

116TH CONGRESS
2D SESSION

S. 785

AN ACT

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

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

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

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Commander John Scott Hannon Veterans Mental Health
 4 Care Improvement Act of 2019”.

5 (b) TABLE OF CONTENTS.—The table of contents for
 6 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. Strategic plan on expansion of health care coverage for veterans
 transitioning from service in the Armed Forces.

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

Sec. 103. Report on REACH VET program of Department of Veterans Affairs.

Sec. 104. Report on care for former members of the Armed Forces with other
 than honorable discharge.

TITLE II—SUICIDE PREVENTION

Sec. 201. Financial assistance to certain entities to provide or coordinate the
 provision of suicide prevention services for eligible individuals
 and their families.

Sec. 202. Analysis on feasibility and advisability of the Department of Veterans
 Affairs providing certain complementary and integrative health
 services.

Sec. 203. Pilot program to provide veterans access to complementary and inte-
 grative health programs through animal therapy, agritherapy,
 sports and recreation therapy, art therapy, and posttraumatic
 growth programs.

Sec. 204. Department of Veterans Affairs study of all-cause mortality of vet-
 erans, including by suicide, and review of staffing levels of
 mental health professionals.

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

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

Sec. 301. Study on connection between living at high altitude and suicide risk
 factors among veterans.

Sec. 302. Establishment by Department of Veterans Affairs and Department of
 Defense of a clinical provider treatment toolkit and accom-
 panying training materials for comorbidities.

Sec. 303. Update of clinical practice guidelines for assessment and management
 of patients at risk for suicide.

- Sec. 304. Establishment by Department of Veterans Affairs and Department of Defense of clinical practice guidelines for the treatment of serious mental illness.
- Sec. 305. Precision medicine initiative of Department of Veterans Affairs to identify and validate brain and mental health biomarkers.
- Sec. 306. Statistical analyses and data evaluation by Department of Veterans Affairs.

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

- Sec. 401. Study on effectiveness of suicide prevention and mental health outreach programs of Department of Veterans Affairs.
- Sec. 402. Oversight of mental health and suicide prevention media outreach conducted by Department of Veterans Affairs.
- Sec. 403. 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—IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE

- Sec. 501. Staffing improvement plan for mental health providers of Department of Veterans Affairs.
- Sec. 502. Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.
- Sec. 503. Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs.
- Sec. 504. Expansion of reporting requirements on Readjustment Counseling Service of Department of Veterans Affairs.
- Sec. 505. Briefing on alternative work schedules for employees of Veterans Health Administration.
- Sec. 506. Suicide prevention coordinators.
- Sec. 507. Report on efforts by Department of Veterans Affairs to implement safety planning in emergency departments.

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. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.

TITLE VII—OTHER MATTERS

- Sec. 701. Expanded telehealth from Department of Veterans Affairs.
- Sec. 702. Partnerships with non-Federal Government entities to provide hyperbaric oxygen therapy to veterans and studies on the use of such therapy for treatment of post-traumatic stress disorder and traumatic brain injury.
- Sec. 703. Prescription of technical qualifications for licensed hearing aid specialists and requirement for appointment of such specialists.

Sec. 704. Use by Department of Veterans Affairs of commercial institutional review boards in sponsored research trials.

Sec. 705. Creation of Office of Research Reviews within the Office of Information and Technology of the Department of Veterans Affairs.

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

5 **SEC. 101. STRATEGIC PLAN ON EXPANSION OF HEALTH**
 6 **CARE COVERAGE FOR VETERANS**
 7 **TRANSITIONING FROM SERVICE IN THE**
 8 **ARMED FORCES.**

9 (a) STRATEGIC PLAN.—

10 (1) IN GENERAL.—Not later than one year
 11 after the date of the enactment of this Act, the Sec-
 12 retary of Veterans Affairs, in consultation with the
 13 Secretary of Defense, shall submit to the appro-
 14 priate committees of Congress and publish on a
 15 website of the Department of Veterans Affairs a
 16 strategic plan for the provision by the Department
 17 of health care to any veteran during the one-year pe-
 18 riod following the discharge or release of the veteran
 19 from active military, naval, or air service.

20 (2) ELEMENTS.—The plan submitted under
 21 paragraph (1) shall include the following:

1 (A) An identification of general goals and
2 objectives for the provision of health care to
3 veterans described in such paragraph.

4 (B) A description of how such goals and
5 objectives are to be achieved, including—

6 (i) a description of the use of existing
7 personnel, information, technology, facili-
8 ties, public and private partnerships, and
9 other resources of the Department of Vet-
10 erans Affairs;

11 (ii) a description of the anticipated
12 need for additional resources for the De-
13 partment; and

14 (iii) an assessment of cost.

15 (C) An analysis of the anticipated health
16 care needs, including mental health care, for
17 such veterans, disaggregated by geographic
18 area.

19 (D) An analysis of whether such veterans
20 are eligible for enrollment in the system of an-
21 nual patient enrollment of the Department
22 under section 1705(a) of title 38, United States
23 Code.

24 (E) A description of activities designed to
25 promote the availability of health care from the

Department for such veterans, including outreach to members of the Armed Forces through the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(F) A description of legislative or administrative action required to carry out the plan.

(G) A description of how the plan would further the ongoing initiatives under Executive Order 13822 (83 Fed. Reg. 1513; relating to supporting our veterans during their transition from uniformed service to civilian life) to provide seamless access to high-quality mental health care and suicide prevention resources to veterans as they transition, with an emphasis on the one-year period following separation.

(b) DEFINITIONS.—In this section:

(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term “active military, naval, or air service” has the meaning given that term in section 101(24) of title 38, United States Code.

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

1 (A) the Committee on Veterans' Affairs
 2 and the Committee on Appropriations of the
 3 Senate; and

4 (B) the Committee on Veterans' Affairs
 5 and the Committee on Appropriations of the
 6 House of Representatives.

7 **SEC. 102. REVIEW OF RECORDS OF FORMER MEMBERS OF**
 8 **THE ARMED FORCES WHO DIE BY SUICIDE**
 9 **WITHIN ONE YEAR OF SEPARATION FROM**
 10 **THE ARMED FORCES.**

11 (a) REVIEW.—

12 (1) IN GENERAL.—The Secretary of Defense
 13 and the Secretary of Veterans Affairs shall jointly
 14 review the records of each former member of the
 15 Armed Forces who died by suicide, as determined by
 16 the Secretary of Defense or the Secretary of Vet-
 17 erans Affairs, within one year following the dis-
 18 charge or release of the former member from active
 19 military, naval, or air service during the five-year pe-
 20 riod preceding the date of the enactment of this Act.

21 (2) RECORDS TO BE REVIEWED.—In completing
 22 the review required under paragraph (1), the Sec-
 23 retary of Defense and the Secretary of Veterans Af-
 24 fairs shall review the following records maintained
 25 by the Department of Defense:

1 (A) Health treatment records.

2 (B) Fitness, medical, and dental records.

3 (C) Ancillary training records.

4 (D) Safety forms and additional duties sec-
5 tions of the personnel information files.

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

9 (1) Whether the Department of Defense had
10 identified the former member as being at elevated
11 risk during the 365-day period before separation of
12 the member from the Armed Forces.

13 (2) In the case that the member was identified
14 as being at elevated risk as described in paragraph
15 (1), whether that identification had been commu-
16 nicated to the Department of Veterans Affairs via
17 the Solid Start initiative of the Department pursu-
18 ant to Executive Order 13822 (83 Fed. Reg. 1513;
19 relating to supporting our veterans during their
20 transition from uniformed service to civilian life), or
21 any other means.

22 (3) The presence of evidence-based and empiri-
23 cally-supported contextual and individual risk factors
24 specified in subsection (c) with respect to the former

1 member and how those risk factors correlated to the
2 circumstances of the death of the former member.

3 (4) Demographic variables, including the fol-
4 lowing:

5 (A) Sex.

6 (B) Age.

7 (C) Rank at separation from the Armed
8 Forces.

9 (D) Career field after separation from the
10 Armed Forces.

11 (E) State and county of residence one
12 month prior to death.

13 (F) Branch of service in the Armed
14 Forces.

15 (G) Marital status.

16 (H) Reason for separation from the Armed
17 Forces.

18 (5) Support or medical services furnished to the
19 former member through the Department of Defense,
20 specified by the type of service or care provided.

21 (6) Support or medical services furnished to the
22 former member through the Department of Veterans
23 Affairs, specified by the type of service or care pro-
24 vided.

1 (c) EVIDENCE-BASED AND EMPIRICALLY-SUPPORTED
 2 CONTEXTUAL AND INDIVIDUAL RISK FACTORS.—Evi-
 3 dence-based and empirically-supported contextual and in-
 4 dividual risk factors specified in this subsection include
 5 the following:

- 6 (1) Exposure to violence.
- 7 (2) Exposure to suicide.
- 8 (3) Housing instability.
- 9 (4) Financial instability.
- 10 (5) Vocational problems or insecurity.
- 11 (6) Legal problems.
- 12 (7) Highly acute or significantly chronic rela-
 13 tional problems.
- 14 (8) Limited access to health care.

15 (d) REPORT.—Not later than three years after the
 16 date of the enactment of this Act, the Secretary of Defense
 17 and the Secretary of Veterans Affairs shall jointly submit
 18 to the appropriate committees of Congress an aggregated
 19 report on the results of the review conducted under sub-
 20 section (a) with respect to the year-one cohort of former
 21 members of the Armed Forces covered by the review.

22 (e) DEFINITIONS.—In this section:

- 23 (1) ACTIVE MILITARY, NAVAL, OR AIR SERV-
 24 ICE.—The term “active military, naval, or air serv-

1 ice” has the meaning given that term in section
 2 101(24) of title 38, United States Code.

3 (2) APPROPRIATE COMMITTEES OF CONGRESS
 4 DEFINED.—The term “appropriate committees of
 5 Congress” means—

6 (A) the Committee on Armed Services and
 7 the Committee on Veterans’ Affairs of the Sen-
 8 ate; and

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

12 **SEC. 103. REPORT ON REACH VET PROGRAM OF DEPART-**
 13 **MENT OF VETERANS AFFAIRS.**

14 (a) IN GENERAL.—Not later than 180 days after the
 15 date of the enactment of this Act, the Secretary of Vet-
 16 erans Affairs shall submit to the Committee on Veterans’
 17 Affairs of the Senate and the Committee on Veterans’ Af-
 18 fairs of the House of Representatives a report on the
 19 REACH VET program.

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

22 (1) An assessment of the impact of the REACH
 23 VET program on rates of suicide among veterans.

24 (2) An assessment of how limits within the
 25 REACH VET program, such as caps on the number

1 of veterans who may be flagged as high risk, are ad-
2 justed for differing rates of suicide across the coun-
3 try.

4 (3) A detailed explanation, with evidence, for
5 why the conditions included in the model used by the
6 REACH VET program were chosen, including an
7 explanation as to why certain conditions, such as bi-
8 polar disorder II, were not included even though
9 they show a similar rate of risk for suicide as other
10 conditions that were included.

11 (4) An assessment of the feasibility of incor-
12 porating certain economic data held by the Veterans
13 Benefits Administration into the model used by the
14 REACH VET program, including financial data and
15 employment status, which research indicates may
16 have an impact on risk for suicide.

17 (c) REACH VET PROGRAM DEFINED.—In this sec-
18 tion, the term “REACH VET program” means the Recov-
19 ery Engagement and Coordination for Health—Veterans
20 Enhanced Treatment program of the Department of Vet-
21 erans Affairs.

1 **SEC. 104. REPORT ON CARE FOR FORMER MEMBERS OF**
 2 **THE ARMED FORCES WITH OTHER THAN**
 3 **HONORABLE DISCHARGE.**

4 Section 1720I(f) of title 38, United States Code, is
 5 amended—

6 (1) in paragraph (1) by striking “Not less fre-
 7 quently than once” and inserting “Not later than
 8 February 15”; and

9 (2) in paragraph (2)—

10 (A) by redesignating subparagraph (C) as
 11 subparagraph (F); and

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

14 “(C) The types of mental or behavioral health
 15 care needs treated under this section.

16 “(D) The demographics of individuals being
 17 treated under this section, including—

18 “(i) age;

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

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

22 “(iv) geographic location.

23 “(E) The average number of visits for an indi-
 24 vidual for mental or behavioral health care under
 25 this section.”.

1 **TITLE II—SUICIDE PREVENTION**

2 **SEC. 201. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES**

3 **TO PROVIDE OR COORDINATE THE PROVI-**
 4 **SION OF SUICIDE PREVENTION SERVICES**
 5 **FOR ELIGIBLE INDIVIDUALS AND THEIR FAM-**
 6 **ILIES.**

7 (a) PURPOSE; DESIGNATION.—

8 (1) PURPOSE.—The purpose of this section is
 9 to reduce veteran suicide through a community-
 10 based grant program to award grants to eligible en-
 11 tities to provide or coordinate suicide prevention
 12 services to eligible individuals and their families.

13 (2) DESIGNATION.—The grant program under
 14 this section shall be known as the “Staff Sergeant
 15 Parker Gordon Fox Suicide Prevention Grant Pro-
 16 gram”.

17 (b) FINANCIAL ASSISTANCE AND COORDINATION.—

18 The Secretary shall provide financial assistance to eligible
 19 entities approved under this section through the award of
 20 grants to such entities to provide or coordinate the provi-
 21 sion of services to eligible individuals and their families
 22 to reduce the risk of suicide. The Secretary shall carry
 23 out this section in coordination with the President’s Road-
 24 map to Empower Veterans and End a National Tragedy
 25 of Suicide Task Force and in consultation with the Office

1 of Mental Health and Suicide Prevention of the Depart-
 2 ment, to the extent practicable.

3 (c) AWARD OF GRANTS.—

4 (1) IN GENERAL.—The Secretary shall award a
 5 grant to each eligible entity for which the Secretary
 6 has approved an application under subsection (f) to
 7 provide or coordinate the provision of suicide preven-
 8 tion services under this section.

9 (2) GRANT AMOUNTS, INTERVALS OF PAYMENT,
 10 AND MATCHING FUNDS.—In accordance with the
 11 services being provided under a grant under this sec-
 12 tion and the duration of those services, the Secretary
 13 shall establish—

14 (A) a maximum amount to be awarded
 15 under the grant of not more than \$750,000 per
 16 grantee per fiscal year; and

17 (B) intervals of payment for the adminis-
 18 tration of the grant.

19 (d) DISTRIBUTION OF GRANTS AND PREFERENCE.—

20 (1) DISTRIBUTION.—

21 (A) PRIORITY.—In compliance with sub-
 22 paragraphs (B) and (C), in determining how to
 23 distribute grants under this section, the Sec-
 24 retary may prioritize—

25 (i) rural communities;

- 1 (ii) Tribal lands;
- 2 (iii) territories of the United States;
- 3 (iv) medically underserved areas;
- 4 (v) areas with a high number or per-
- 5 centage of minority veterans or women vet-
- 6 erans; and
- 7 (vi) areas with a high number or per-
- 8 centage of calls to the Veterans Crisis
- 9 Line.

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

13 (i) to provide services in areas of the
14 United States that have experienced high
15 rates of suicide by eligible individuals, in-
16 cluding suicide attempts; and

17 (ii) to eligible entities that can assist
18 eligible individuals at risk of suicide who
19 are not currently receiving health care fur-
20 nished by the Department.

21 (C) GEOGRAPHY.—In distributing grants
22 under this paragraph, the Secretary may pro-
23 vide grants to eligible entities that furnish serv-
24 ices to eligible individuals and their families in
25 geographically dispersed areas.

1 (2) PREFERENCE.—The Secretary shall give
 2 preference to eligible entities that have demonstrated
 3 the ability to provide or coordinate suicide preven-
 4 tion services.

5 (e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

6 (1) NOTIFICATION THAT SERVICES ARE FROM
 7 DEPARTMENT.—Each entity receiving a grant under
 8 this section to provide or coordinate suicide preven-
 9 tion services to eligible individuals and their families
 10 shall notify the recipients of such services that such
 11 services are being paid for, in whole or in part, by
 12 the Department.

13 (2) DEVELOPMENT OF PLAN WITH ELIGIBLE
 14 INDIVIDUALS AND THEIR FAMILY.—Any plan devel-
 15 oped with respect to the provision of suicide preven-
 16 tion services for an eligible individual or their family
 17 shall be developed in consultation with the eligible
 18 individual and their family.

19 (3) COORDINATION.—An entity receiving a
 20 grant under this section shall—

21 (A) coordinate with the Secretary with re-
 22 spect to the provision of clinical services to eli-
 23 gible individuals in accordance with subsection
 24 (n) or any other provisions of the law regarding
 25 the delivery of health care by the Secretary;

1 (B) inform every veteran who receives as-
2 sistance under this section from the entity of
3 the ability of the veteran to apply for enroll-
4 ment in the patient enrollment system of the
5 Department under section 1705(a) of title 38,
6 United States Code; and

7 (C) if such a veteran wishes to so enroll,
8 inform the veteran of a point of contact at the
9 Department who can assist the veteran in such
10 enrollment.

11 (4) MEASUREMENT AND MONITORING.—An en-
12 tity receiving a grant under this section shall submit
13 to the Secretary a description of such tools and as-
14 sessments the entity uses or will use to determine
15 the effectiveness of the services furnished by the en-
16 tity, which shall include the measures developed
17 under subsection (h)(2) and may include—

18 (A) the effect of the services furnished by
19 the entity on the financial stability of the eligi-
20 ble individual;

21 (B) the effect of the services furnished by
22 the entity on the mental health status,
23 wellbeing, and suicide risk of the eligible indi-
24 vidual; and

1 (C) the effect of the services furnished by
 2 the entity on the social support of the eligible
 3 individuals receiving those services.

4 (5) REPORTS.—The Secretary—

5 (A) shall require each entity receiving a
 6 grant under this section to submit to the Sec-
 7 retary an annual report that describes the
 8 projects carried out with such grant during the
 9 year covered by the report;

10 (B) shall specify to each such entity the
 11 evaluation criteria and data and information to
 12 be submitted in such report; and

13 (C) may require each such entity to submit
 14 to the Secretary such additional reports as the
 15 Secretary considers appropriate.

16 (f) APPLICATION FOR GRANTS.—

17 (1) IN GENERAL.—An eligible entity seeking a
 18 grant under this section shall submit to the Sec-
 19 retary an application therefor in such form, in such
 20 manner, and containing such commitments and in-
 21 formation as the Secretary considers necessary to
 22 carry out this section.

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

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

4 (B) A detailed plan describing how the eli-
5 gible entity proposes to coordinate or deliver
6 suicide prevention services to eligible individ-
7 uals, including—

8 (i) an identification of the community
9 partners, if any, with which the eligible en-
10 tity proposes to work in delivering such
11 services;

12 (ii) a description of the arrangements
13 currently in place between the eligible enti-
14 ty and such partners with regard to the
15 provision or coordination of suicide preven-
16 tion services;

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

19 (iv) a description of the suicide pre-
20 vention services provided by such partners
21 that the eligible entity shall coordinate, if
22 any; and

23 (v) an identification of local suicide
24 prevention coordinators of the Department
25 and a description of how the eligible entity

1 will communicate with local suicide preven-
2 tion coordinators.

3 (C) A description of the population of eligi-
4 ble individuals and their families proposed to be
5 provided suicide prevention services.

6 (D) Based on information and methods de-
7 veloped by the Secretary for purposes of this
8 subsection, an estimate of the number of eligi-
9 ble individuals at risk of suicide and their fami-
10 lies proposed to be provided suicide prevention
11 services, including the percentage of those eligi-
12 ble individuals who are not currently receiving
13 care furnished by the Department.

14 (E) Evidence of measurable outcomes re-
15 lated to reductions in suicide risk and mood-re-
16 lated symptoms utilizing validated instruments
17 by the eligible entity (and the proposed partners
18 of the entity, if any) in providing suicide pre-
19 vention services to individuals at risk of suicide,
20 particularly to eligible individuals and their
21 families.

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

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

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

7 (iii) to coordinate the provision of sui-
8 cide prevention services with the services of
9 the Department for which eligible individ-
10 uals are also eligible;

11 (iv) to tailor suicide prevention serv-
12 ices to the needs of eligible individuals and
13 their families;

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

19 (vi) to measure the effects of suicide
20 prevention services provided by the eligible
21 entity or partner organization, in accord-
22 ance with subsection (h)(2), on the lives of
23 eligible individuals and their families who
24 receive such services provided by the orga-
25 nization using pre- and post-evaluations on

1 validated measures of suicide risk and
2 mood-related symptoms.

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

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

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

11 (J) If the eligible entity is a State or local
12 government or an Indian tribe, the amount of
13 grant funds proposed to be made available to
14 community partners, if any, through agree-
15 ments.

16 (K) A description of how the eligible entity
17 will assess the effectiveness of the provision of
18 grants under this section.

19 (L) An agreement to use the measures and
20 metrics provided by the Department for the
21 purposes of measuring the effectiveness of the
22 programming as described in subsection (h)(2).

23 (M) Such additional application criteria as
24 the Secretary considers appropriate.

25 (g) TRAINING AND TECHNICAL ASSISTANCE.—

1 (1) IN GENERAL.—The Secretary shall provide
 2 training and technical assistance, in coordination
 3 with the Centers for Disease Control and Preven-
 4 tion, to eligible entities in receipt of grants under
 5 this section regarding—

6 (A) suicide risk identification and manage-
 7 ment;

8 (B) the data required to be collected and
 9 shared with the Department;

10 (C) the means of data collection and shar-
 11 ing;

12 (D) familiarization with and appropriate
 13 use of any tool to be used to measure the effec-
 14 tiveness of the use of the grants provided; and

15 (E) the requirements for reporting under
 16 subsection (e)(5) on services provided via such
 17 grants.

18 (2) PROVISION OF TRAINING AND TECHNICAL
 19 ASSISTANCE.—The Secretary may provide the train-
 20 ing and technical assistance described in paragraph
 21 (1) directly or through grants or contracts with ap-
 22 propriate public or nonprofit entities.

23 (h) ADMINISTRATION OF GRANT PROGRAM.—

24 (1) SELECTION CRITERIA.—The Secretary, in
 25 consultation with entities specified in paragraph (3),

1 shall establish criteria for the selection of eligible en-
2 tities that have submitted applications under sub-
3 section (f).

4 (2) DEVELOPMENT OF MEASURES AND
5 METRICS.—The Secretary shall develop, in consulta-
6 tion with entities specified in paragraph (3), the fol-
7 lowing:

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

14 (B) The measures and metrics to be used
15 by each entity in receipt of grants under this
16 section to determine the effectiveness of the
17 programming being provided by such entity in
18 improving mental health status, wellbeing, and
19 reducing suicide risk and completed suicides of
20 eligible individuals and their families, which
21 shall include an existing measurement tool or
22 protocol for the grant recipient to utilize when
23 determining programmatic effectiveness.

24 (3) COORDINATION.—In developing a plan for
25 the design and implementation of the provision of

1 grants under this section, including criteria for the
2 award of grants, the Secretary shall consult with the
3 following:

4 (A) Veterans service organizations.

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

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

13 (ii) represent mayors;

14 (iii) represent unions;

15 (iv) represent first responders;

16 (v) represent chiefs of police and sher-
17 iffs;

18 (vi) represent governors;

19 (vii) represent a territory of the
20 United States; or

21 (viii) represent a Tribal alliance.

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

24 (D) National organizations that represent
25 counties.

1 (E) Organizations with which the Depart-
2 ment has a current memorandum of agreement
3 or understanding related to mental health or
4 suicide prevention.

5 (F) State departments of veterans affairs.

6 (G) National organizations representing
7 members of the reserve components of the
8 Armed Forces.

9 (H) National organizations representing
10 members of the Coast Guard.

11 (I) Organizations, including institutions of
12 higher education, with experience in creating
13 measurement tools for purposes of advising the
14 Secretary on the most appropriate existing
15 measurement tool or protocol for the Depart-
16 ment to utilize.

17 (J) The National Alliance on Mental Ill-
18 ness.

19 (K) A labor organization (as such term is
20 defined in section 7103(a)(4) of title 5, United
21 States Code).

22 (L) The Centers for Disease Control and
23 Prevention, the Substance Abuse and Mental
24 Health Services Administration, the President's
25 Roadmap to Empower Veterans and End a Na-

1 tional Tragedy of Suicide Task Force, and such
 2 other organizations as the Secretary considers
 3 appropriate.

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

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

11 (B) the already developed measures and
 12 metrics to be used by the Department to meas-
 13 ure the effectiveness of the use of grants pro-
 14 vided under this section as described in sub-
 15 section (h)(2); and

16 (C) a framework for the sharing of infor-
 17 mation about entities in receipt of grants under
 18 this section.

19 (i) INFORMATION ON POTENTIAL ELIGIBLE INDIVID-
 20 UALS.—

21 (1) IN GENERAL.—The Secretary may make
 22 available to recipients of grants under this section
 23 certain information regarding potential eligible indi-
 24 viduals who may receive services for which such
 25 grant is provided.

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

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

7 (B) Confirmation of whether the potential
8 eligible individual is enrolled in the patient en-
9 rollment system of the Department under sec-
10 tion 1705(a) of title 38, United States Code.

11 (C) Confirmation of whether a potential el-
12 igible individual is currently receiving care fur-
13 nished by the Department or has recently re-
14 ceived such care.

15 (3) OPT-OUT.—The Secretary shall allow an eli-
16 gible individual to opt out of having their informa-
17 tion shared under this subsection with recipients of
18 grants under this section.

19 (j) DURATION.—The authority of the Secretary to
20 provide grants under this section shall terminate on the
21 date that is three years after the date on which the first
22 grant is awarded under this section.

23 (k) REPORTING.—

24 (1) INTERIM REPORT.—

1 (A) IN GENERAL.—Not later than 18
2 months after the date on which the first grant
3 is awarded under this section, the Secretary
4 shall submit to the appropriate committees of
5 Congress a report on the provision of grants to
6 eligible entities under this section.

7 (B) ELEMENTS.—The report submitted
8 under subparagraph (A) shall include the fol-
9 lowing:

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

13 (I) the effectiveness of grant re-
14 cipients and their community part-
15 ners, if any, in conducting outreach to
16 eligible individuals;

17 (II) the effectiveness of increas-
18 ing eligible individuals engagement in
19 suicide prevention services; and

20 (III) such other validated instru-
21 ments and additional measures as de-
22 termined by the Secretary and as de-
23 scribed in subsection (h)(2).

24 (ii) A list of grant recipients and their
25 partner organizations, if any, that deliv-

1 ered services funded by the grant and the
2 amount of such grant received by each re-
3 cipient and partner organization.

4 (iii) The number of eligible individuals
5 supported by each grant recipient, includ-
6 ing through services provided to family
7 members, disaggregated by—

8 (I) all demographic characteris-
9 tics as determined necessary and ap-
10 propriate by the Secretary in coordi-
11 nation with the Centers for Disease
12 Control and Prevention;

13 (II) whether each such eligible
14 individual is enrolled in the patient
15 enrollment system of the Department
16 under section 1705(a) of title 38,
17 United States Code;

18 (III) branch of service in the
19 Armed Forces;

20 (IV) era of service in the Armed
21 Forces;

22 (V) type of service received by
23 the eligible individual; and

1 (VI) whether each such eligible
2 individual was referred to the Depart-
3 ment for care.

4 (iv) The number of eligible individuals
5 supported by grants under this section, in-
6 cluding through services provided to family
7 members.

8 (v) The number of eligible individuals
9 described in clause (iv) who were not pre-
10 viously receiving care furnished by the De-
11 partment, with specific numbers for the
12 population of eligible individuals described
13 in subsection (q)(4)(B).

14 (vi) The number of eligible individuals
15 whose mental health status, wellbeing, and
16 suicide risk received a baseline measure-
17 ment assessment under this section and
18 the number of such eligible individuals
19 whose mental health status, wellbeing, and
20 suicide risk will be measured by the De-
21 partment or a community partner over a
22 period of time for any improvements.

23 (vii) The types of data the Depart-
24 ment was able to collect and share with

1 partners, including a characterization of
2 the benefits of that data.

3 (viii) The number and percentage of
4 eligible individuals referred to the point of
5 contact at the Department under sub-
6 section (e)(3)(C).

7 (ix) The number of eligible individuals
8 newly enrolled in the patient enrollment
9 system of the Department under section
10 1705(a) of title 38, United States Code
11 based on a referral to the Department
12 from a grant recipient under subsection
13 (e)(3)(C), disaggregated by grant recipient.

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

18 (xi) A description of any outreach ac-
19 tivities conducted by the eligible entity in
20 receipt of a grant with respect to services
21 provided using the grant.

22 (xii) The number of individuals who
23 seek services from the grant recipient who
24 are not eligible individuals.

1 (C) SUBMITTAL OF INFORMATION BY
2 GRANT RECIPIENTS.—The Secretary may re-
3 quire eligible entities receiving grants under
4 this section to provide to Congress such infor-
5 mation as the Secretary determines necessary
6 regarding the elements described in subpara-
7 graph (B).

8 (2) FINAL REPORT.—Not later than three years
9 after the date on which the first grant is awarded
10 under this section, and annually thereafter for each
11 year in which the program is in effect, the Secretary
12 shall submit to the appropriate committees of Con-
13 gress—

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

18 (B) a report on—

19 (i) the effectiveness of the provision of
20 grants under this section, including the ef-
21 fectiveness of community partners in con-
22 ducting outreach to eligible individuals and
23 their families and reducing the rate of sui-
24 cide among eligible individuals;

(ii) an assessment of the increased capacity of the Department to provide services 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 consistent with this section; and

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

(I) THIRD-PARTY ASSESSMENT.—

(1) STUDY OF GRANT PROGRAM.—

(A) IN GENERAL.—Not later than 180 days after the commencement of the grant program under this section, the Secretary shall seek to enter into a contract with an appropriate entity described in paragraph (3) to conduct a study of the grant program.

(B) ELEMENTS OF STUDY.—In conducting the study under subparagraph (A), the appropriate entity shall—

(i) evaluate the effectiveness of the grant program under this section in—

(I) addressing the factors that contribute to suicides;

1 (II) increasing the use of suicide
2 prevention services;

3 (III) reducing mood-related
4 symptoms that increase suicide and
5 suicide risk; and

6 (IV) where such information is
7 available due to the time frame of the
8 grant program, reducing suicidal idea-
9 tion, suicide attempts, self-harm, and
10 deaths by suicide; and

11 (V) reducing suicidal ideation,
12 suicide attempts, self-harm, and
13 deaths by suicide among eligible indi-
14 viduals through eligible entities lo-
15 cated in communities; and

16 (ii) compare the results of the grant
17 program with other national programs in
18 delivering resources to eligible individuals
19 in the communities where they live that ad-
20 dress the factors that contribute to suicide.

21 (2) ASSESSMENT.—

22 (A) IN GENERAL.—The contract under
23 paragraph (1) shall provide that not later than
24 24 months after the commencement of the
25 grant program under this section, the appro-

1 primate entity shall submit to the Secretary an
2 assessment based on the study conducted pur-
3 suant to such contract.

4 (B) SUBMITTAL TO CONGRESS.—Upon re-
5 ceipt of the assessment under subparagraph
6 (A), the Secretary shall transmit to the appro-
7 priate committees of Congress a copy of the as-
8 sessment.

9 (3) APPROPRIATE ENTITY.—An appropriate en-
10 tity described in this paragraph is a nongovernment
11 entity with experience optimizing and assessing or-
12 ganizations that deliver services and assessing the
13 effectiveness of suicide prevention programs.

14 (m) REFERRAL FOR CARE.—

15 (1) MENTAL HEALTH ASSESSMENT.—If an eli-
16 gible entity in receipt of a grant under this section
17 determines that an eligible individual is at-risk of
18 suicide or other mental or behavioral health condi-
19 tion pursuant to a baseline mental health screening
20 conducted under subsection (q)(11)(A)(ii) with re-
21 spect to the individual, the entity shall refer the eli-
22 gible individual to the Department for additional
23 care under subsection (n) or any other provision of
24 law.

1 (2) EMERGENCY TREATMENT.—If an eligible
 2 entity in receipt of a grant under this section deter-
 3 mines that an eligible individual furnished clinical
 4 services for emergency treatment under subsection
 5 (q)(11)(A)(iv) requires ongoing services, the entity
 6 shall refer the eligible individual to the Department
 7 for additional care under subsection (n) or any other
 8 provision of law.

9 (3) REFUSAL.—If an eligible individual refuses
 10 a referral by an entity under paragraph (1) or (2),
 11 any ongoing clinical services provided to the eligible
 12 individual by the entity shall be at the expense of
 13 the entity.

14 (n) PROVISION OF CARE TO ELIGIBLE INDIVID-
 15 UALS.—When the Secretary determines it is clinically ap-
 16 propriate, the Secretary shall furnish to eligible individ-
 17 uals who are receiving or have received suicide prevention
 18 services through grants provided under this section an ini-
 19 tial mental health assessment and mental health or behav-
 20 ioral health care services authorized under chapter 17 of
 21 title 38, United States Code, that are required to treat
 22 the mental or behavioral health care needs of the eligible
 23 individual, including risk of suicide.

24 (o) AGREEMENTS WITH COMMUNITY PARTNERS.—

1 (1) IN GENERAL.—Subject to paragraph (2), an
 2 eligible entity may use grant funds to enter into an
 3 agreement with a community partner under which
 4 the eligible entity may provide funds to the commu-
 5 nity partner for the provision of suicide prevention
 6 services to eligible individuals and their families.

7 (2) LIMITATION.—The ability of a recipient of
 8 a grant under this section to provide grant funds to
 9 a community partner shall be limited to grant recipi-
 10 ents that are a State or local government or an In-
 11 dian tribe.

12 (p) AUTHORIZATION OF APPROPRIATIONS.—There is
 13 authorized to be appropriated to the Secretary to carry
 14 out this section a total of \$174,000,000 for fiscal years
 15 2021 through 2025.

16 (q) DEFINITIONS.—In this section:

17 (1) APPROPRIATE COMMITTEES OF CON-
 18 GRESS.—The term “appropriate committees of Con-
 19 gress” means—

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

1 (B) the Committee on Veterans' Affairs
2 and the Subcommittee on Military Construc-
3 tion, Veterans Affairs, and Related Agencies of
4 the Committee on Appropriations of the House
5 of Representatives.

6 (2) DEPARTMENT.—The term “Department”
7 means the Department of Veterans Affairs.

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

10 (A) an incorporated private institution or
11 foundation—

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

15 (ii) that has a governing board that
16 would be responsible for the operation of
17 the suicide prevention services provided
18 under this section;

19 (B) a corporation wholly owned and con-
20 trolled by an organization meeting the require-
21 ments of clauses (i) and (ii) of subparagraph
22 (A);

23 (C) an Indian tribe;

24 (D) a community-based organization that
25 can effectively network with local civic organiza-

1 tions, regional health systems, and other set-
 2 tings where eligible individuals and their fami-
 3 lies are likely to have contact; or

4 (E) A State or local government.

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

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

10 (B) an individual described in section
 11 1720I(b) of such title; or

12 (C) an individual described in any of
 13 clauses (i) through (iv) of section
 14 1712A(a)(1)(C) of such title.

15 (5) EMERGENCY TREATMENT.—Medical serv-
 16 ices, professional services, ambulance services, ancil-
 17 lary care and medication (including a short course of
 18 medication related to and necessary for the treat-
 19 ment of the emergency condition that is provided di-
 20 rectly to or prescribed for the patient for use after
 21 the emergency condition is stabilized and the patient
 22 is discharged) was rendered in a medical emergency
 23 of such nature that a prudent layperson would have
 24 reasonably expected that delay in seeking immediate
 25 medical attention would have been hazardous to life

1 or health. This standard is met by an emergency
 2 medical condition manifesting itself by acute symp-
 3 toms of sufficient severity (including severe pain)
 4 that a prudent layperson who possesses an average
 5 knowledge of health and medicine could reasonably
 6 expect the absence of immediate medical attention to
 7 result in placing the health of the individual in seri-
 8 ous jeopardy, serious impairment to bodily functions,
 9 or serious dysfunction of any bodily organ or part.

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

12 (A) A parent.

13 (B) A spouse.

14 (C) A child.

15 (D) A sibling.

16 (E) A step-family member.

17 (F) An extended family member.

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

20 (7) INDIAN TRIBE.—The term “Indian tribe”
 21 has the meaning given that term in section 4 of the
 22 Native American Housing Assistance and Self-De-
 23 termination Act of 1996 (25 U.S.C. 4103).

24 (8) RISK OF SUICIDE.—

1 (A) IN GENERAL.—The term “risk of sui-
2 cide” means exposure to, or the existence of,
3 any of the following (to a degree determined by
4 the Secretary pursuant to regulations):

5 (i) Health risk factors, including the
6 following:

7 (I) Mental health challenges.

8 (II) Substance abuse.

9 (III) Serious or chronic health
10 conditions or pain.

11 (IV) Traumatic brain injury.

12 (ii) Environmental risk factors, in-
13 cluding the following:

14 (I) Prolonged stress.

15 (II) Stressful life events.

16 (III) Unemployment.

17 (IV) Homelessness.

18 (V) Recent loss.

19 (VI) Legal or financial chal-
20 lenges.

21 (iii) Historical risk factors, including
22 the following:

23 (I) Previous suicide attempts.

24 (II) Family history of suicide.

1 (III) History of abuse, neglect, or
2 trauma.

3 (B) DEGREE OF RISK.—The Secretary
4 may, by regulation, establish a process for de-
5 termining degrees of risk of suicide for use by
6 grant recipients to focus the delivery of services
7 using grant funds.

8 (9) RURAL.—The term “rural”, with respect to
9 a community, has the meaning given that term in
10 the Rural-Urban Commuting Areas coding system of
11 the Department of Agriculture.

12 (10) SECRETARY.—The term “Secretary”
13 means the Secretary of Veterans Affairs.

14 (11) SUICIDE PREVENTION SERVICES.—

15 (A) IN GENERAL.—The term “suicide pre-
16 vention services” means services to address the
17 needs of eligible individuals and their families
18 and includes the following:

19 (i) Outreach to identify those at risk
20 of suicide with an emphasis on eligible in-
21 dividuals who are at highest risk or who
22 are not receiving health care or other serv-
23 ices furnished by the Department.

24 (ii) A baseline mental health screening
25 for risk.

1 (iii) Education on suicide risk and
2 prevention to families and communities.

3 (iv) Provision of clinical services for
4 emergency treatment.

5 (v) Case management services.

6 (vi) Peer support services.

7 (vii) Assistance in obtaining any bene-
8 fits from the Department that the eligible
9 individual and their family may be eligible
10 to receive, including—

11 (I) vocational and rehabilitation
12 counseling;

13 (II) supportive services for home-
14 less veterans;

15 (III) employment and training
16 services;

17 (IV) educational assistance; and

18 (V) health care services.

19 (viii) Assistance in obtaining and co-
20 ordinating the provision of other benefits
21 provided by the Federal Government, a
22 State or local government, or an eligible
23 entity.

24 (ix) Assistance with emergent needs
25 relating to—

- 1 (I) health care services;
2 (II) daily living services;
3 (III) personal financial planning
4 and counseling;
5 (IV) transportation services;
6 (V) temporary income support
7 services;
8 (VI) fiduciary and representative
9 payee services;
10 (VII) legal services to assist the
11 eligible individual with issues that
12 may contribute to the risk of suicide;
13 and
14 (VIII) child care (not to exceed
15 \$5,000 per family of an eligible indi-
16 vidual per fiscal year).
17 (x) Nontraditional and innovative ap-
18 proaches and treatment practices, as deter-
19 mined appropriate by the Secretary, in
20 consultation with appropriate entities.
21 (xi) Such other services necessary for
22 improving the mental health status and
23 wellbeing and reducing the suicide risk of
24 eligible individuals and their families as

1 the Secretary considers appropriate, which
2 may include—

3 (I) adaptive sports, equine as-
4 sisted therapy, or in-place or outdoor
5 recreational therapy;

6 (II) substance use reduction pro-
7 gramming;

8 (III) individual, group, or family
9 counseling; and

10 (IV) relationship coaching.

11 (B) EXCLUSION.—The term “suicide pre-
12 vention services” does not include direct cash
13 assistance to eligible individuals or their fami-
14 lies.

15 (12) VETERANS CRISIS LINE.—The term “Vet-
16 erans Crisis Line” means the toll-free hotline for
17 veterans established under section 1720F(h) of title
18 38, United States Code.

19 (13) VETERANS SERVICE ORGANIZATION.—The
20 term “veterans service organization” means any or-
21 ganization recognized by the Secretary for the rep-
22 resentation of veterans under section 5902 of title
23 38, United States Code.

1 **SEC. 202. ANALYSIS ON FEASIBILITY AND ADVISABILITY OF**
 2 **THE DEPARTMENT OF VETERANS AFFAIRS**
 3 **PROVIDING CERTAIN COMPLEMENTARY AND**
 4 **INTEGRATIVE HEALTH SERVICES.**

5 (a) IN GENERAL.—Not later than 180 days after the
 6 date of the enactment of this Act, the Secretary of Vet-
 7 erans Affairs shall complete an analysis on the feasibility
 8 and advisability of providing complementary and integra-
 9 tive health treatments described in subsection (c) at all
 10 medical facilities of the Department of Veterans Affairs.

11 (b) INCLUSION OF ASSESSMENT OF REPORT.—The
 12 analysis conducted under subsection (a) shall include an
 13 assessment of the final report of the Creating Options for
 14 Veterans’ Expedited Recovery Commission (commonly re-
 15 ferred to as the “COVER Commission”) established under
 16 section 931 of the Jason Simcakoski Memorial and Prom-
 17 ise Act (title IX of Public Law 114–198; 38 U.S.C. 1701
 18 note) submitted under subsection (e)(2) of such section.

19 (c) TREATMENTS DESCRIBED.—Complementary and
 20 integrative health treatments described in this subsection
 21 shall consist of the following:

- 22 (1) Yoga.
- 23 (2) Meditation.
- 24 (3) Acupuncture.
- 25 (4) Chiropractic care.

1 (5) Other treatments that show sufficient evi-
 2 dence of efficacy at treating mental or physical
 3 health conditions, as determined by the Secretary.

4 (d) REPORT.—The Secretary shall submit to the
 5 Committee on Veterans’ Affairs of the Senate and the
 6 Committee on Veterans’ Affairs of the House of Rep-
 7 resentatives a report on the analysis completed under sub-
 8 section (a), including—

9 (1) the results of such analysis; and

10 (2) such recommendations regarding the fur-
 11 nishing of complementary and integrative health
 12 treatments described in subsection (c) as the Sec-
 13 retary considers appropriate.

14 **SEC. 203. PILOT PROGRAM TO PROVIDE VETERANS ACCESS**
 15 **TO COMPLEMENTARY AND INTEGRATIVE**
 16 **HEALTH PROGRAMS THROUGH ANIMAL**
 17 **THERAPY, AGRITHERAPY, SPORTS AND**
 18 **RECREATION THERAPY, ART THERAPY, AND**
 19 **POSTTRAUMATIC GROWTH PROGRAMS.**

20 (a) IN GENERAL.—Not later than 180 days after the
 21 date on which the Creating Options for Veterans’ Expe-
 22 dited Recovery Commission (commonly referred to as the
 23 “COVER Commission”) established under section 931 of
 24 the Jason Simcakoski Memorial and Promise Act (title IX
 25 of Public Law 114–198; 38 U.S.C. 1701 note) submits

1 its final report under subsection (e)(2) of such section, the
2 Secretary of Veterans Affairs shall commence the conduct
3 of a pilot program to provide complementary and integra-
4 tive health programs described in subsection (b) to eligible
5 veterans from the Department of Veterans Affairs or
6 through the use of non-Department entities for the treat-
7 ment of post-traumatic stress disorder, depression, anx-
8 iety, or other conditions as determined by the Secretary.

9 (b) PROGRAMS DESCRIBED.—Complementary and in-
10 tegrative health programs described in this subsection
11 may, taking into consideration the report described in sub-
12 section (a), consist of the following:

- 13 (1) Equine therapy.
- 14 (2) Other animal therapy.
- 15 (3) Agritherapy.
- 16 (4) Sports and recreation therapy.
- 17 (5) Art therapy.
- 18 (6) Posttraumatic growth programs.

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

- 22 (1) is enrolled in the system of patient enroll-
23 ment of the Department under section 1705(a) of
24 title 38, United States Code; and

1 (2) has received health care under the laws ad-
2 ministered by the Secretary during the two-year pe-
3 riod preceding the initial participation of the veteran
4 in the pilot program.

5 (d) DURATION.—

6 (1) IN GENERAL.—The Secretary shall carry
7 out the pilot program under this section for a three-
8 year period beginning on the commencement of the
9 pilot program.

10 (2) EXTENSION.—The Secretary may extend
11 the duration of the pilot program under this section
12 if the Secretary, based on the results of the interim
13 report submitted under subsection (f)(1), determines
14 that it is appropriate to do so.

15 (e) LOCATIONS.—

16 (1) IN GENERAL.—The Secretary shall select
17 not fewer than five facilities of the Department at
18 which to carry out the pilot program under this sec-
19 tion.

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

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

1 (B) not fewer than three facilities serve
 2 veterans in rural or highly rural areas (as de-
 3 termined through the use of the Rural-Urban
 4 Commuting Areas coding system of the Depart-
 5 ment of Agriculture).

6 (f) REPORTS.—

7 (1) INTERIM REPORT.—

8 (A) IN GENERAL.—Not later than one year
 9 after the commencement of the pilot program
 10 under this section, the Secretary shall submit to
 11 the Committee on Veterans' Affairs of the Sen-
 12 ate and the Committee on Veterans' Affairs of
 13 the House of Representatives a report on the
 14 progress of the pilot program.

15 (B) ELEMENTS.—The report required by
 16 subparagraph (A) shall include the following:

17 (i) The number of participants in the
 18 pilot program.

19 (ii) The type or types of therapy of-
 20 fered at each facility at which the pilot
 21 program is being carried out.

22 (iii) An assessment of whether partici-
 23 pation by a veteran in the pilot program
 24 resulted in any changes in clinically rel-
 25 evant endpoints for the veteran with re-

1 spect to the conditions specified in sub-
2 section (a).

3 (iv) An assessment of the quality of
4 life of veterans participating in the pilot
5 program, including the results of a satis-
6 faction survey of the participants in the
7 pilot program, disaggregated by program
8 under subsection (b).

9 (v) The determination of the Sec-
10 retary with respect to extending the pilot
11 program under subsection (d)(2).

12 (vi) Any recommendations of the Sec-
13 retary with respect to expanding the pilot
14 program.

15 (2) FINAL REPORT.—Not later than 90 days
16 after the termination of the pilot program under this
17 section, the Secretary shall submit to the Committee
18 on Veterans' Affairs of the Senate and the Com-
19 mittee on Veterans' Affairs of the House of Rep-
20 resentatives a final report on the pilot program.

1 **SEC. 204. DEPARTMENT OF VETERANS AFFAIRS STUDY OF**
 2 **ALL-CAUSE MORTALITY OF VETERANS, IN-**
 3 **CLUDING BY SUICIDE, AND REVIEW OF**
 4 **STAFFING LEVELS OF MENTAL HEALTH PRO-**
 5 **FESSIONALS.**

6 (a) STUDY OF DEATHS OF VETERANS BY SUICIDE.—

7 (1) IN GENERAL.—The Secretary of Veterans
 8 Affairs shall seek to enter into an agreement with
 9 the National Academies of Sciences, Engineering,
 10 and Medicine under which the Secretary shall col-
 11 laborate and coordinate with the National Academies
 12 on a revised study design to fulfill the goals of the
 13 2019 study design of the National Academies de-
 14 scribed in the explanatory statement accompanying
 15 the Further Consolidated Appropriations Act, 2020
 16 (Public Law 116–94), as part of current and addi-
 17 tional research priorities of the Department of Vet-
 18 erans Affairs, to evaluate the effects of opioids and
 19 benzodiazepine on all-cause mortality of veterans, in-
 20 cluding suicide, regardless of whether information
 21 relating to such deaths has been reported by the
 22 Centers for Disease Control and Prevention.

23 (2) GOALS.—In carrying out the collaboration
 24 and coordination under paragraph (1), the Secretary
 25 shall seek as much as possible to achieve the same

1 advancement of useful knowledge as the 2019 study
2 design described in such paragraph.

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

5 (1) IN GENERAL.—Not later than 90 days after
6 the date of the enactment of this Act, the Comp-
7 troller General of the United States shall conduct a
8 review of the staffing levels for mental health profes-
9 sionals of the Department.

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

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

23 (B) A description of the objectives, goals,
24 and timing of the Department with respect to
25 increasing the representation of such counselors

1 and therapists in the behavioral health work-
2 force of the Department, including—

3 (i) a review of qualification criteria for
4 such counselors and therapists and a com-
5 parison of such criteria to that of other be-
6 havioral health professions in the Depart-
7 ment; and

8 (ii) an assessment of the participation
9 of such counselors and therapists in the
10 mental health professionals trainee pro-
11 gram of the Department and any impedi-
12 ments to such participation.

13 (C) An assessment of the development by
14 the Department of hiring guidelines for mental
15 health counselors, marriage and family thera-
16 pists, and other appropriate counselors.

17 (D) A description of how the Depart-
18 ment—

19 (i) identifies gaps in the supply of
20 mental health professionals; and

21 (ii) determines successful staffing ra-
22 tios for mental health professionals of the
23 Department.

24 (E) A description of actions taken by the
25 Secretary, in consultation with the Director of

1 the Office of Personnel Management, to create
2 an occupational series for mental health coun-
3 selors and marriage and family therapists of the
4 Department and a timeline for the creation of
5 such an occupational series.

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

15 (c) COMPILATION OF DATA.—The Secretary of Vet-
16 erans Affairs shall ensure that data under subsections (a)
17 and (b) is compiled separately and disaggregated by year
18 and compiled in a manner that allows it to be analyzed
19 across all data fields for purposes of informing and updat-
20 ing clinical practice guidelines of the Department of Vet-
21 erans Affairs.

22 (d) BRIEFINGS.—The Secretary of Veterans Affairs
23 shall brief the Committee on Veterans' Affairs of the Sen-
24 ate and the Committee on Veterans' Affairs of the House
25 of Representatives containing the interim results—

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

4 (2) with respect to the review under subsection
5 (b)(1), not later than 18 months after the date of
6 the enactment of this Act.

7 (e) REPORTS.—

8 (1) REPORT ON STUDY.—Not later than 90
9 days after the completion by the Secretary of Vet-
10 erans Affairs in coordination with the National
11 Academies of Sciences, Engineering, and Medicine of
12 the study required under subsection (a)(1), the Sec-
13 retary shall—

14 (A) submit to the Committee on Veterans’
15 Affairs of the Senate and the Committee on
16 Veterans’ Affairs of the House of Representa-
17 tives a report on the results of the study; and

18 (B) make such report publicly available.

19 (2) REPORT ON REVIEW.—Not later than 90
20 days after the completion by the Comptroller Gen-
21 eral of the United States of the review required
22 under subsection (b)(1), the Comptroller General
23 shall—

24 (A) submit to the Committee on Veterans’
25 Affairs of the Senate and the Committee on

1 Veterans' Affairs of the House of Representa-
2 tives a report on the results of the review; and
3 (B) make such report publicly available.

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

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

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

17 (1) A description of how the Department identi-
18 fies patients as high risk for suicide, with particular
19 consideration to the efficacy of inputs into the Re-
20 covery Engagement and Coordination for Health –
21 Veterans Enhanced Treatment program (commonly
22 referred to as the “REACH VET” program) of the
23 Department, including an assessment of the efficacy
24 of such identifications disaggregated by—

1 (A) all demographic characteristics as de-
2 termined necessary and appropriate by the Sec-
3 retary of Veterans Affairs in coordination with
4 the Centers for Disease Control and Prevention;

5 (B) Veterans Integrated Service Network;
6 and

7 (C) to the extent practicable, medical cen-
8 ter of the Department.

9 (2) A description of how the Department inter-
10 venes when a patient is identified as high risk, in-
11 cluding an assessment of the efficacy of such inter-
12 ventions disaggregated by—

13 (A) all demographic characteristics as de-
14 termined necessary and appropriate by the Sec-
15 retary in coordination with the Centers for Dis-
16 ease Control and Prevention;

17 (B) Veterans Integrated Service Network;
18 and

19 (C) to the extent practicable, medical cen-
20 ter of the Department.

21 (3) A description of how the Department mon-
22 itors patients who have been identified as high risk,
23 including an assessment of the efficacy of such mon-
24 itoring and any follow-ups disaggregated by—

1 (A) all demographic characteristics as de-
 2 termined necessary and appropriate by the Sec-
 3 retary in coordination with the Centers for Dis-
 4 ease Control and Prevention;

5 (B) Veterans Integrated Service Network;
 6 and

7 (C) to the extent practicable, medical cen-
 8 ter of the Department.

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

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

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

18 **TITLE III—PROGRAMS, STUDIES,**
 19 **AND GUIDELINES ON MENTAL**
 20 **HEALTH**

21 **SEC. 301. STUDY ON CONNECTION BETWEEN LIVING AT**
 22 **HIGH ALTITUDE AND SUICIDE RISK FACTORS**
 23 **AMONG VETERANS.**

24 (a) IN GENERAL.—Not later than 180 days after the
 25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs, in consultation with Rural Health Resource
2 Centers of the Office of Rural Health of the Department
3 of Veterans Affairs, shall commence the conduct of a study
4 on the connection between living at high altitude and the
5 risk of developing depression or dying by suicide among
6 veterans.

7 (b) COMPLETION OF STUDY.—The study conducted
8 under subsection (a) shall be completed not later than
9 three years after the date of the commencement of the
10 study.

11 (c) INDIVIDUAL IMPACT.—The study conducted
12 under subsection (a) shall be conducted so as to determine
13 the effect of high altitude on suicide risk at the individual
14 level, not at the State or county level.

15 (d) REPORT.—Not later than 150 days after the com-
16 pletion of the study conducted under subsection (a), the
17 Secretary shall submit to the Committee on Veterans' Af-
18 fairs of the Senate and the Committee on Veterans' Af-
19 fairs of the House of Representatives a report on the re-
20 sults of the study.

21 (e) FOLLOW-UP STUDY.—

22 (1) IN GENERAL.—If the Secretary determines
23 through the study conducted under subsection (a)
24 that living at high altitude is a risk factor for devel-
25 oping depression or dying by suicide, the Secretary

1 shall conduct an additional study to identify the fol-
 2 lowing:

3 (A) The most likely biological mechanism
 4 that makes living at high altitude a risk factor
 5 for developing depression or dying by suicide.

6 (B) The most effective treatment or inter-
 7 vention for reducing the risk of developing de-
 8 pression or dying by suicide associated with liv-
 9 ing at high altitude.

10 (2) REPORT.—Not later than 150 days after
 11 completing the study conducted under paragraph
 12 (1), the Secretary shall submit to the Committee on
 13 Veterans' Affairs of the Senate and the Committee
 14 on Veterans' Affairs of the House of Representatives
 15 a report on the results of the study.

16 **SEC. 302. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
 17 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
 18 **A CLINICAL PROVIDER TREATMENT TOOLKIT**
 19 **AND ACCOMPANYING TRAINING MATERIALS**
 20 **FOR COMORBIDITIES.**

21 (a) IN GENERAL.—Not later than two years after the
 22 date of the enactment of this Act, the Secretary of Vet-
 23 erans Affairs, in consultation with the Secretary of De-
 24 fense, shall develop a clinical provider treatment toolkit
 25 and accompanying training materials for the evidence-

1 based management of comorbid mental health conditions,
2 comorbid mental health and substance use disorders, and
3 a comorbid mental health condition and chronic pain.

4 (b) MATTERS INCLUDED.—In developing the clinical
5 provider treatment toolkit and accompanying training ma-
6 terials under subsection (a), the Secretary of Veterans Af-
7 fairs and the Secretary of Defense shall ensure that the
8 toolkit and training materials include guidance with re-
9 spect to the following:

10 (1) The treatment of patients with post-trau-
11 matic stress disorder who are also experiencing an
12 additional mental health condition, a substance use
13 disorder, or chronic pain.

14 (2) The treatment of patients experiencing a
15 mental health condition, including anxiety, depres-
16 sion, or bipolar disorder, who are also experiencing
17 a substance use disorder or chronic pain.

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

20 (A) a mental health condition, including
21 post-traumatic stress disorder, anxiety, depres-
22 sion, or bipolar disorder;

23 (B) a substance use disorder; or

24 (C) chronic pain.

1 **SEC. 303. UPDATE OF CLINICAL PRACTICE GUIDELINES**
2 **FOR ASSESSMENT AND MANAGEMENT OF PA-**
3 **TIENTS AT RISK FOR SUICIDE.**

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

14 (1) Enhanced guidance with respect to gender-
15 specific—

16 (A) risk factors for suicide and suicidal
17 ideation;

18 (B) treatment efficacy for depression and
19 suicide prevention;

20 (C) pharmacotherapy efficacy; and

21 (D) psychotherapy efficacy.

22 (2) Guidance with respect to the efficacy of al-
23 ternative therapies, other than psychotherapy and
24 pharmacotherapy, including the following:

25 (A) Yoga therapy.

26 (B) Meditation therapy.

- 1 (C) Equine therapy.
- 2 (D) Other animal therapy.
- 3 (E) Training and caring for service dogs.
- 4 (F) Agritherapy.
- 5 (G) Art therapy.
- 6 (H) Outdoor sports therapy.
- 7 (I) Music therapy.
- 8 (J) Any other alternative therapy that the
- 9 Work Group considers appropriate.

10 (3) Guidance with respect to the findings of the
 11 Creating Options for Veterans' Expedited Recovery
 12 Commission (commonly referred to as the "COVER
 13 Commission") established under section 931 of the
 14 Jason Simcakoski Memorial and Promise Act (title
 15 IX of Public Law 114–198; 38 U.S.C. 1701 note).

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

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

3 **SEC. 304. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
 4 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
 5 **CLINICAL PRACTICE GUIDELINES FOR THE**
 6 **TREATMENT OF SERIOUS MENTAL ILLNESS.**

7 (a) IN GENERAL.—Not later than two years after the
 8 date of the enactment of this Act, the Secretary of Vet-
 9 erans Affairs, in consultation with the Secretary of De-
 10 fense and the Secretary of Health and Human Services,
 11 shall complete the development of a clinical practice guide-
 12 line or guidelines for the treatment of serious mental ill-
 13 ness, to include the following conditions:

14 (1) Schizophrenia.

15 (2) Schizoaffective disorder.

16 (3) Persistent mood disorder, including bipolar
 17 disorder I and II.

18 (4) Any other mental, behavioral, or emotional
 19 disorder resulting in serious functional impairment
 20 that substantially interferes with major life activities
 21 as the Secretary of Veterans Affairs, in consultation
 22 with the Secretary of Defense and the Secretary of
 23 Health and Human Services, considers appropriate.

1 (b) MATTERS INCLUDED IN GUIDELINES.—The clin-
2 ical practice guideline or guidelines developed under sub-
3 section (a) shall include the following:

4 (1) Guidance contained in the 2016 Clinical
5 Practice Guidelines for the Management of Major
6 Depressive Disorders of the Department of Veterans
7 Affairs and the Department of Defense.

8 (2) Guidance with respect to the treatment of
9 patients with a condition described in subsection (a).

10 (3) A list of evidence-based therapies for the
11 treatment of conditions described in subsection (a).

12 (4) An appropriate guideline for the administra-
13 tion of pharmacological therapy, psychological or be-
14 havioral therapy, or other therapy for the manage-
15 ment of conditions described in subsection (a).

16 (c) ASSESSMENT OF EXISTING GUIDELINES.—Not
17 later than two years after the date of the enactment of
18 this Act, the Secretary of Veterans Affairs, in consultation
19 with the Secretary of Defense and the Secretary of Health
20 and Human Services, shall complete an assessment of the
21 2016 Clinical Practice Guidelines for the Management of
22 Major Depressive Disorders to determine whether an up-
23 date to such guidelines is necessary.

24 (d) WORK GROUP.—

1 (1) ESTABLISHMENT.—The Secretary of Vet-
2 erans Affairs, the Secretary of Defense, and the Sec-
3 retary of Health and Human Services shall create a
4 work group to develop the clinical practice guideline
5 or guidelines under subsection (a) to be known as
6 the “Serious Mental Illness Work Group” (in this
7 subsection referred to as the “Work Group”).

8 (2) MEMBERSHIP.—The Work Group created
9 under paragraph (1) shall be comprised of individ-
10 uals that represent Federal Government entities and
11 non-Federal Government entities with expertise in
12 the areas covered by the Work Group, including the
13 following entities:

14 (A) Academic institutions that specialize in
15 research for the treatment of conditions de-
16 scribed in subsection (a).

17 (B) The Health Services Research and De-
18 velopment Service of the Department of Vet-
19 erans Affairs.

20 (C) The Office of the Assistant Secretary
21 for Mental Health and Substance Use of the
22 Department of Health and Human Services.

23 (D) The National Institute of Mental
24 Health.

25 (E) The Indian Health Service.

1 (F) Relevant organizations with expertise
2 in researching, diagnosing, or treating condi-
3 tions described in subsection (a).

4 (3) RELATION TO OTHER WORK GROUPS.—The
5 Work Group shall be created and conducted in the
6 same manner as other work groups for the develop-
7 ment of clinical practice guidelines for the Depart-
8 ment of Veterans Affairs and the Department of De-
9 fense.

10 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
11 tion shall be construed to prevent the Secretary of Vet-
12 erans Affairs and the Secretary of Defense from consid-
13 ering all relevant evidence, as appropriate, in creating the
14 clinical practice guideline or guidelines required under
15 subsection (a) or from ensuring that the final clinical prac-
16 tice guideline or guidelines developed under such sub-
17 section and subsequently updated, as appropriate, remain
18 applicable to the patient populations of the Department
19 of Veterans Affairs and the Department of Defense.

20 **SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPART-**
21 **MENT OF VETERANS AFFAIRS TO IDENTIFY**
22 **AND VALIDATE BRAIN AND MENTAL HEALTH**
23 **BIOMARKERS.**

24 (a) IN GENERAL.—Beginning not later than 18
25 months after the date of the enactment of this Act, the

1 Secretary of Veterans Affairs shall develop and implement
2 an initiative of the Department of Veterans Affairs to
3 identify and validate brain and mental health biomarkers
4 among veterans, with specific consideration for depression,
5 anxiety, post-traumatic stress disorder, bipolar disorder,
6 traumatic brain injury, and such other mental health con-
7 ditions as the Secretary considers appropriate. Such initia-
8 tive may be referred to as the “Precision Medicine for Vet-
9 erans Initiative”.

10 (b) MODEL OF INITIATIVE.—The initiative under
11 subsection (a) shall be modeled on the All of Us Precision
12 Medicine Initiative administered by the National Insti-
13 tutes of Health with respect to large-scale collection of
14 standardized data and open data sharing.

15 (c) METHODS.—The initiative under subsection (a)
16 shall include brain structure and function measurements,
17 such as functional magnetic resonance imaging and elec-
18 troencephalogram, and shall coordinate with additional bi-
19 ological methods of analysis utilized in the Million Vet-
20 erans Program of the Department of Veterans Affairs.

21 (d) USE OF DATA.—

22 (1) PRIVACY AND SECURITY.—In carrying out
23 the initiative under subsection (a), the Secretary
24 shall develop robust data privacy and security meas-
25 ures, consistent with section 552a of title 5, United

1 States Code (commonly known as the “Privacy Act
2 of 1974”), and regulations promulgated pursuant to
3 the Health Insurance Portability and Accountability
4 Act of 1996 (parts 160, 162, and 164 of title 45,
5 Code of Federal Regulations, or successor regula-
6 tions) to ensure that information of veterans partici-
7 pating in the initiative is kept private and secure.

8 (2) CONSULTATION WITH THE NATIONAL INSTI-
9 TUTES OF SCIENCE AND TECHNOLOGY.—The Sec-
10 retary may consult with the National Institute of
11 Science and Technology in developing the data pri-
12 vacy and security measures described in paragraph
13 (1).

14 (3) ACCESS STANDARDS.—The Secretary shall
15 provide access to information under the initiative
16 consistent with the standards described in section
17 552a(d)(1) of title 5, United States Code, and sec-
18 tion 164.524 of title 45, Code of Federal Regula-
19 tions, or successor regulations.

20 (4) OPEN PLATFORM.—

21 (A) AVAILABILITY OF DATA.—The Sec-
22 retary shall make de-identified data collected
23 under the initiative available for research pur-
24 poses to Federal agencies.

1 (B) CONTRACT.—The Secretary shall con-
2 tract with nongovernment entities that comply
3 with requisite data security measures to make
4 available for research purposes de-identified
5 data collected under the initiative.

6 (C) ASSISTANCE.—The Secretary shall
7 provide assistance to a Federal agency con-
8 ducting research using data collected under the
9 initiative at the request of that agency.

10 (D) PROHIBITION ON TRANSFER OF
11 DATA.—Federal agencies may not disclose,
12 transmit, share, sell, license, or otherwise trans-
13 fer data collected under the initiative to any
14 nongovernment entity other than as allowed
15 under subparagraph (B).

16 (5) STANDARDIZATION.—

17 (A) IN GENERAL.—The Secretary shall en-
18 sure that data collected under the initiative is
19 standardized.

20 (B) CONSULTATION.—The Secretary shall
21 consult with the National Institutes of Health
22 and the Food and Drug Administration to de-
23 termine the most effective, efficient, and cost-
24 effective way of standardizing data collected
25 under the initiative.

1 (C) MANNER OF STANDARDIZATION.—In
 2 consultation with the National Institute for
 3 Science and Technology, data collected under
 4 the initiative shall be standardized in the man-
 5 ner in which it is collected, entered into the
 6 database, extracted, and recorded.

7 (6) MEASURES OF BRAIN FUNCTION OR STRUC-
 8 TURE.—Any measures of brain function or structure
 9 collected under the initiative shall be collected with
 10 a device that is approved by the Food and Drug Ad-
 11 ministration.

12 (7) DE-IDENTIFIED DATA DEFINED.—In this
 13 subsection, the term “de-identified data” means,
 14 with respect to data held by the Department of Vet-
 15 erans Affairs, that the Department—

16 (A) alters, anonymizes, or aggregates the
 17 data so that there is a reasonable basis for ex-
 18 pecting that the data could not be linked as a
 19 practical matter to a specific individual;

20 (B) publicly commits to refrain from at-
 21 tempting to re-identify the data with a specific
 22 individual, and adopts controls to prevent such
 23 identification; and

24 (C) causes the data to be covered by a con-
 25 tractual or other legally enforceable prohibition

1 on each entity to which the Department dis-
 2 closes the data from attempting to use the data
 3 to identify a specific individual and requires the
 4 same of all onward disclosures.

5 (e) INCLUSION OF INITIATIVE IN PROGRAM.—The
 6 Secretary shall coordinate efforts of the initiative under
 7 subsection (a) with the Million Veterans Program of the
 8 Department.

9 **SEC. 306. STATISTICAL ANALYSES AND DATA EVALUATION**
 10 **BY DEPARTMENT OF VETERANS AFFAIRS.**

11 (a) IN GENERAL.—Chapter 1 of title 38, United
 12 States Code, is amended by adding at the end the fol-
 13 lowing new section:

14 **“§ 119. Contracting for statistical analyses and data**
 15 **evaluation**

16 “(a) IN GENERAL.—The Secretary may enter into a
 17 contract or other agreement with an academic institution
 18 or other qualified entity, as determined by the Secretary,
 19 to carry out statistical analyses and data evaluation as re-
 20 quired of the Secretary by law.”.

21 “(b) RULE OF CONSTRUCTION.—Nothing in this sec-
 22 tion may be construed to limit the authority of the Sec-
 23 retary to enter into contracts or other agreements for sta-
 24 tistical analyses and data evaluation under any other pro-
 25 vision of law.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
 2 at the beginning of chapter 1 of such title is amended by
 3 adding at the end the following new item:

“119. Contracting for statistical analyses and data evaluation.”.

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

7 **SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVEN-**
 8 **TION AND MENTAL HEALTH OUTREACH PRO-**
 9 **GRAMS OF DEPARTMENT OF VETERANS AF-**
 10 **FAIRS.**

11 (a) IN GENERAL.—Not later than 180 days after the
 12 date of the enactment of this Act, the Secretary of Vet-
 13 erans Affairs shall enter into an agreement with a non-
 14 Federal Government entity with expertise in conducting
 15 and evaluating research-based studies to conduct a study
 16 on the effectiveness of the suicide prevention and mental
 17 health outreach materials prepared by the Department of
 18 Veterans Affairs and the suicide prevention and mental
 19 health outreach campaigns conducted by the Department.

20 (b) USE OF FOCUS GROUPS.—

21 (1) IN GENERAL.—The Secretary shall convene
 22 not fewer than eight different focus groups to evalu-
 23 ate the effectiveness of the suicide prevention and
 24 mental health materials and campaigns as required
 25 under subsection (a).

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

4 (A) Not fewer than two in rural or highly
5 rural areas.

6 (B) Not fewer than one in each of the four
7 districts of the Veterans Benefits Administra-
8 tion.

9 (3) TIMING OF FOCUS GROUPS.—Focus groups
10 convened under paragraph (1) shall be held at a va-
11 riety of dates and times to ensure an adequate rep-
12 resentation of veterans with different work sched-
13 ules.

14 (4) NUMBER OF PARTICIPANTS.—Each focus
15 group convened under paragraph (1) shall include
16 not fewer than five and not more than 12 partici-
17 pants.

18 (5) REPRESENTATION.—Each focus group con-
19 vened under paragraph (1) shall, to the extent prac-
20 ticable, include veterans of diverse backgrounds, in-
21 cluding—

22 (A) veterans of all eras, as determined by
23 the Secretary;

24 (B) women veterans;

25 (C) minority veterans;

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

3 (E) veterans who identify as lesbian, gay,
 4 bisexual, transgender, or queer (commonly re-
 5 ferred to as “LGBTQ”);

6 (F) veterans who live in rural or highly
 7 rural areas;

8 (G) individuals transitioning from active
 9 duty in the Armed Forces to civilian life; and

10 (H) other high-risk groups of veterans, as
 11 determined by the Secretary.

12 (c) REPORT.—

13 (1) IN GENERAL.—Not later than 90 days after
 14 the last focus group meeting under subsection (b),
 15 the Secretary shall submit to the Committee on Vet-
 16 erans’ Affairs of the Senate and the Committee on
 17 Veterans’ Affairs of the House of Representatives a
 18 report on the findings of the focus groups.

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

21 (A) Based on the findings of the focus
 22 groups, an assessment of the effectiveness of
 23 current suicide prevention and mental health
 24 materials and campaigns of the Department in
 25 reaching veterans as a whole as well as specific

1 groups of veterans (for example, women vet-
2 erans).

3 (B) Based on the findings of the focus
4 groups, recommendations for future suicide pre-
5 vention and mental health materials and cam-
6 paigns of the Department to target specific
7 groups of veterans.

8 (C) A plan to change the current suicide
9 prevention and mental health materials and
10 campaigns of the Department or, if the Sec-
11 retary decides not to change the current mate-
12 rials and campaigns, an explanation of the rea-
13 son for maintaining the current materials and
14 campaigns.

15 (D) A description of any dissenting or op-
16 posing viewpoints raised by participants in the
17 focus group.

18 (E) Such other issues as the Secretary
19 considers necessary.

20 (d) REPRESENTATIVE SURVEY.—

21 (1) IN GENERAL.—Not later than one year
22 after the last focus group meeting under subsection
23 (b), the Secretary shall complete a representative
24 survey of the veteran population that is informed by
25 the focus group data in order to collect information

1 about the effectiveness of the mental health and sui-
2 cide prevention materials and campaigns conducted
3 by the Department.

4 (2) VETERANS SURVEYED.—

5 (A) IN GENERAL.—Veterans surveyed
6 under paragraph (1) shall include veterans de-
7 scribed in subsection (b)(5).

8 (B) DISAGGREGATION OF DATA.—Data of
9 veterans surveyed under paragraph (1) shall be
10 disaggregated by—

11 (i) veterans who have received care
12 from the Department during the two-year
13 period preceding the survey; and

14 (ii) veterans who have not received
15 care from the Department during the two-
16 year period preceding the survey.

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

19 (1) FOCUS GROUPS.—

20 (A) IN GENERAL.—The Secretary shall in-
21 clude in each contract to develop media relating
22 to suicide prevention and mental health mate-
23 rials and campaigns a requirement that the
24 contractor convene focus groups of veterans to

1 assess the effectiveness of suicide prevention
2 and mental health outreach.

3 (B) REPRESENTATION.—Each focus group
4 required under subparagraph (A) shall, to the
5 extent practicable, include veterans of diverse
6 backgrounds, including—

7 (i) veterans of all eras, as determined
8 by the Secretary;

9 (ii) women veterans;

10 (iii) minority veterans;

11 (iv) Native American veterans, as de-
12 fined in section 3765 of title 38, United
13 States Code;

14 (v) veterans who identify as lesbian,
15 gay, bisexual, transgender, or queer (com-
16 monly referred to as “LGBTQ”);

17 (vi) veterans who live in rural or high-
18 ly rural areas;

19 (vii) individuals transitioning from ac-
20 tive duty in the Armed Forces to civilian
21 life; and

22 (viii) other high-risk groups of vet-
23 erans, as determined by the Secretary.

24 (2) SUBCONTRACTING.—

1 (A) IN GENERAL.—The Secretary shall in-
 2 clude in each contract described in paragraph
 3 (1)(A) a requirement that, if the contractor
 4 subcontracts for the development of media, the
 5 contractor shall subcontract with a subcon-
 6 tractor that has experience creating impactful
 7 media campaigns that target individuals age 18
 8 to 34.

9 (B) BUDGET LIMITATION.—Not more than
 10 two percent of the budget of the Office of Men-
 11 tal Health and Suicide Prevention of the De-
 12 partment for contractors for suicide prevention
 13 and mental health media outreach shall go to
 14 subcontractors described in subparagraph (A).

15 (f) PAPERWORK REDUCTION ACT EXEMPTION.—
 16 Chapter 35 of title 44, United States Code (commonly
 17 known as the “Paperwork Reduction Act”) shall not apply
 18 to any rulemaking or information collection required
 19 under this section.

20 (g) RURAL AND HIGHLY RURAL DEFINED.—In this
 21 section, with respect to an area, the terms “rural” and
 22 “highly rural” have the meanings given those terms in the
 23 Rural-Urban Commuting Areas coding system of the De-
 24 partment of Agriculture.

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

4 (a) ESTABLISHMENT OF GOALS.—

5 (1) IN GENERAL.—The Secretary of Veterans
6 Affairs shall establish goals for the mental health
7 and suicide prevention media outreach campaigns of
8 the Department of Veterans Affairs, which shall in-
9 clude the establishment of targets, metrics, and ac-
10 tion plans to describe and assess those campaigns.

11 (2) USE OF METRICS.—

12 (A) IN GENERAL.—The goals established
13 under paragraph (1) shall be measured by
14 metrics specific to different media types.

15 (B) FACTORS TO CONSIDER.—In using
16 metrics under subparagraph (A), the Secretary
17 shall determine the best methodological ap-
18 proach for each media type and shall consider
19 the following:

20 (i) Metrics relating to social media,
21 which may include the following:

22 (I) Impressions.

23 (II) Reach.

24 (III) Engagement rate.

25 (IV) Such other metrics as the
26 Secretary considers necessary.

1 (ii) Metrics relating to television,
2 which may include the following:

3 (I) Nielsen ratings.

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

6 (iii) Metrics relating to email, which
7 may include the following:

8 (I) Open rate.

9 (II) Response rate.

10 (III) Click rate.

11 (IV) Such other metrics as the
12 Secretary considers necessary.

13 (C) UPDATE.—The Secretary shall periodi-
14 cally update the metrics under subparagraph
15 (B) as more accurate metrics become available.

16 (3) TARGETS.—The Secretary shall establish
17 targets to track the metrics used under paragraph
18 (2).

19 (4) CONSULTATION.—In establishing goals
20 under paragraph (1), the Secretary shall consult
21 with the following:

22 (A) Relevant stakeholders, such as organi-
23 zations that represent veterans, as determined
24 by the Secretary.

1 (B) Mental health and suicide prevention
2 experts.

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

5 (5) INITIAL REPORT.—Not later than 180 days
6 after the date of the enactment of this Act, the Sec-
7 retary shall submit to the Committee on Veterans’
8 Affairs of the Senate and the Committee on Vet-
9 erans’ Affairs of the House of Representatives a re-
10 port detailing the goals established under paragraph
11 (1) for the mental health and suicide prevention
12 media outreach campaigns of the Department, in-
13 cluding the metrics and targets for such metrics by
14 which those goals are to be measured under para-
15 graphs (2) and (3).

16 (6) ANNUAL REPORT.—Not later than one year
17 after the submittal of the report under paragraph
18 (5), and annually thereafter, the Secretary shall sub-
19 mit to the Committee on Veterans’ Affairs of the
20 Senate and the Committee on Veterans’ Affairs of
21 the House of Representatives a report detailing—

22 (A) the progress of the Department in
23 meeting the goals established under paragraph
24 (1) and the targets established under paragraph
25 (3); and

1 (B) a description of action to be taken by
 2 the Department to modify mental health and
 3 suicide prevention media outreach campaigns if
 4 those goals and targets are not being met.

5 (b) REPORT ON USE OF FUNDS BY OFFICE OF MEN-
 6 TAL HEALTH AND SUICIDE PREVENTION.—Not later than
 7 180 days after the date of the enactment of this Act, and
 8 semiannually thereafter, the Secretary shall submit to the
 9 Committee on Appropriations and the Committee on Vet-
 10 erans' Affairs of the Senate and the Committee on Appro-
 11 priations and the Committee on Veterans' Affairs of the
 12 House of Representatives a report containing the expendi-
 13 tures and obligations of the Office of Mental Health and
 14 Suicide Prevention of the Veterans Health Administration
 15 during the period covered by the report.

16 **SEC. 403. COMPTROLLER GENERAL MANAGEMENT REVIEW**
 17 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
 18 **TION SERVICES OF DEPARTMENT OF VET-**
 19 **ERANS AFFAIRS.**

20 (a) IN GENERAL.—Not later than three years after
 21 the date of the enactment of this Act, the Comptroller
 22 General of the United States shall submit to the Com-
 23 mittee on Veterans' Affairs of the Senate and the Com-
 24 mittee on Veterans' Affairs of the House of Representa-
 25 tives a management review of the mental health and sui-

1 cide prevention services provided by the Department of
2 Veterans Affairs.

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

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

12 (2) A description of the management and orga-
13 nizational structure of the Office of Mental Health
14 and Suicide Prevention, including roles and respon-
15 sibilities for each position.

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

19 (4) An assessment of suicide prevention prac-
20 tices and initiatives available from the Department
21 and through community partnerships.

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

1 (6) An assessment of the Nurse Advice Line
2 pilot program conducted by the Department.

3 (7) An assessment of recruitment initiatives in
4 rural areas for mental health professionals of the
5 Department.

6 (8) An assessment of strategic planning con-
7 ducted by the Office of Mental Health and Suicide
8 Prevention.

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

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

13 (B) between that central office and any
14 staff member or office in the field, including
15 chaplains, attorneys, law enforcement per-
16 sonnel, and volunteers; and

17 (C) between that central office, local facili-
18 ties of the Department, and community part-
19 ners of the Department, including first respond-
20 ers, community support groups, and health care
21 industry partners.

22 (10) An assessment of how effectively the Office
23 of Mental Health and Suicide Prevention implements
24 operational policies and procedures.

1 (11) An assessment of how the Department of
 2 Veterans Affairs and the Department of Defense co-
 3 ordinate suicide prevention efforts, and recommenda-
 4 tions on how the Department of Veterans Affairs
 5 and Department of Defense can more effectively co-
 6 ordinate those efforts.

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

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

13 (a) INITIAL REPORT.—

14 (1) IN GENERAL.—Not later than two years
 15 after the date of the enactment of this Act, the
 16 Comptroller General of the United States shall sub-
 17 mit to the Committee on Veterans' Affairs of the
 18 Senate and the Committee on Veterans' Affairs of
 19 the House of Representatives a report on the efforts
 20 of the Department of Veterans Affairs to integrate
 21 mental health care into primary care clinics of the
 22 Department.

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

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

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

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

8 (D) A description of how care is coordi-
9 nated by the Department between specialty
10 mental health care and primary care, including
11 a description of the following:

12 (i) How documents and patient infor-
13 mation are transferred and the effective-
14 ness of those transfers.

15 (ii) How care is coordinated when vet-
16 erans must travel to different facilities of
17 the Department.

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

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

1 (F) Such recommendations on how the De-
 2 partment can better integrate mental health
 3 care into primary care clinics as the Comp-
 4 troller General considers appropriate.

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

8 (b) COMMUNITY CARE INTEGRATION REPORT.—

9 (1) IN GENERAL.—Not later than two years
 10 after the date on which the Comptroller General
 11 submits the report required under subsection (a)(1),
 12 the Comptroller General shall submit to the Com-
 13 mittee on Veterans' Affairs of the Senate and the
 14 Committee on Veterans' Affairs of the House of
 15 Representatives a report on the efforts of the De-
 16 partment to integrate community-based mental
 17 health care into the Veterans Health Administration.

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

20 (A) An assessment of the efforts of the
 21 Department to integrate community-based men-
 22 tal health care into the Veterans Health Admin-
 23 istration.

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

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

3 (D) A description of how care is coordi-
4 nated between providers of community-based
5 mental health care and the Veterans Health
6 Administration, including a description of how
7 documents and patient information are trans-
8 ferred and the effectiveness of those transfers
9 between—

10 (i) the Veterans Health Administra-
11 tion and providers of community-based
12 mental health care; and

13 (ii) providers of community-based
14 mental health care and the Veterans
15 Health Administration.

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

20 (F) An assessment of the military cultural
21 competency of health care providers providing
22 community-based mental health care to vet-
23 erans.

24 (G) Such recommendations on how the De-
25 partment can better integrate community-based

1 mental health care into the Veterans Health
2 Administration as the Comptroller General con-
3 siders appropriate.

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

7 (3) COMMUNITY-BASED MENTAL HEALTH CARE
8 DEFINED.—In this subsection, the term “commu-
9 nity-based mental health care” means mental health
10 care paid for by the Department but provided by a
11 non-Department health care provider at a non-De-
12 partment facility, including care furnished under
13 section 1703 of title 38, United States Code (as in
14 effect on the date specified in section 101(b) of the
15 Caring for Our Veterans Act of 2018 (title I of Pub-
16 lic Law 115–182)).

17 **SEC. 405. JOINT MENTAL HEALTH PROGRAMS BY DEPART-**
18 **MENT OF VETERANS AFFAIRS AND DEPART-**
19 **MENT OF DEFENSE.**

20 (a) REPORT ON MENTAL HEALTH PROGRAMS.—

21 (1) IN GENERAL.—Not later than one year
22 after the date of the enactment of this Act, and an-
23 nually thereafter, the Secretary of Veterans Affairs
24 and the Secretary of Defense shall submit to the
25 Committee on Veterans’ Affairs and the Committee

1 on Armed Services of the Senate and the Committee
2 on Veterans' Affairs and the Committee on Armed
3 Services of the House of Representatives a report on
4 mental health programs of the Department of Vet-
5 erans Affairs and the Department of Defense and
6 joint programs of the Departments.

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

9 (A) A description of mental health pro-
10 grams operated by the Department of Veterans
11 Affairs, including the following:

12 (i) Transition assistance programs.

13 (ii) Clinical and non-clinical mental
14 health initiatives, including centers of ex-
15 cellence of the Department of Veterans Af-
16 fairs for traumatic brain injury and post-
17 traumatic stress disorder.

18 (iii) Programs that may secondarily
19 improve mental health, including employ-
20 ment, housing assistance, and financial lit-
21 eracy programs.

22 (iv) Research into mental health
23 issues and conditions, to include post-trau-
24 matic stress disorder, depression, anxiety,
25 bipolar disorder, traumatic brain injury,

1 suicidal ideation, and any other issues or
2 conditions as the Secretary of Veterans Af-
3 fairs considers necessary.

4 (B) A description of mental health pro-
5 grams operated by the Department of Defense,
6 including the following:

7 (i) Transition assistance programs.

8 (ii) Clinical and non-clinical mental
9 health initiatives, including the National
10 Intrepid Center of Excellence and the In-
11 trepid Spirit Centers.

12 (iii) Programs that may secondarily
13 improve mental health, including employ-
14 ment, housing assistance, and financial lit-
15 eracy programs.

16 (iv) Research into mental health
17 issues and conditions, to include post-trau-
18 matic stress disorder, depression, anxiety,
19 bipolar disorder, traumatic brain injury,
20 suicidal ideation, and any other issues or
21 conditions as the Secretary of Defense con-
22 sidered necessary.

23 (C) A description of mental health pro-
24 grams jointly operated by the Department of

1 Veterans Affairs and the Department of De-
2 fense, including the following:

3 (i) Transition assistance programs.

4 (ii) Clinical and non-clinical mental
5 health initiatives.

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

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

22 (D) Recommendations for coordinating
23 mental health programs of the Department of
24 Veterans Affairs and the Department of De-

1 fense to improve the effectiveness of those pro-
2 grams.

3 (E) Recommendations for novel joint pro-
4 gramming of the Department of Veterans Af-
5 fairs and the Department of Defense to improve
6 the mental health of members of the Armed
7 Forces and veterans.

8 (b) EVALUATION OF COLLABORATIVE EFFORTS OF
9 DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT
10 OF DEFENSE AND ALTERNATIVES OF ANALYSIS TO ES-
11 TABLISH A JOINT VA/DOD INTREPID SPIRIT CENTER.—

12 (1) IN GENERAL.—The Secretary of Veterans
13 Affairs, in coordination with the Secretary of De-
14 fense, shall evaluate the current ongoing collabo-
15 rative efforts of the Department of Veterans Affairs
16 and the Department of Defense related to post-trau-
17 matic stress disorder and traumatic brain injury
18 care, research, and education to improve the quality
19 of and access to such care and seek potential new
20 collaborative efforts to improve and expand such
21 care for veterans and members of the Armed Forces
22 in a joint Department of Veterans Affairs/Depart-
23 ment of Defense Intrepid Spirit Center that serves
24 active duty members of the Armed Forces, members
25 of the reserve components of the Armed Forces, and

1 veterans for mutual benefit and growth in treatment
2 and care.

3 (2) ALTERNATIVES OF ANALYSIS.—

4 (A) IN GENERAL.—The evaluation required
5 under paragraph (1) shall include an alter-
6 natives of analysis to establish the joint Depart-
7 ment of Veterans Affairs/Department of De-
8 fense Intrepid Spirit Center described in para-
9 graph (1).

10 (B) ELEMENTS.—The alternatives of anal-
11 ysis required under subparagraph (A) with re-
12 spect to the establishment of the joint Depart-
13 ment of Veterans Affairs/Department of De-
14 fense Intrepid Spirit Center described in para-
15 graph (1) shall provide alternatives and rec-
16 ommendations that consider information includ-
17 ing—

18 (i) colocation of the center on an in-
19 stallation of the Department of Defense or
20 property of a medical center of the Depart-
21 ment of Veterans Affairs;

22 (ii) consideration of a rural or highly
23 rural area to establish the center that may
24 include colocation described in clause (i);

(iii) geographic distance from existing or planned Intrepid Spirit Centers of the Department of Defense or other such facilities of the Department of Veterans Affairs or the Department of Defense that furnish care for post-traumatic stress disorder or traumatic brain injury; and

(iv) the potential role for private entities and philanthropic organizations in carrying out the activities of the center.

(3) REPORT TO CONGRESS.—Not later than 270 days after the date of the enactment of this Act, 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 that includes—

(A) a summary of the evaluation required under paragraph (1); and

(B) the alternatives of analysis required under paragraph (2).

(4) RURAL AND HIGHLY RURAL DEFINED.—In this subsection, 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.

1 **TITLE V—IMPROVEMENT OF**
2 **MENTAL HEALTH MEDICAL**
3 **WORKFORCE**

4 **SEC. 501. STAFFING IMPROVEMENT PLAN FOR MENTAL**
5 **HEALTH PROVIDERS OF DEPARTMENT OF**
6 **VETERANS AFFAIRS.**

7 (a) STAFFING PLAN.—

8 (1) IN GENERAL.—Not later than one year
9 after the date of the enactment of this Act, the Sec-
10 retary of Veterans Affairs, in consultation with the
11 Inspector General of the Department of Veterans
12 Affairs, shall submit to the Committee on Veterans’
13 Affairs of the Senate and the Committee on Vet-
14 erans’ Affairs of the House of Representatives a
15 plan to address staffing of mental health providers
16 of the Department of Veterans Affairs, including fill-
17 ing any open positions.

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

20 (A) An estimate of the number of positions
21 for mental health providers of the Department
22 that need to be filled to meet demand.

23 (B) An identification of the steps that the
24 Secretary will take to address mental health
25 staffing for the Department.

1 (C) A description of any region-specific
2 hiring incentives to be used by the Secretary in
3 consultation with the directors of Veterans Inte-
4 grated Service Networks and medical centers of
5 the Department.

6 (D) A description of any local retention or
7 engagement incentives to be used by directors
8 of Veterans Integrated Service Networks.

9 (E) Such recommendations for legislative
10 or administrative action as the Secretary con-
11 siders necessary to aid in addressing mental
12 health staffing for the Department.

13 (3) REPORT.—Not later than one year after the
14 submittal of the plan required by paragraph (1), the
15 Secretary shall submit to the Committee on Vet-
16 erans' Affairs of the Senate and the Committee on
17 Veterans' Affairs of the House of Representatives a
18 report setting forth the number of mental health
19 providers hired by the Department during the one-
20 year period preceding the submittal of the report.

21 (b) OCCUPATIONAL SERIES FOR CERTAIN MENTAL
22 HEALTH PROVIDERS.—Not later than one year after the
23 date of the enactment of this Act, the Secretary of Vet-
24 erans Affairs, in consultation with the Office of Personnel
25 Management, shall develop an occupational series for li-

1 censed professional mental health counselors and marriage
 2 and family therapists of the Department of Veterans Af-
 3 fairs.

4 **SEC. 502. ESTABLISHMENT OF DEPARTMENT OF VETERANS**
 5 **AFFAIRS READJUSTMENT COUNSELING**
 6 **SERVICE SCHOLARSHIP PROGRAM.**

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

10 “SUBCHAPTER IX—READJUSTMENT
 11 COUNSELING SERVICE SCHOLARSHIP PROGRAM
 12 “§ 7698. Requirement for program

13 “As part of the Educational Assistance Program, the
 14 Secretary shall carry out a scholarship program under this
 15 subchapter. The program shall be known as the Depart-
 16 ment of Veterans Affairs Readjustment Counseling Serv-
 17 ice Scholarship Program (in this subchapter referred to
 18 as the ‘Program’).

19 “§ 7699. Eligibility; agreement

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

24 “(1) is accepted for enrollment or enrolled (as
 25 described in section 7602 of this title) in a program

1 of study at an accredited educational institution,
2 school, or training program leading to a terminal de-
3 gree in psychology, social work, marriage and family
4 therapy, or mental health counseling that would
5 meet the education requirements for appointment to
6 a position under section 7402(b) of this title; and

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

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

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

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

18 “(B) in a State with a per capita popu-
19 lation of veterans of more than five percent ac-
20 cording to the National Center for Veterans
21 Analysis and Statistics and the Bureau of the
22 Census.

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

24 “(c) AGREEMENT.—An agreement between the Sec-
25 retary and a participant in the Program shall (in addition

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

3 “(1) An agreement by the Secretary to provide
 4 the participant with a scholarship under the Pro-
 5 gram for a specified number of school years during
 6 which the participant pursues a program of study
 7 described in subsection (a)(1) that meets the re-
 8 quirements set forth in section 7602(a) of this title.

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

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

18 **“§ 7699A. Obligated service**

19 “(a) IN GENERAL.—Each participant in the Program
 20 shall provide service as a full-time employee of the Depart-
 21 ment at a Vet Center (as defined in section 7699(d) of
 22 this title) for the period of obligated service set forth in
 23 the agreement of the participant entered into under sec-
 24 tion 7604 of this title.

1 “(b) DETERMINATION OF SERVICE COMMENCEMENT

2 DATE.—(1) Not later than 60 days before the service com-
3 mencement date of a participant, the Secretary shall no-
4 tify the participant of that service commencement date.

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

8 **“§ 7699B. Breach of agreement: liability**

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

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

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

1 “(A) The participant fails to maintain an ac-
 2 ceptable level of academic standing in the edu-
 3 cational institution in which the participant is en-
 4 rolled (as determined by the educational institution
 5 under regulations prescribed by the Secretary).

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

8 “(C) The participant voluntarily terminates the
 9 program of study in such educational institution be-
 10 fore the completion of such program of study.

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

13 “(c) LIABILITY DURING PERIOD OF OBLIGATED
 14 SERVICE.—(1) Except as provided in subsection (d), if a
 15 participant in the Program does not complete the period
 16 of obligated service of the participant, the United States
 17 shall be entitled to recover from the participant an amount
 18 determined in accordance with the following formula: A
 19 $= 3\Phi(t - s/t)$.

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

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

23 “(B) ‘ Φ ’ is the sum of—

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

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

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

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

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

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

19 (b) CONFORMING AND TECHNICAL AMENDMENTS.—

20 (1) CONFORMING AMENDMENTS.—

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

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

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

3 (iii) by adding at the end the fol-
4 lowing new paragraph:

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

8 (B) ELIGIBILITY.—Section 7602 of such
9 title is amended—

10 (i) in subsection (a)(1)—

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

13 (II) by striking “subchapter VI”
14 and inserting “subchapter VI or IX”;
15 and

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

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

21 (D) TERMS OF AGREEMENT.—Section
22 7604 of such title is amended by striking “or
23 VIII” each place it appears and inserting
24 “VIII, or IX”.

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

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

9 (ii) in paragraph (4), by striking “and
 10 per participant in the Specialty Education
 11 Loan Repayment Program” and inserting
 12 “per participant in the Specialty Education
 13 Loan Repayment Program, and per partic-
 14 ipant in the Readjustment Counseling
 15 Service Scholarship Program”.

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

“SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP
 PROGRAM

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

20 (c) EFFECTIVE DATE.—The Secretary of Veterans
 21 Affairs shall begin awarding scholarships under sub-
 22 chapter IX of chapter 76 of title 38, United States Code,

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

4 **SEC. 503. COMPTROLLER GENERAL REPORT ON READJUST-**
5 **MENT COUNSELING SERVICE OF DEPART-**
6 **MENT OF VETERANS AFFAIRS.**

7 (a) IN GENERAL.—Not later than one year after the
8 date of the enactment of this Act, the Comptroller General
9 of the United States shall submit to the Committee on
10 Veterans' Affairs of the Senate and the Committee on Vet-
11 erans' Affairs of the House of Representatives a report
12 on the Readjustment Counseling Service of the Depart-
13 ment of Veterans Affairs.

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

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

21 (2) An assessment of the efficacy of outreach
22 efforts by the Readjustment Counseling Service, in-
23 cluding recommendations for how outreach efforts
24 can be improved.

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

4 (4) An assessment of the efficacy and frequency
5 of the use of telehealth by counselors of the Read-
6 justment Counseling Service to provide mental
7 health services, including recommendations for how
8 the use of telehealth can be improved.

9 (5) An assessment of the feasibility and advis-
10 ability of expanding eligibility for services from the
11 Readjustment Counseling Service, including—

12 (A) recommendations on what eligibility
13 criteria could be expanded; and

14 (B) an assessment of potential costs and
15 increased infrastructure requirements if eligi-
16 bility is expanded.

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

21 (7) An assessment of the use of Vet Centers by
22 eligible family members of former members of the
23 Armed Forces and recommendations on how to bet-
24 ter reach those family members.

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

4 (9) An assessment of the efficiency and effec-
 5 tiveness of the task organization structure of Vet
 6 Centers.

7 (10) An assessment of the use of Vet Centers
 8 by Native American veterans, as defined in section
 9 3765 of title 38, United States Code, and rec-
 10 ommendations on how to better reach those vet-
 11 erans.

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

15 **SEC. 504. EXPANSION OF REPORTING REQUIREMENTS ON**
 16 **READJUSTMENT COUNSELING SERVICE OF**
 17 **DEPARTMENT OF VETERANS AFFAIRS.**

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

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

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

6 “(A) trends in demand for care;

7 “(B) long-term investments required with re-
 8 spect to the provision of care;

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

11 “(D) other capital investment requirements
 12 with respect to the Readjustment Counseling Serv-
 13 ice, including Vet Centers, mobile Vet Centers, and
 14 community access points.”.

15 **SEC. 505. BRIEFING ON ALTERNATIVE WORK SCHEDULES**
 16 **FOR EMPLOYEES OF VETERANS HEALTH AD-**
 17 **MINISTRATION.**

18 (a) SURVEY OF VETERANS.—

19 (1) IN GENERAL.—Not later than 180 days
 20 after the date of the enactment of this Act, the Sec-
 21 retary of Veterans Affairs shall conduct a survey on
 22 the attitudes of eligible veterans toward the Depart-
 23 ment of Veterans Affairs offering appointments out-
 24 side the usual operating hours of facilities of the De-

1 partment, including through the use of telehealth
2 appointments.

3 (2) ELIGIBLE VETERAN DEFINED.—In this sub-
4 section, the term “eligible veteran” means a veteran
5 who—

6 (A) is enrolled in the patient enrollment
7 system of the Department under section
8 1705(a) of title 38, United States Code; and

9 (B) received health care from the Depart-
10 ment at least once during the two-year period
11 ending on the date of the commencement of the
12 survey under paragraph (1).

13 (b) CONGRESSIONAL BRIEFING.—

14 (1) IN GENERAL.—Not later than 270 days
15 after the date of the enactment of this Act, the Sec-
16 retary shall brief the Committee on Veterans’ Affairs
17 of the Senate and the Committee on Veterans’ Af-
18 fairs of the House of Representatives on the—

19 (A) feasibility and advisability of offering
20 appointments outside the usual operating hours
21 of facilities of the Department that do not offer
22 such appointments; and

23 (B) effectiveness of offering appointments
24 outside the usual operating hours of facilities of

1 the Department for those facilities that offer
2 such appointments.

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

5 (A) The findings of the survey conducted
6 under subsection (a);

7 (B) Feedback from employees of the Vet-
8 erans Health Administration, including clinical,
9 nonclinical, and support staff, with respect to
10 offering appointments outside the usual oper-
11 ating hours of facilities of the Department, in-
12 cluding through the use of telehealth appoint-
13 ments; and

14 (C) Any other matters the Secretary con-
15 sider relevant to a full understanding of the
16 feasibility and advisability of offering appoint-
17 ments outside the usual operating hours of fa-
18 cilities of the Department.

19 (c) PAPERWORK REDUCTION ACT EXEMPTION.—
20 Chapter 35 of title 44, United States Code (commonly
21 known as the “Paperwork Reduction Act”) shall not apply
22 to any rulemaking or information collection required
23 under this section.

1 **SEC. 506. SUICIDE PREVENTION COORDINATORS.**

2 (a) STAFFING REQUIREMENT.—Beginning not later
3 than one year after the date of the enactment of this Act,
4 the Secretary of Veterans Affairs shall ensure that each
5 medical center of the Department of Veterans Affairs has
6 not less than one suicide prevention coordinator.

7 (b) STUDY ON REORGANIZATION.—

8 (1) IN GENERAL.—Not later than one year
9 after the date of the enactment of this Act, the Sec-
10 retary, in consultation with the Office of Mental
11 Health and Suicide Prevention of the Department,
12 shall commence the conduct of a study to determine
13 the feasibility and advisability of—

14 (A) the realignment and reorganization of
15 suicide prevention coordinators within the Of-
16 fice of Mental Health and Suicide Prevention;
17 and

18 (B) the creation of a suicide prevention co-
19 ordinator program office.

20 (2) PROGRAM OFFICE REALIGNMENT.—In con-
21 ducting the study under paragraph (1), the Sec-
22 retary shall assess the feasibility of advisability of,
23 within the suicide prevention coordinator program
24 office described in paragraph (1)(B), aligning suicide
25 prevention coordinators and suicide prevention case
26 managers within the organizational structure and

1 chart of the Suicide Prevention Program of the De-
2 partment, with the Director of the Suicide Preven-
3 tion program having ultimate supervisory oversight
4 and responsibility over the suicide prevention coordi-
5 nator program office.

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

12 (1) An assessment of the feasibility and advis-
13 ability of creating a suicide prevention coordinator
14 program office to oversee and monitor suicide pre-
15 vention coordinators and suicide prevention case
16 managers across all medical centers of the Depart-
17 ment.

18 (2) A review of current staffing ratios for sui-
19 cide prevention coordinators and suicide prevention
20 case managers in comparison with current staffing
21 ratios for mental health providers within each med-
22 ical center of the Department.

23 (3) A description of the duties and responsibil-
24 ities for suicide prevention coordinators across the
25 Department to better define, delineate, and stand-

1 ardize qualifications, performance goals, perform-
2 ance duties, and performance outcomes for suicide
3 prevention coordinators and suicide prevention case
4 managers.

5 **SEC. 507. REPORT ON EFFORTS BY DEPARTMENT OF VET-**
6 **ERANS AFFAIRS TO IMPLEMENT SAFETY**
7 **PLANNING IN EMERGENCY DEPARTMENTS.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) The Department of Veterans Affairs must
11 be more effective in its approach to reducing the
12 burden of veteran suicide connected to mental health
13 diagnoses, to include expansion of treatment deliv-
14 ered via telehealth methods and in rural areas.

15 (2) An innovative project, known as Suicide As-
16 sessment and Follow-up Engagement: Veteran
17 Emergency Treatment (in this subsection referred to
18 as “SAFE VET”), was designed to help suicidal vet-
19 erans seen at emergency departments within the
20 Veterans Health Administration and was success-
21 fully implemented in five intervention sites beginning
22 in 2010.

23 (3) A 2018 study found that safety planning
24 intervention under SAFE VET was associated with
25 45 percent fewer suicidal behaviors in the six-month

1 period following emergency department care and
2 more than double the odds of a veteran engaging in
3 outpatient behavioral health care.

4 (4) SAFE VET is a promising alternative and
5 acceptable delivery of care system that augments the
6 treatment of suicidal veterans in emergency depart-
7 ments of the Veterans Health Administration and
8 helps ensure that those veterans have appropriate
9 follow-up care.

10 (5) Beginning in September 2018, the Veterans
11 Health Administration implemented a suicide pre-
12 vention program, known as the SPED program, for
13 veterans presenting to the emergency department
14 who are assessed to be at risk for suicide and are
15 safe to be discharged home.

16 (6) The SPED program includes issuance and
17 update of a safety plan and post-discharge follow-up
18 outreach for veterans to facilitate engagement in
19 outpatient mental health care.

20 (b) REPORT.—

21 (1) IN GENERAL.—Not later than 180 days
22 after the date of the enactment of this Act, the Sec-
23 retary of Veterans Affairs shall submit to the appro-
24 priate committees of Congress a report on the ef-
25 forts of the Secretary to implement a suicide preven-

1 tion program for veterans presenting to an emer-
2 gency department or urgent care center of the Vet-
3 erans Health Administration who are assessed to be
4 at risk for suicide and are safe to be discharged
5 home, including a safety plan and post-discharge
6 outreach for veterans to facilitate engagement in
7 outpatient mental health care.

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

10 (A) An assessment of the implementation
11 of the current operational policies and proce-
12 dures of the SPED program at each medical
13 center of the Department of Veterans Affairs,
14 including an assessment of the following:

15 (i) Training provided to clinicians or
16 other personnel administering protocols
17 under the SPED program.

18 (ii) Any disparities in implementation
19 of such protocols between medical centers.

20 (iii) Current criteria used to measure
21 the quality of such protocols including—

22 (I) methodology used to assess
23 the quality of a safety plan and post-
24 discharge outreach for veterans; or

1 (II) in the absence of such meth-
2 odology, a proposed timeline and
3 guidelines for creating a methodology
4 to ensure compliance with the evi-
5 dence-based model used under the
6 Suicide Assessment and Follow-up
7 Engagement: Veteran Emergency
8 Treatment (SAFE VET) program of
9 the Department.

10 (B) An assessment of the implementation
11 of the policies and procedures described in sub-
12 paragraph (A), including the following:

13 (i) An assessment of the quality and
14 quantity of safety plans issued to veterans.

15 (ii) An assessment of the quality and
16 quantity of post-discharge outreach pro-
17 vided to veterans.

18 (iii) The post-discharge rate of vet-
19 eran engagement in outpatient mental
20 health care, including attendance at not
21 fewer than one individual mental health
22 clinic appointment or admission to an in-
23 patient or residential unit.

1 (iv) The number of veterans who de-
2 cline safety planning efforts during proto-
3 cols under the SPED program.

4 (v) The number of veterans who de-
5 cline to participate in follow-up efforts
6 within the SPED program.

7 (C) A description of how SPED primary
8 coordinators are deployed to support such ef-
9 forts, including the following:

10 (i) A description of the duties and re-
11 sponsibilities of such coordinators.

12 (ii) The number and location of such
13 coordinators.

14 (iii) A description of training provided
15 to such coordinators.

16 (iv) An assessment of the other re-
17 sponsibilities for such coordinators and, if
18 applicable, differences in patient outcomes
19 when such responsibilities are full-time du-
20 ties as opposed to secondary duties.

21 (D) An assessment of the feasibility and
22 advisability of expanding the total number and
23 geographic distribution of SPED primary coor-
24 dinators.

1 (E) An assessment of the feasibility and
2 advisability of providing services under the
3 SPED program via telehealth channels, includ-
4 ing an analysis of opportunities to leverage tele-
5 health to better serve veterans in rural areas.

6 (F) A description of the status of current
7 capabilities and utilization of tracking mecha-
8 nisms to monitor compliance, quality, and pa-
9 tient outcomes under the SPED program.

10 (G) Such recommendations, including spe-
11 cific action items, as the Secretary considers
12 appropriate with respect to how the Depart-
13 ment can better implement the SPED program,
14 including recommendations with respect to the
15 following:

16 (i) A process to standardize training
17 under such program.

18 (ii) Any resourcing requirements nec-
19 essary to implement the SPED program
20 throughout Veterans Health Administra-
21 tion, including by having a dedicated clini-
22 cian responsible for administration of such
23 program at each medical center.

24 (iii) An analysis of current statutory
25 authority and any changes necessary to

1 fully implement the SPED program
2 throughout the Veterans Health Adminis-
3 tration.

4 (iv) A timeline for the implementation
5 of the SPED program through the Vet-
6 erans Health Administration once full
7 resourcing and an approved training plan
8 are in place.

9 (H) Such other matters as the Secretary
10 considers appropriate.

11 (c) DEFINITIONS.—In this section:

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

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

20 (B) the Committee on Veterans’ Affairs
21 and the Subcommittee on Military Construc-
22 tion, Veterans Affairs, and Related Agencies of
23 the Committee on Appropriations of the House
24 of Representatives.

1 (2) SPED PRIMARY COORDINATOR.—The term
 2 “SPED primary coordinator” means the main point
 3 of contact responsible for administering the SPED
 4 program at a medical center of the Department.

5 (3) SPED PROGRAM.—The term “SPED pro-
 6 gram” means the Safety Planning in Emergency De-
 7 partments program of the Department of Veterans
 8 Affairs established in September 2018 for veterans
 9 presenting to the emergency department who are as-
 10 sessed to be at risk for suicide and are safe to be
 11 discharged home, which extends the evidence-based
 12 intervention for suicide prevention to all emergency
 13 departments of the Veterans Health Administration.

14 **TITLE VI—IMPROVEMENT OF**
 15 **CARE AND SERVICES FOR**
 16 **WOMEN VETERANS**

17 **SEC. 601. EXPANSION OF CAPABILITIES OF WOMEN VET-**
 18 **ERANS CALL CENTER TO INCLUDE TEXT MES-**
 19 **SAGING.**

20 The Secretary of Veterans Affairs shall expand the
 21 capabilities of the Women Veterans Call Center of the De-
 22 partment of Veterans Affairs to include a text messaging
 23 capability.

1 **SEC. 602. REQUIREMENT FOR DEPARTMENT OF VETERANS**
2 **AFFAIRS INTERNET WEBSITE TO PROVIDE IN-**
3 **FORMATION ON SERVICES AVAILABLE TO**
4 **WOMEN VETERANS.**

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

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

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

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

1 (3) such other information as the Secretary
2 considers appropriate.

3 (c) UPDATED INFORMATION.—The Secretary shall
4 ensure that the information described in subsection (b)
5 that is published on the internet website required by sub-
6 section (a) is updated not less frequently than once every
7 90 days.

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

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

17 **TITLE VII—OTHER MATTERS**

18 **SEC. 701. EXPANDED TELEHEALTH FROM DEPARTMENT OF** 19 **VETERANS AFFAIRS.**

20 (a) IN GENERAL.—The Secretary of Veterans Affairs
21 shall enter into agreements, and expand existing agree-
22 ments, with organizations that represent or serve veterans,
23 nonprofit organizations, private businesses, and other in-
24 terested parties for the expansion of telehealth capabilities

1 and the provision of telehealth services to veterans
2 through the award of grants under subsection (b).

3 (b) AWARD OF GRANTS.—

4 (1) IN GENERAL.—In carrying out agreements
5 entered into or expanded under this section with en-
6 tities described in subsection (a), the Secretary shall
7 award grants to those entities.

8 (2) LOCATIONS.—To the extent practicable, the
9 Secretary shall ensure that grants are awarded to
10 entities that serve veterans in rural and highly rural
11 areas (as determined through the use of the Rural-
12 Urban Commuting Areas coding system of the De-
13 partment of Agriculture) or areas determined to be
14 medically underserved.

15 (3) USE OF GRANTS.—

16 (A) IN GENERAL.—Grants awarded to an
17 entity under this subsection may be used for
18 one or more of the following:

19 (i) Purchasing, replacing or upgrading
20 hardware or software necessary for the
21 provision of secure and private telehealth
22 services.

23 (ii) Upgrading security protocols for
24 consistency with the security requirements
25 of the Department of Veterans Affairs.

1 (iii) Training of site attendants, in-
2 cluding payment of those attendants for
3 completing that training, with respect to—

4 (I) military and veteran cultural
5 competence, if the entity is not an or-
6 ganization that represents veterans;

7 (II) equipment required to pro-
8 vide telehealth services;

9 (III) privacy, including the
10 Health Insurance Portability and Ac-
11 countability Act of 1996 privacy rule
12 under part 160 and subparts A and E
13 of part 164 of title 45, Code of Fed-
14 eral Regulations, or successor regula-
15 tions, as it relates to health care for
16 veterans;

17 (IV) scheduling for telehealth
18 services for veterans; or

19 (V) any other unique training
20 needs for the provision of telehealth
21 services to veterans.

22 (iv) Upgrading existing infrastructure
23 owned or leased by the entity to make
24 rooms more conducive to telehealth care,
25 including—

1 (I) additions or modifications to
2 windows or walls in an existing room,
3 or other alterations as needed to cre-
4 ate a new, private room, including
5 permits or inspections required in as-
6 sociation with space modifications;

7 (II) soundproofing of an existing
8 room;

9 (III) new electrical, telephone, or
10 internet outlets in an existing room;
11 or

12 (IV) aesthetic enhancements to
13 establish a more suitable therapeutic
14 environment.

15 (v) Upgrading existing infrastructure
16 to comply with the Americans with Disabil-
17 ities Act of 1990 (42 U.S.C. 12101 et
18 seq.).

19 (vi) Upgrading internet infrastructure
20 and sustainment of internet services.

21 (vii) Sustainment of telephone serv-
22 ices.

23 (B) EXCLUSION.—Grants may not be used
24 for the purchase of new property or for major

1 construction projects, as determined by the Sec-
2 retary.

3 (c) AGREEMENT ON TELEHEALTH ACCESS
4 POINTS.—

5 (1) IN GENERAL.—An entity described in sub-
6 section (a) that seeks to establish a telehealth access
7 point for veterans but does not require grant fund-
8 ing under this section to do so may enter into an
9 agreement with the Department for the establish-
10 ment of such an access point.

11 (2) ADEQUACY OF FACILITIES.—An entity de-
12 scribed in paragraph (1) shall be responsible for en-
13 suring that any access point is adequately private,
14 secure, clean, and accessible for veterans before the
15 access point is established.

16 (d) ASSESSMENT OF BARRIERS TO ACCESS.—

17 (1) IN GENERAL.—Not later than 18 months
18 after the date of the enactment of this Act, the Sec-
19 retary shall complete an assessment of barriers faced
20 by veterans in accessing telehealth services.

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

23 (A) A description of the barriers veterans
24 face in using telehealth while not on property of
25 the Department.

1 (B) A description of how the Department
 2 plans to address the barriers described in sub-
 3 paragraph (A).

4 (C) Such other matters related to access
 5 by veterans to telehealth while not on property
 6 of the Department as the Secretary considers
 7 relevant.

8 (3) REPORT.—Not later than 120 days after
 9 the completion of the assessment required by para-
 10 graph (1), the Secretary shall submit to the Com-
 11 mittee on Veterans' Affairs of the Senate and the
 12 Committee on Veterans' Affairs of the House of
 13 Representatives a report on the assessment, includ-
 14 ing any recommendations for legislative or adminis-
 15 trative action based on the results of the assessment.

16 **SEC. 702. PARTNERSHIPS WITH NON-FEDERAL GOVERN-**
 17 **MENT ENTITIES TO PROVIDE HYPERBARIC**
 18 **OXYGEN THERAPY TO VETERANS AND STUD-**
 19 **IES ON THE USE OF SUCH THERAPY FOR**
 20 **TREATMENT OF POST-TRAUMATIC STRESS**
 21 **DISORDER AND TRAUMATIC BRAIN INJURY.**

22 (a) PARTNERSHIPS TO PROVIDE HYPERBARIC OXY-
 23 GEN THERAPY TO VETERANS.—

24 (1) USE OF PARTNERSHIPS.—The Secretary of
 25 Veterans Affairs, in consultation with the Center for

1 Compassionate Innovation within the Office of Com-
2 munity Engagement of the Department of Veterans
3 Affairs, may enter into partnerships with non-Fed-
4 eral Government entities to provide hyperbaric oxy-
5 gen treatment to veterans to research the effective-
6 ness of such therapy.

7 (2) TYPES OF PARTNERSHIPS.—Partnerships
8 entered into under paragraph (1) may include the
9 following:

10 (A) Partnerships to conduct research on
11 hyperbaric oxygen therapy.

12 (B) Partnerships to review research on
13 hyperbaric oxygen therapy provided to non-
14 veterans.

15 (C) Partnerships to create industry work-
16 ing groups to determine standards for research
17 on hyperbaric oxygen therapy.

18 (D) Partnerships to provide to veterans
19 hyperbaric oxygen therapy for the purposes of
20 conducting research on the effectiveness of such
21 therapy.

22 (3) LIMITATION ON FEDERAL FUNDING.—Fed-
23 eral Government funding may be used to coordinate
24 and administer the partnerships under this sub-

1 section but may not be used to carry out activities
2 conducted under such partnerships.

3 (b) REVIEW OF EFFECTIVENESS OF HYPERBARIC
4 OXYGEN THERAPY.—Not later than 90 days after the
5 date of the enactment of this Act, the Secretary, in con-
6 sultation with the Center for Compassionate Innovation,
7 shall begin using an objective and quantifiable method to
8 review the effectiveness and applicability of hyperbaric ox-
9 ygen therapy, such as through the use of a device ap-
10 proved or cleared by the Food and Drug Administration
11 that assesses traumatic brain injury by tracking eye move-
12 ment.

13 (c) SYSTEMATIC REVIEW OF USE OF HYPERBARIC
14 OXYGEN THERAPY TO TREAT CERTAIN CONDITIONS.—

15 (1) IN GENERAL.—Not later than 90 days after
16 the date of the enactment of this Act, the Secretary,
17 in consultation with the Center for Compassionate
18 Innovation, shall commence the conduct of a system-
19 atic review of published research literature on off-
20 label use of hyperbaric oxygen therapy to treat post-
21 traumatic stress disorder and traumatic brain injury
22 among veterans and nonveterans.

23 (2) ELEMENTS.—The review conducted under
24 paragraph (1) shall include the following:

1 (A) An assessment of the current param-
2 eters for research on the use by the Department
3 of Veterans Affairs of hyperbaric oxygen ther-
4 apy, including—

5 (i) tests and questionnaires used to
6 determine the efficacy of such therapy; and

7 (ii) metrics for determining the suc-
8 cess of such therapy.

9 (B) A comparative analysis of tests and
10 questionnaires used to study post-traumatic
11 stress disorder and traumatic brain injury in
12 other research conducted by the Department of
13 Veterans Affairs, other Federal agencies, and
14 entities outside the Federal Government.

15 (3) COMPLETION OF REVIEW.—The review con-
16 ducted under paragraph (1) shall be completed not
17 later than 180 days after the date of the commence-
18 ment of the review.

19 (4) REPORT.—Not later than 90 days after the
20 completion of the review conducted under paragraph
21 (1), the Secretary shall submit to the Committee on
22 Veterans' Affairs of the Senate and the Committee
23 on Veterans' Affairs of the House of Representatives
24 a report on the results of the review.

25 (d) FOLLOW-UP STUDY.—

1 (1) IN GENERAL.—Not later than 120 days
2 after the completion of the review conducted under
3 subsection (c), the Secretary, in consultation with
4 the Center for Compassionate Innovation, shall com-
5 mence the conduct of a study on all individuals re-
6 ceiving hyperbaric oxygen therapy through the cur-
7 rent pilot program of the Department for the provi-
8 sion of hyperbaric oxygen therapy to veterans to de-
9 termine the efficacy and effectiveness of hyperbaric
10 oxygen therapy for the treatment of post-traumatic
11 stress disorder and traumatic brain injury.

12 (2) ELEMENTS.—The study conducted under
13 paragraph (1) shall include the review and publica-
14 tion of any data and conclusions resulting from re-
15 search conducted by an authorized provider of
16 hyperbaric oxygen therapy for veterans through the
17 pilot program described in such paragraph.

18 (3) COMPLETION OF STUDY.—The study con-
19 ducted under paragraph (1) shall be completed not
20 later than three years after the date of the com-
21 mencement of the study.

22 (4) REPORT.—

23 (A) IN GENERAL.—Not later than 90 days
24 after completing the study conducted under
25 paragraph (1), the Secretary shall submit to the

1 Committee on Veterans' Affairs of the Senate
 2 and the Committee on Veterans' Affairs of the
 3 House of Representatives a report on the re-
 4 sults of the study.

5 (B) ELEMENTS.—The report required
 6 under subparagraph (A) shall include the rec-
 7 ommendation of the Secretary with respect to
 8 whether or not hyperbaric oxygen therapy
 9 should be made available to all veterans with
 10 traumatic brain injury or post-traumatic stress
 11 disorder.

12 **SEC. 703. PRESCRIPTION OF TECHNICAL QUALIFICATIONS**
 13 **FOR LICENSED HEARING AID SPECIALISTS**
 14 **AND REQUIREMENT FOR APPOINTMENT OF**
 15 **SUCH SPECIALISTS.**

16 (a) TECHNICAL QUALIFICATIONS.—

17 (1) IN GENERAL.—Not later than 180 days
 18 after the date of the enactment of this Act, the Sec-
 19 retary of Veterans Affairs shall prescribe the tech-
 20 nical qualifications required under section
 21 7402(b)(14) of title 38, United States Code, to be
 22 appointed as a licensed hearing aid specialist under
 23 section 7401(3) of such title.

24 (2) ELEMENTS FOR QUALIFICATIONS.—In pre-
 25 scribing the qualifications for licensed hearing aid

1 specialists under paragraph (1), the Secretary shall,
2 at a minimum, ensure that such qualifications are
3 consistent with—

4 (A) the standards for licensure of hearing
5 aid specialists that are required by a majority
6 of States;

7 (B) any competencies needed to perform
8 tasks and services commonly performed by
9 hearing aid specialists pursuant to such stand-
10 ards; and

11 (C) any competencies needed to perform
12 tasks specific to providing care to individuals
13 under the laws administered by the Secretary.

14 (b) AUTHORITY TO SET AND MAINTAIN DUTIES.—
15 The Secretary shall retain the authority to set and main-
16 tain the duties for licensed hearing aid specialists ap-
17 pointed under section 7401(3) of title 38, United States
18 Code, for the purposes of the employment of such special-
19 ists with the Department of Veterans Affairs.

20 (c) APPOINTMENT.—Not later than September 30,
21 2022, the Secretary shall appoint not fewer than one li-
22 censed hearing aid specialist at each medical center of the
23 Department.

24 (d) REPORT.—Not later than September 30, 2022,
25 and annually thereafter, the Secretary shall submit to the

1 Committee on Veterans' Affairs of the Senate and the
2 Committee on Veterans' Affairs of the House of Rep-
3 resentatives a report—

4 (1) assessing the progress of the Secretary in
5 appointing licensed hearing aid specialists under
6 subsection (c);

7 (2) assessing potential conflicts or obstacles
8 that prevent the appointment of licensed hearing aid
9 specialists;

10 (3) assessing the factors that led to such con-
11 flicts or obstacles;

12 (4) assessing access of patients to comprehen-
13 sive hearing health care services from the Depart-
14 ment consistent with the requirements under section
15 4(b) of the Veterans Mobility Safety Act of 2016
16 (Public Law 114–256; 38 U.S.C. 7401 note), includ-
17 ing an assessment of the impact of infrastructure
18 and equipment limitations on wait times for
19 audiologic care; and

20 (5) indicating the medical centers of the De-
21 partment with vacancies for audiologists or licensed
22 hearing aid specialists.

1 **SEC. 704. USE BY DEPARTMENT OF VETERANS AFFAIRS OF**
2 **COMMERCIAL INSTITUTIONAL REVIEW**
3 **BOARDS IN SPONSORED RESEARCH TRIALS.**

4 (a) IN GENERAL.—Not later than 90 days after the
5 date of the enactment of this Act, the Secretary of Vet-
6 erans Affairs shall complete all necessary policy revisions
7 within the directive of the Veterans Health Administration
8 numbered 1200.05 and titled “Requirements for the Pro-
9 tection of Human Subjects in Research”, to allow spon-
10 sored clinical research of the Department of Veterans Af-
11 fairs to use accredited commercial institutional review
12 boards to review research proposal protocols of the De-
13 partment.

14 (b) IDENTIFICATION OF REVIEW BOARDS.—Not later
15 than 90 days after the completion of the policy revisions
16 under subsection (a), the Secretary shall—

17 (1) identify accredited commercial institutional
18 review boards for use in connection with sponsored
19 clinical research of the Department; and

20 (2) establish a process to modify existing ap-
21 provals in the event that a commercial institutional
22 review board loses its accreditation during an ongo-
23 ing clinical trial.

24 (c) REPORT.—

25 (1) IN GENERAL.—Not later than 90 days after
26 the completion of the policy revisions under sub-

1 section (a), and annually thereafter, the Secretary
 2 shall submit to the Committee on Veterans' Affairs
 3 of the Senate and the Committee on Veterans' Af-
 4 fairs of the House of Representatives a report on all
 5 approvals of institutional review boards used by the
 6 Department, including central institutional review
 7 boards and commercial institutional review boards.

8 (2) ELEMENTS.—The report required by para-
 9 graph (1) shall include, at a minimum, the following:

10 (A) The name of each clinical trial with re-
 11 spect to which the use of an institutional review
 12 board has been approved.

13 (B) The institutional review board or insti-
 14 tutional review boards used in the approval
 15 process for each clinical trial.

16 (C) The amount of time between submis-
 17 sion and approval.

18 **SEC. 705. CREATION OF OFFICE OF RESEARCH REVIEWS**
 19 **WITHIN THE OFFICE OF INFORMATION AND**
 20 **TECHNOLOGY OF THE DEPARTMENT OF VET-**
 21 **ERANS AFFAIRS.**

22 (a) IN GENERAL.—Not later than one year after the
 23 date of the enactment of this Act, the Secretary of Vet-
 24 erans Affairs shall establish within the Office of Informa-
 25 tion and Technology of the Department of Veterans Af-

1 fairs an Office of Research Reviews (in this section re-
2 ferred to as the “Office”).

3 (b) ELEMENTS.—The Office shall do the following:

4 (1) Perform centralized security reviews and
5 complete security processes for approved research
6 sponsored outside the Department, with a focus on
7 multi-site clinical trials.

8 (2) Develop and maintain a list of commercially
9 available software preferred for use in sponsored
10 clinical trials of the Department and ensure such list
11 is maintained as part of the official approved soft-
12 ware products list of the Department.

13 (3) Develop benchmarks for appropriate
14 timelines for security reviews conducted by the Of-
15 fice.

16 (c) REPORT.—

17 (1) IN GENERAL.—Not later than one year
18 after the establishment of the Office, the Office shall
19 submit to the Committee on Veterans’ Affairs of the
20 Senate and the Committee on Veterans’ Affairs of
21 the House of Representatives a report on the activity
22 of the Office.

23 (2) ELEMENTS.—The report required by para-
24 graph (1) shall include, at a minimum, the following:

1 (A) The number of security reviews com-
2 pleted.

3 (B) The number of personnel assigned for
4 performing the functions described in sub-
5 section (b).

Passed the Senate August 5, 2020.

Attest:

Secretary.

116TH CONGRESS
2D SESSION

S. 785

AN ACT

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