progress.

“(b) Use of Metrics.—(1) The Secretary shall determine the appropriate methodological approach for measuring the objectives required under subsection (a) using metrics specific to each type of media. In carrying out this subsection, the Secretary shall consider the following metrics:

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

“(i) Impressions.
“(ii) Reach.
“(iii) Engagement rate.
“(iv) Number of followers.
“(v) Such other metrics as the Secretary considers necessary.
“(B) Metrics relating to television, which may include the following:
“(i) Nielsen ratings.
“(ii) Such other metrics as the Secretary considers necessary.
“(C) Metrics relating to email, which may include the following:
“(i) Open rate.
“(ii) Response rate.
“(iii) Click through rate.
“(iv) Delivery rate.
“(v) Such other metrics as the Secretary considers necessary.
“(2) The Secretary shall periodically update the metrics used under paragraph (1) as more accurate metrics become available.
“(c) TARGETS AND MEASURES.—The targets established under subsection (a) shall include—
“(1) targets to track the metrics used under subsection (b); and
“(2) measures to assess how media outreach campaigns influence the knowledge, attitudes, and behaviors of veterans with respect to mental health treatment and suicide prevention.

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

“(1) the progress of the Department in meeting the objectives and targets established under subsection (a) during the year covered by the report; and

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

“(e) REPORT ON USE OF FUNDS BY OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION.—Not later than September 30 each year, the Secretary shall submit to the Committee on Appropriations and the Committee on Appropriations and the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing the expenditures and obligations of the Office of Mental
Health and Suicide Prevention of the Veterans Health Administration during the period covered by the report.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relation to section 1709B the following new item:

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

c) CONSULTATION.—In establishing measurable objectives under section 1709C of title 38, United States Code, as added by subsection (a), the Secretary of Veterans Affairs shall consult with the following:

(1) Relevant stakeholders, including organizations that represent veterans, as determined by the Secretary.

(2) Mental health and suicide prevention experts.

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

(d) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report that includes a detailed description of the measurable objectives for the mental health and suicide prevention media outreach campaigns of the Department as required by section 1709C of title.
38, United States Code, as added by subsection (a). Such report shall include a description of the targets for such objectives as described in subsection (c) of such section.

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

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

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

(1) An assessment of the infrastructure under the control of or available to the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs or available to the Department of Veterans Affairs for suicide prevention efforts not operated by the Office of Mental Health and Suicide Prevention.
(2) A description of the management and organizational structure of the Office of Mental Health and Suicide Prevention, including roles and responsibilities for each position.

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

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

(5) An assessment of the National Strategy for Preventing Veteran Suicide and the Suicide Prevention 2.0 Strategy of the Department of Veterans Affairs, including—

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

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

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

(D) an identification of any new programs or partnerships that have resulted from the im-
plementation of the National Strategy for Preventing Veteran Suicide, 2018–2028; and

(E) an assessment of the effectiveness of the implementation of the National Strategy for Preventing Veterans Suicide, 2018–2028 in reducing veteran suicide.

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

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

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

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

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

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

(B) between that central office and any staff member or office in the field, including
chaplains, attorneys, law enforcement personnel, and volunteers; and

(C) between that central office, local facilities of the Department, and community partners of the Department, including first responders, community support groups, and health care industry partners.

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

(12) An assessment of how the Department of Veterans Affairs and the Department of Defense coordinate suicide prevention efforts, and recommendations on how the Department of Veterans Affairs and Department of Defense can more effectively coordinate those efforts.

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

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

(a) Initial Report.—

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

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

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

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

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

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

   (i) How documents and patient information are transferred and the effectiveness of those transfers.
(ii) How care is coordinated when veterans are required to travel to different facilities of the Department.

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

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

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

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

(b) Community Care Integration Report.—

(1) In general.—Not later than two years after the date on which the Comptroller General submits the report required under subsection (a)(1), the Comptroller General shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the efforts of the De-
partment to integrate community-based mental health care into the Veterans Health Administration.

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

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

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

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

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

(i) the Veterans Health Administration and providers of community-based mental health care; and

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

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

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

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

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

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

(a) Report on Mental Health Programs.—

(1) In general.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs and the Secretary of Defense shall submit to the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate and the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives a report on mental health programs of the Department of Veterans Affairs and the Department of Defense and joint programs of the Departments.

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

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

(i) Transition assistance programs.

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

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

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

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

(i) Transition assistance programs, including the In Transition program.

(ii) Clinical and non-clinical mental health initiatives, including the Psychological Health Center of Excellence, the Defense Veteran Brain Injury Center, the National Center for Telehealth and Technology, the National Intrepid Center of
Excellence, and the Intrepid Spirit Centers.

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

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

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

(i) Transition assistance programs.

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

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

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

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

(E) Recommendations for novel joint programming of the Department of Veterans Affairs and the Department of Defense to improve the mental health of members of the Armed Forces and veterans.
(b) Authorization of a Public-Private Partnership to Establish a Joint Center of Excellence.—

(1) In general.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall enter into agreements with private entities and philanthropic organizations to establish a center of excellence to be known as the “Joint VA/DOD National Intrepid Center of Excellence Intrepid Spirit Center” (in this subsection referred to as the “Center”).

(2) Duties.—The Center shall conduct the following:

(A) Joint mental health care delivery programs of the Department of Veterans Affairs and the Department of Defense for veterans and members of the Armed Forces, including members of the reserve components, who reside in rural and highly rural areas.

(B) Mental health and suicide prevention research focused on veterans and members of the Armed Forces, including members of the reserve components, to inform treatment and care delivery programs.
(3) LOCATION.—The Center shall be established in a location that—

(A) is geographically distant from existing and planned Intrepid Spirit Centers of the Department of Defense;

(B) is in close proximity to rural and highly rural areas and able to serve veterans in those areas who, as of the date of the enactment of this Act, are underserved by the Department of Veterans Affairs; and

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

TITLE V—WORKFORCE IMPROVEMENT

SEC. 501. ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM.

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

“SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

§ 7698. Requirement for program

“As part of the Educational Assistance Program, the Secretary shall carry out a scholarship program under this
§ 7699. Eligibility; agreement

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

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

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

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

“(1) An individual who agrees to be employed by a Vet Center located in a community that is—
“(A) designated as a medically underserved population under section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)); and

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

“(2) An individual who is a veteran.

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

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

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

“(d) Vet Center Defined.—In this section, the term ‘Vet Center’ has the meaning given that term in section 1712A(h) of this title.

“§ 7699A. Obligated Service

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

“(b) Determination of Service Commencement Date.—(1) Not later than 60 days before the service commencement date of a participant, the Secretary shall notify the participant of that service commencement date.

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

“§ 7699B. Breach of Agreement: Liability

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

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

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

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

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

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

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

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

“(2) In the formula in paragraph (1):

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

“(B) ‘\( \Phi \)’ is the sum of—

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

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

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

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

“(d) LIMITATION ON LIABILITY FOR REDUCTIONS-
IN-FORCE.—Liability shall not arise under subsection (c)
if the participant fails to maintain employment as a De-
partment employee due to a staffing adjustment.
“(e) Period for payment of damages.—Any amount of damages that the United States is entitled to recover under this section shall be paid to the United States within the one-year period beginning on the date of the breach of the agreement.”.

(b) Conforming and technical amendments.—

(1) Conforming amendments.—

(A) Establishment of program.—Section 7601(a) of such title is amended—

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

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

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

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

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

(i) in subsection (a)(1)—

(I) by striking “or VI” and inserting “VI, or IX”; and
(II) by striking “subchapter VI” and inserting “subchapter VI or IX”; and

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

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

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

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

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

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

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

‘‘SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

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

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

SEC. 502. COMPTROLLER GENERAL REPORT ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

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

(1) An assessment of the adequacy and types of treatment, counseling, and other services provided at Vet Centers, including recommendations on whether and how such treatment, counseling, and other services can be expanded.

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

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

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

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

(A) recommendations on what eligibility criteria could be expanded; and
(B) an assessment of potential costs and increased infrastructure requirements if eligibility is expanded.

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

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

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

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

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

(e) Vet Center Defined.—In this section, the term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.
SEC. 503. EXPANSION OF REPORTING REQUIREMENTS ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

“(A) trends in demand for care;

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

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

“(D) other capital investment requirements with respect to the Readjustment Counseling Service, including Vet Centers, mobile Vet Centers, and community access points.”.
SEC. 504. TREATMENT OF PSYCHOLOGISTS.

(a) Treatment as Title 38 Employees.—Section 7401 of title 38, United States Code, is amended—

(1) in paragraph (1) by inserting “psychologists,” after “chiropractors,”; and

(2) in paragraph (3), by striking “psychologists,”.

(b) Inclusion in Contracts for Scarce Medical Specialist Services.—Section 7409(a) of title 38, United States Code, is amended by inserting “psychologists,” after “chiropractors,”.

SEC. 505. PILOT PROGRAM ON PRESCRIPTION OF MEDICATION BY PSYCHOLOGISTS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) Survey Required.—

(1) In general.—Not later than 180 days after the date of the enactment of this Act, the Secretary of the Department of Veterans Affairs shall conduct a survey of all licensed psychologists employed by the Department and submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate the results of such survey.

(2) Elements.—The survey required under paragraph (1) shall be designed to elicit the fol-
following information from the psychologists who are surveyed:

(A) Whether the psychologist holds a master’s degree in clinical psychopharmacology.

(B) In the case of any psychologist who holds a master’s degree in clinical psychopharmacology—

(i) the State or territory in which the psychologist is licensed;

(ii) the facility of the Department in which the psychologist is employed;

(iii) the accredited psychopharmacology program from which the psychologist graduated; and

(iv) whether, and in which State or territory, the psychologist is credentialed to prescribe medication.

(b) **Pilot Program.**—

(1) **In general.**—Not later than 180 days after the date of the completion of the survey required under subsection (a), the Secretary shall commence the conduct of a two-year pilot program under which covered psychologists are permitted to prescribe covered medication in the course of providing hospital care or medical services, regardless of
where the psychologist is licensed or certified and
the location of the facility of the Department in
which the psychologist provides such hospital care or
medical services.

(2) COVERED PSYCHOLOGIST.—For purposes of
the pilot program a covered psychologist is a psy-
chologist who—

(A) is an employee of the Department who
is appointed pursuant to section 7402(b)(8) of
title 38, United States Code;

(B) holds a doctoral degree in psychology
and a master’s degree in clinical
psychopharmacology from an accredited univer-
sity;

(C) has completed at least one year of clin-
ical supervision by a board certified psychia-
trist, physician, psychiatric nurse practitioner,
or prescribing psychologist—

(i) of the Department of Defense, the
Public Health Service, or the Indian
Health Service; or

(ii) who is in private practice; and

(D) earned a passing score of no less than
70 percent correct on the Psychopharmacology
Examination for Psychologists administered by
the Association of State and Provincial Psychology Boards.

(3) **TERMINATION.**—The authority to conduct a pilot program under this subsection shall terminate on the date that is two years after the commencement of the pilot program.

(e) **REPORT.**—Not later than three years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report that includes the following:

(1) The number of covered psychologists under subsection (b)(2).

(2) The number of covered psychologists who prescribed covered medication under the pilot program under subsection (b).

(3) The number of veterans who were prescribed covered medication by covered psychologists under the pilot program.

(4) Any barriers to implementing the pilot program.

(5) The recommendations of the Secretary with respect to the continuation of the pilot program.

(d) **DEFINITIONS.**—In this section:

(1) The term “covered medication” means—
(A) medication commonly accepted for the
treatment of mental illness;

(B) medication commonly used to treat the
unwanted side effects of medication described in
clause (i); and

(C) medication determined appropriate by
the Secretary for purposes of this section.

(2) The terms “hospital care” and “medical
services” have the meanings given such terms in sec-
tion 1701 of title 38, United States Code.

TITLE VI—IMPROVEMENT OF
CARE AND SERVICES FOR
WOMEN VETERANS

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

The Secretary of Veterans Affairs shall expand the
capabilities of the Women Veterans Call Center of the De-
partment of Veterans Affairs to include a text messaging
capability.
SEC. 602. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

(a) ANALYSIS.—The Secretary of Veterans Affairs shall complete an analysis of programs of the Department of Veterans Affairs that provide assistance to women veterans who are homeless or precariously housed to identify the areas in which such programs are failing to meet the needs of such women.

(b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the analysis completed under subsection (a).

SEC. 603. REQUIREMENT FOR DEPARTMENT OF VETERANS AFFAIRS INTERNET WEBSITE TO PROVIDE INFORMATION ON SERVICES AVAILABLE TO WOMEN VETERANS.

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

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

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

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

(3) a list of each women-only residential treatment program; and

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

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

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

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

SEC. 604. REPORT ON LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the use by women veterans of health care from the Department of Veterans Affairs.

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

(1) The number of women veterans who reside in each State.
(2) The number of women veterans in each State who are enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) of title 38, United States Code.

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

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

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

(6) The number of female mental health providers at each medical facility of the Department during such year.

(7) The number of mental health appointments that women veterans received in the community pursuant to section 1703 of title 38, United States Code, during such year.
(8) The number of tele-mental health appointments that women veterans received through each medical facility of the Department during such year.

(9) An identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of increase in patient population of women veterans as measured by the increase in unique women veteran patient use.

(10) An identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of decrease in patient population of women veterans as measured by the decrease in unique women veterans patient use.

SEC. 605. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT POLICY OF THE DEPARTMENT OF VETERANS AFFAIRS.

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

"§ 533. Anti-harassment and anti-sexual assault policy

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish a comprehensive policy to end harassment and sexual assault, including sexual harassment and gender-based harassment, throughout the Depart-
ment of Veterans Affairs. This policy shall include the fol-
lowing:

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

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

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

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

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

“(6) A process for, and mandatory reporting requirement applicable to, any employee or contractor of the Department who witnesses harassment or sexual assault described in paragraph (1) or (2) within a facility of the Department, regardless of whether the individual affected by such harassment or sexual assault wants to report such harassment or sexual assault.

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

“(8) On an annual or more frequent basis, mandatory training for employees and contractors of the Department regarding how to report and address harassment and sexual assault described in paragraphs (1) and (2), including bystander intervention training.

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

“(10) The prominent display of anti-harassment and anti-sexual assault messages in each facility of the Department, including how non-Department individuals may report harassment and sexual assault described in paragraphs (1) and (2) at such facility and the points of contact under subsection (b).

“(11) The posting on internet websites of the Department, including the main internet website regarding benefits of the Department and the main internet website regarding health care of the Department, of anti-harassment and anti-sexual assault banners specifically addressing harassment and sexual assault described in paragraphs (1) and (2).

“(b) POINTS OF CONTACT.—The Secretary shall designate, as a point of contact to receive reports of harassment and sexual assault described in paragraphs (1) and (2) of subsection (a)—

“(1) at least one individual, in addition to law enforcement, at each facility of the Department (including Vet Centers under section 1712A of this title), with regard to that facility;
“(2) at least one individual employed in each Veterans Integrated Service Network, with regards to facilities in that Veterans Integrated Service Network;

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

“(4) at least one individual employed at each location of the National Cemetery Administration; and

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

“(c) ACCOUNTABILITY.—The Secretary shall establish a policy to ensure that each facility of the Department and each director of a Veterans Integrated Service Network is responsible for addressing harassment and sexual assault at the facility and the Network. Such policy shall include—

“(1) a remediation plan for facilities that experience five or more incidents of sexual harassment, sexual assault, or combination thereof, during any single fiscal year; and

“(2) taking appropriate actions under chapter 7 or subchapter V of chapter 74 of this title.
“(d) DATA.—The Secretary shall ensure that the intake process for veterans at medical facilities of the Department includes a survey to collect the following information:

“(1) Whether the veteran feels safe at the facility and whether any events occurred at the facility that affect such feeling.

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

“(e) WORKING GROUP.—(1) The Secretary shall establish a working group to assist the Secretary in implementing policies to carry out this section.

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

“(A) veterans service organizations;

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

and

“(C) other persons the Secretary determines appropriate.

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

“(A) an action plan for addressing changes at the local level to reduce instances of harassment and sexual assault;
“(B) standardized media for veterans service organizations and other persons to use in print and on the internet with respect to reducing harassment and sexual assault; and

“(C) bystander intervention training for veterans.

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

“(1) Results of harassment and sexual assault programming, including the End Harassment program, the Stand-Up to Stop Harassment Campaign, and any successor programs.

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

“(3) Data collected on incidents of sexual harassment and sexual assault.

“(4) A description of any actions taken by the Secretary during the year preceding the date of the report to stop harassment and sexual assault at facilities of the Department.
“(5) An assessment of the implementation of the training required in subsection (a)(7).

“(6) A list of resources the Secretary determines necessary to prevent harassment and sexual assault at facilities of the Department.

“(g) DEFINITIONS.—In this section:

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

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

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

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

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

(d) DEADLINE.—The Secretary shall commence carrying out section 533 of such title, as added by subsection (a), not later than 180 days after the date of enactment of this Act.
SEC. 606. ESTABLISHMENT OF WOMEN VETERAN TRAINING MODULE FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish and make available to community providers a training module that is specific to women veterans.

(b) COMMUNITY PROVIDER DEFINED.—In this section, the term “community provider” means a non-Department of Veterans Affairs health care provider who provides health care to veterans under the laws administered by the Secretary of Veterans Affairs.

SEC. 607. COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS AND OTHER INDIVIDUALS.

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

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

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

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

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

“(1) Information on reintegration into the family, employment, and community of the individual.

“(2) Financial counseling.

“(3) Occupational counseling.

“(4) Information and counseling on stress reduction.

“(5) Information and counseling on conflict resolution.

“(6) Such other information and counseling as the Secretary considers appropriate to assist the individual in reintegration into the family, employment, and community of the veteran.

“(c) BIENNIAL REPORTS.—Not later than December 31, 2022, and each even-numbered year thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the program under subsection (a)(1).
“(d) Covered Individual Defined.—In this section, the term ‘covered individual’ means—

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

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

(b) Clerical Amendment.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1712C the following new item:

“1712D. 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.

(a) Study Required.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are veterans. In conducting the study, the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women vet-
erans who do not seek or receive such care or services;

(2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

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

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

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

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

(c) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

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

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The effect of access to care in the community.

(4) The availability of child care.

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

(6) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(7) The perception of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(8) The gender sensitivity of health care providers and staff to issues that particularly affect women.

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

(10) The location and operating hours of health care facilities that provide services to women veterans.
(11) The perception of women veterans regarding the motto of the Department of Veterans Affairs.

(12) Such other significant barriers as the Secretary considers appropriate.

(d) Discharge by Contract.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(e) Mandatory Review of Data by Certain Department Divisions.—

(1) In General.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for responsibilities relating to health care services for women veterans.

(2) Specified Divisions.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Under Secretary for Health.

(B) The Office of Women’s Health.
(C) The Center for Women Veterans established under section 318 of title 38, United States Code.

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

(f) REPORT.—Not later than 30 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study required under this section. The report shall include recommendations for such administrative and legislative action as the Secretary considers appropriate. The report shall also include the findings of the head of each division of the Department specified under subsection (e)(2) and of the Under Secretary for Health.

SEC. 609. COUNSELING AND TREATMENT FOR SEXUAL TRAUMA.

(a) EXPANSION OF ELIGIBILITY FOR COUNSELING AND TREATMENT.—Section 1720D of title 38, United States Code, as amended by section 605, is further amended—

(1) in subsection (a)—

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

and

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

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

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

(4) by adding at the end the following new subsection:

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

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

“(2) An individual not described in paragraph (1) who was discharged or released from the Armed Forces, including a reserve component thereof, under a condition that is not honorable but not—

“(A) a dishonorable discharge; or
“(B) a discharge by court-martial.”.

(b) **Provision of Physical and Mental Health Care Services for Military Sexual Trauma.—** Section 1720D, as amended by subsection (a), is further amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “overcome psychological trauma, which in the judgment of a mental health professional” and inserting “treat a condition, which in the judgment of a health care professional”;

(B) in paragraph (2)(A), by striking “overcome psychological trauma” and inserting “treat a condition”; and

(C) by amending paragraph (3) to read as follows:

“(3) In furnishing counseling and care and services to an individual under this subsection, the Secretary may provide such counseling and care and services pursuant to a contract with a qualified health care professional if—

“(A) in the judgment of a health care professional employed by the Department, the receipt of such counseling and care and services by that individual in facilities of the Department would be clinically inadvisable; or
“(B) facilities of the Department are not capable of furnishing such counseling and care and services to that individual economically because of geographical inaccessibility.”;

(2) in subsection (b)(2), by striking “counseling” each place it appears and inserting “counseling and care and services”;  

(3) in subsection (c), by striking “and treatment” each place it appears and inserting “and care and services”; 

(4) in subsection (d), by striking “mental health professionals” each place it appears and inserting “health care professionals”; and 

(5) in subsection (e)(1), by striking “mental health professionals” and inserting “health care professionals”.

SEC. 610. WOMEN-SPECIFIC DRUG AND ALCOHOL DEPENDENCY TREATMENT AND REHABILITATIVE PROGRAMS FOR WOMEN VETERANS.  

(a) Analysis.—

(1) Requirement.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a nationwide analysis of the need for women-specific programs of the Department of Veterans Affairs that
treat and rehabilitate women veterans with drug and alcohol dependency. Such analysis shall include the following:

(A) With respect to each of the three years preceding the date of the analysis, the annual number of women veterans who have been treated and rehabilitated for drug and alcohol dependency at each medical center of the Department of Veterans Affairs.

(B) Information on all non-Department women-specific programs to which the Secretary refers women veterans for treatment and rehabilitation of drug and alcohol dependency, including, for each such program, the name of the entity carrying out the program, the location of the program, and the number of women veterans referred by the Secretary served annually by the program.

(C) An analysis of the effectiveness of programs of the Department and non-Department programs to treat and rehabilitate women veterans with drug and alcohol dependency, disaggregated by single-sex versus coed programs.
(D) An analysis of all information the Secretary maintains on the satisfaction of women veterans with programs of the Department and non-Department programs to treat and rehabilitate women veterans with drug and alcohol dependency, disaggregated by single-sex versus coed programs.

(E) An assessment of the demand and need for women-specific programs to treat and rehabilitate women veterans with drug and alcohol dependency, disaggregated by Veterans Integrated Service Network and medical center of the Department.

(F) Proposed locations for implementing the pilot program under subsection (b).

(2) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs and Appropriations of the House of Representatives and the Senate a report containing the analysis under paragraph (1).

(b) PILOT PROGRAM.—

(1) REQUIREMENT.—Not later than one year after the date of the enactment of this Act, the Secretary shall carry out a women-specific pilot pro-
gram to treat and rehabilitate women veterans with
drug and alcohol dependency. The Secretary shall
develop such pilot program based on the findings of
the analysis conducted under subsection (a).

(2) LOCATIONS.—The Secretary shall select not
fewer than three Veterans Integrated Service Net-
works in which to carry out the pilot program.

(3) TERMINATION.—The authority to carry out
a pilot program under this section shall terminate on
the date that is five years after the date of the en-
actment of this Act.

(4) REPORT.—Not later than 180 days after
the date on which the pilot program under para-
graph (1) is completed, the Secretary shall submit to
Committees on Veterans’ Affairs and Appropriations
of the House of Representatives and the Senate a
report on the pilot program, including—

(A) the findings and conclusions of the
Secretary regarding the pilot program; and

(B) such recommendations of the Sec-
retary regarding the continuation or expansion
of the pilot program as the Secretary considers
appropriate.
SEC. 611. STUDY ON SUICIDE BY WOMEN VETERANS.

(a) STUDY.—The Secretary of Veterans Affairs shall seek to enter into an agreement with an independent entity to conduct a study on suicide by women veterans.

(b) MATTERS INCLUDED.—The study conducted under subsection (a) shall—

(1) determine whether experiences relating to suicide with the medical facilities of the Department of Veterans Affairs vary by gender and, if so, the causes of such variation; and

(2) include recommendations to—

(A) improve preventing women veterans from attempting suicide or dying by suicide; and

(B) address any variations described in paragraph (1).

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, and make publicly available, a report on—

(1) the results of the study conducted under subsection (a); and

(2) recommendations to improve the care provided to women veterans relating to suicide by the Department of Veterans Affairs.
SEC. 612. GRANTS FOR WOMEN VETERANS.

(a) Program Required.—Commencing not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a grant program to provide services described in subsection (f) to women veterans.

(b) Duration of Program.—The Secretary shall carry out the program during the five-year period beginning on the date of the commencement of the program.

(c) Grants.—

(1) In general.—The Secretary shall carry out the program through the award of grants to eligible organizations to provide services described in subsection (f).

(2) Matching funds required.—A grant under this section shall be in an amount that does not exceed 50 percent of the amount required by the organization to provide the services described in subsection (f).

(d) Eligible Organizations.—For purposes of this section, an eligible organization is any nonprofit organization that the Secretary determines, in consultation with State, local, and Tribal veterans agencies, is suitable for receipt of a grant under the program.

(e) Selection of Grant Recipients.—
(1) APPLICATIONS.—An organization seeking a grant under the program shall submit to the Secretary an application therefor at such time, in such manner, and containing such information and assurances as the Secretary, in consultation with State, local, and Tribal veterans agencies, may require.

(2) PRIORITY FOR HUBS OF SERVICES.—In awarding grants under the program, the Secretary shall give priority to an organization that provides multiple forms of services described in subsection (f).

(f) USE OF GRANT FUNDS.—Each organization receiving a grant under the program shall use the grant to provide services to women veterans, including with respect to—

(1) daily living services;
(2) income support services;
(3) financial counseling services;
(4) legal assistance;
(5) education supportive services;
(6) career advancement services;
(7) transportation;
(8) childcare; and
(9) housing.

(g) ANNUAL REPORTS.—
(1) IN GENERAL.—Not later than one year after the date of the commencement of the program and not less frequently than once each year thereafter until the termination of the program, the Secretary shall submit to the appropriate committees of Congress a report on the program carried out under this section.

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

(A) A list of the organizations that have received grants under the program, including the geographic location of the organization and the types of services under subsection (f) that each organization provides.

(B) The number of veterans served by each organization.

(C) An assessment of the effectiveness of the services provided under the program.

(D) The amount of each grant awarded to each organization under the program.

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

(3) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term “appropriate committees of Congress” means—
(A) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

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

TITLE VII—OTHER MATTERS

SEC. 701. PRESCRIPTION OF TECHNICAL QUALIFICATIONS FOR LICENSED HEARING AID SPECIALISTS AND REQUIREMENT FOR APPOINTMENT OF SUCH SPECIALISTS.

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

(b) ELEMENTS FOR QUALIFICATIONS.—In prescribing the qualifications for licensed hearing aid specialists under subsection (a), the Secretary, at a minimum, shall ensure such qualifications are consistent with the following:

(1) Standards for licensure of hearing aid specialists that are required by a majority of States.
(2) Any competencies needed to perform tasks and services commonly performed by hearing aid specialists pursuant to such standards.

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

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

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

(e) REPORT.—Not later than September 30, 2022, and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report—

(1) assessing the progress of the Secretary in appointing licensed hearing aid specialists under subsection (c);
(2) assessing potential conflicts or obstacles that prevent the appointment of licensed hearing aid specialists;

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

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

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