S. 852

To improve health care furnished by the Department of Veterans Affairs by increasing access to complementary and alternative medicine and other approaches to wellness and preventive care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2013

Mr. SANDERS introduced the following bill; which was read twice and referred to the Committee on Veterans’ Affairs

A BILL

To improve health care furnished by the Department of Veterans Affairs by increasing access to complementary and alternative medicine and other approaches to wellness and preventive care, and for other purposes.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans’ Health Promotion Act of 2013”.
SEC. 2. DESIGNATION AND OPERATION OF CENTERS OF INNOVATION FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE IN HEALTH CARE RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.

(a) DESIGNATION AND OPERATION OF CENTERS OF INNOVATION.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7330B. Centers of innovation for complementary and alternative medicine in health care research, education, and clinical activities

“(a) DESIGNATION AND OPERATION.—The Secretary, acting through the Director of the Office of Patient Centered Care for Cultural Transformation, shall designate and operate at least one center of innovation for complementary and alternative medicine in health care research, education, and clinical activities in each Veterans Integrated Service Networks.

“(b) FUNCTIONS.—The functions of the centers of innovation designated and operated under subsection (a) are as follows:

“(1) To conduct research on the furnishing of complementary and alternative medicine in health care.
“(2) To develop specific models to be used by
the Department in furnishing services to veterans
consisting of complementary and alternative medi-
cine.

“(3) To provide education and training for
health care professionals of the Department on—

“(A) the furnishing of services consisting
of complementary and alternative medicine to
veterans; or

“(B) providing referrals to veterans for the
receipt of such services.

“(4) To develop and implement innovative clin-
ical activities and systems of care for the Depart-
ment for the furnishing of services consisting of
complementary and alternative medicine to veterans.

“(c) GEOGRAPHIC DISPERSION.—The Secretary shall
ensure that the centers designated and operated under
this section are located at health care facilities that are
geographically dispersed throughout the United States.

“(d) FUNDING.—(1) There is authorized to be appro-
priated to the Secretary such sums as may be necessary
for the support of the research and education activities
of the centers operated under this section.

“(2) Activities of clinical and scientific investigation
at each center operated under this section—
“(A) shall be eligible to compete for the award of funding from funds appropriated for the Medical and Prosthetics Research Account; and

“(B) shall receive priority in the award of funding from such account to the extent that funds are awarded to projects for research on the care of rural veterans.

“(e) COMPLIMENTARY AND ALTERNATIVE MEDICINE DEFINED.—In this section, the term ‘complimentary and alternative medicine’ shall have the meaning given that term in regulations the Secretary shall prescribe for purposes of this section, which shall, to the degree practicable, be consistent with the meaning given such term by the Secretary of Health and Human Services.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 of such title is amended by inserting after the item relating to section 7330A the following new item:

“7330B. Centers of Innovation for complimentary and alternative medicine in health care research, education, and clinical activities.”.

SEC. 3. PILOT PROGRAM ON ESTABLISHMENT OF COMPLEMENTARY AND ALTERNATIVE MEDICINE CENTERS WITHIN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) PILOT PROGRAM REQUIRED.—Commencing not later than 180 days after the date of the enactment of
this Act, the Secretary of Veterans Affairs shall carry out, through the Office of Patient Centered Care and Cultural Transformation of the Department of Veterans Affairs, a pilot program to assess the feasibility and advisability of establishing complementary and alternative medicine centers within Department medical centers to promote the use and integration of complementary and alternative medicine services for mental health diagnoses and pain management.

(b) Duration of Program.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

(c) Locations.—

(1) In general.—The Secretary shall carry out the pilot program by establishing not fewer than 15 complementary and alternative medicine centers in 15 separate Department medical centers as follows:

(A) Five Department medical centers designated by the Secretary as polytrauma centers.

(B) Ten Department medical centers not designated by Secretary as polytrauma centers.

(2) Considerations.—In selecting locations for the pilot program, the Secretary shall consider
the feasibility and advisability of selecting locations in—

(A) rural areas;

(B) areas that are not in close proximity to an active duty military installation; and

(C) areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

(d) Provision of Services.—Under the pilot program, the Secretary shall provide covered services to covered veterans through the complementary and alternative medicine centers established under subsection (c)(1).

(e) Covered Veterans.—For purposes of the pilot program, a covered veteran is any veteran who has—

(1) a mental health condition diagnosed by a clinician of the Department; or

(2) a pain condition for which the veteran has received a pain management plan from a clinician of the Department.

(f) Covered Services.—

(1) In general.—For purposes of the pilot program, covered services are services consisting of complementary or alternative medicine.
(2) ADMINISTRATION OF SERVICES.—Covered services shall be administered under the pilot program as follows:

(A) Covered services shall be administered by clinicians who exclusively provide services consisting of complementary or alternative medicine.

(B) Covered services shall be included as part of the Patient Aligned Care Teams initiative of the Office of Patient Care Services, Primary Care Program Office.

(C) Covered services shall be made available to both—

(i) covered veterans with mental health conditions or pain conditions described in subsection (e) who have received traditional treatments from the Department for such conditions; and

(ii) covered veterans with mental health conditions or pain conditions described in subsection (e) who have not received traditional treatments from the Department for such conditions.

(g) VOLUNTARY PARTICIPATION.—The participation of a veteran in the pilot program shall be at the election
of the veteran and in consultation with a clinician of the Department.

(h) Reports to Congress.—

(1) Quarterly reports.—Not later than 90 days after the date of the commencement of the pilot program and not less frequently than once every 90 days thereafter for the duration of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the efforts of the Secretary to carry out the pilot program, including a description of the outreach conducted by the Secretary to veterans and community organizations to inform such organizations about the pilot program.

(2) Final report.—

(A) In general.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program.

(B) Contents.—The report submitted under subparagraph (A) shall include the following:
(i) The findings and conclusions of
the Secretary with respect to the pilot pro-
gram, including with respect to the utiliza-
tion and efficacy of the complementary and
alternative medicine centers established
under the pilot program.

(ii) Such recommendations for the
continuation or expansion of the pilot pro-
gram as the Secretary considers appro-
priate.

SEC. 4. PILOT PROGRAM ON USE OF WELLNESS PROGRAMS
AS COMPLEMENTARY APPROACH TO MENTAL
HEALTH CARE FOR VETERANS AND FAMILY
MEMBERS OF VETERANS.

(a) PILOT PROGRAM REQUIRED.—

(1) IN GENERAL.—The Secretary of Veterans
Affairs shall carry out a pilot program through the
award of grants to public or private nonprofit enti-
ties to assess the feasibility and advisability of using
wellness programs to complement the provision of
mental health care to veterans and family members
eligible for counseling under section 1712A(a)(1)(C)
of title 38, United States Code.
MATTERS TO BE ADDRESSED.—The pilot program shall be carried out so as to assess the following:

(A) Means of improving coordination between Federal, State, local, and community providers of health care in the provision of mental health care to veterans and family members described in paragraph (1).

(B) Means of enhancing outreach, and coordination of outreach, by and among providers of health care referred to in subparagraph (A) on the mental health care services available to veterans and family members described in paragraph (1).

(C) Means of using wellness programs of providers of health care referred to in subparagraph (A) as complements to the provision by the Department of Veterans Affairs of mental health care to veterans and family members described in paragraph (1).

(D) Whether wellness programs described in subparagraph (C) are effective in enhancing the quality of life and well-being of veterans and family members described in paragraph (1).
(E) Whether wellness programs described in subparagraph (C) are effective in increasing the adherence of veterans described in paragraph (1) to the primary mental health services provided such veterans by the Department.

(F) Whether wellness programs described in subparagraph (C) have an impact on the sense of wellbeing of veterans described in paragraph (1) who receive primary mental health services from the Department.

(G) Whether wellness programs described in subparagraph (C) are effective in encouraging veterans receiving health care from the Department to adopt a more healthy lifestyle.

(b) DURATION.—The Secretary shall carry out the pilot program for a period of three years beginning on the date that is 90 days after the date of the enactment of this Act.

(c) LOCATIONS.—The Secretary shall carry out the pilot program at facilities of the Department providing mental health care services to veterans and family members described in subsection (a)(1).

(d) GRANT PROPOSALS.—

(1) IN GENERAL.—A public or private nonprofit entity seeking the award of a grant under this sec-
tion shall submit an application therefor to the Sec-
retary in such form and in such manner as the Sec-
retary may require.

(2) APPLICATION CONTENTS.—Each application
submitted under paragraph (1) shall include the fol-
lowing:

(A) A plan to coordinate activities under
the pilot program, to the extent possible, with
the Federal, State, and local providers of serv-
ices for veterans to enhance the following:

(i) Awareness by veterans of benefits
and health care services provided by the
Department.

(ii) Outreach efforts to increase the
use by veterans of services provided by the
Department.

(iii) Educational efforts to inform vet-
erans of the benefits of a healthy and ac-
tive lifestyle.

(B) A statement of understanding from
the entity submitting the application that, if se-
lected, such entity will be required to report to
the Secretary periodically on standardized data
and other performance data necessary to evalu-
ate individual outcomes and to facilitate evalua-
tions among entities participating in the pilot program.

(C) Other requirements that the Secretary may prescribe.

(e) GRANT USES.—

(1) IN GENERAL.—A public or private nonprofit entity awarded a grant under this section shall use the award for purposes prescribed by the Secretary.

(2) ELIGIBLE VETERANS AND FAMILY.—In carrying out the purposes prescribed by the Secretary in paragraph (1), a public or private nonprofit entity awarded a grant under this section shall use the award to furnish services only to individuals specified in section 1712A(a)(1)(C) of title 38, United States Code.

(f) REPORTS.—

(1) PERIODIC REPORTS.—

(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter, the Secretary shall submit to Congress a report on the pilot program.

(B) REPORT ELEMENTS.—Each report required by subparagraph (A) shall include the following:
(i) The findings and conclusions of
the Secretary with respect to the pilot pro-
gram during the 180-day period preceding
the report.

(ii) An assessment of the benefits of
the pilot program to veterans and their
family members during the 180-day period
preceding the report.

(2) Final Report.—Not later than 180 days
after the end of the pilot program, the Secretary
shall submit to Congress a report detailing the rec-
ommendations of the Secretary as to the advisability
of continuing or expanding the pilot program.

(g) Wellness Defined.—In this section, the term
“wellness” shall have the meaning given that term in regu-
lations prescribed by the Secretary.

SEC. 5. PILOT PROGRAM ON HEALTH PROMOTION FOR
OVERWEIGHT AND OBESE VETERANS
THROUGH SUPPORT OF FITNESS CENTER
MEMBERSHIP.

(a) Pilot Program Required.—Commencing not
later than 180 days after the date of the enactment of
this Act, the Secretary of Veterans Affairs shall, through
the National Center for Preventive Health, carry out a
pilot program to assess the feasibility and advisability of
promoting health in covered veterans, including achieving
a healthy weight and reducing risks of chronic disease,
through support for fitness center membership.

(b) COVERED VETERANS.—For purposes of this sec-
tion, a covered veteran is any veteran who—

(1) is determined by a clinician of the Depart-
ment of Veterans Affairs to be overweight or obese
as of the date of the commencement of the pilot pro-
gram; and

(2) resides in a location that is more than 15
minutes driving distance from a fitness center at a
facility of the Department that would otherwise be
available to the veteran for at least eight hours per
day during five or more days per week.

(c) DURATION OF PILOT PROGRAM.—The pilot pro-
gram shall be carried out during the two-year period be-
ning on the date of the commencement of the pilot pro-
gram.

(d) LOCATIONS.—

(1) IN GENERAL.—In carrying out the pilot
program, the Secretary shall select—

(A) not less than five medical centers of
the Department at which the Secretary shall
cover the full reasonable cost of a fitness center
membership for covered veterans within the

  catchment area of such centers; and

  (B) not less than five medical centers of

  the Department at which the Secretary shall

  cover half the reasonable cost of a fitness center

  membership for covered veterans within the

  catchment area of such centers.

(2) CONSIDERATIONS.—In selecting locations

  for the pilot program, the Secretary shall consider

  the feasibility and advisability of selecting locations

  in the following areas:

  (A) Rural areas.

  (B) Areas that are not in close proximity

      to an active duty military installation.

  (C) Areas in different geographic locations.

(e) PARTICIPATION.—

  (1) MAXIMUM NUMBER OF PARTICIPANTS.—

  The number of covered veterans who may participate

  in the pilot program at a location selected under

  subsection (d) may not exceed 100.

  (2) VOLUNTARY PARTICIPATION.—The partici-

      pation of a covered veteran in the pilot program

      shall be at the election of the covered veteran in con-

      sultation with a clinician of the Department.

(f) MEMBERSHIP PAYMENT.—
(1) IN GENERAL.—Except as provided in paragraph (2), in carrying out the pilot program, the Secretary shall pay the following:

(A) The full reasonable cost of a fitness center membership for covered veterans within the catchment area of centers selected under subsection (b)(1)(A) who are participating in the pilot program.

(B) Half the reasonable cost of a fitness center membership for covered veterans within the catchment area of centers selected under subsection (b)(1)(B) who are participating in the pilot program.

(2) LIMITATION.—Payment for a fitness center membership of a covered veteran may not exceed $50 per month of membership.

(g) REPORTS.—

(1) PERIODIC REPORTS.—Not later than 90 days after the date of the commencement of the pilot program and not less frequently than once every 90 days thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on activities carried out to
implement the pilot program, including outreach activities to veterans and community organizations.

(2) Final report.—Not later than 180 days after the date of the completion of the pilot program, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program detailing—

(A) the findings and conclusions of the Secretary as a result of the pilot program; and

(B) recommendations for the continuation or expansion of the pilot program.

SEC. 6. PILOT PROGRAM ON HEALTH PROMOTION FOR VETERANS THROUGH ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS FITNESS FACILITIES.

(a) Pilot Program Required.—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of promoting health in covered veterans, including achieving a healthy weight, through establishment of Department of Veterans Affairs fitness facilities.
(b) COVERED VETERANS.—For purposes of this section, a covered veteran is any veteran who is enrolled in the system of annual patient enrollment established and operated by the Secretary under section 1705 of title 38, United States Code.

(c) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

(d) LOCATIONS.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program by establishing fitness facilities in Department facilities as follows:

(A) In not fewer than five Department of Veterans Affairs medical centers selected by the Secretary for purposes of the pilot program.

(B) In not fewer than five outpatient clinics of the Department selected by the Secretary for purposes of the pilot program.

(2) CONSIDERATIONS.—In selecting locations for the pilot program, the Secretary shall consider the feasibility and advisability of selecting locations in the following areas:

(A) Rural areas.
(B) Areas that are not in close proximity
to an active duty military installation.

(C) Areas in different geographic locations.

(e) LIMITATION ON EXPENSES.—In establishing and
supporting a fitness facility in a facility of the Department
under the pilot program, the Secretary may expend
amounts as follows:

(1) For establishment and support of a fitness
facility in a Department of Veterans Affairs medical
center, not more than $60,000.

(2) For establishment and support of a fitness
facility in an outpatient clinic of the Department,
not more than $40,000.

(f) RENOVATIONS AND PURCHASES.—Subject to sub-
section (e), the Secretary may, in carrying out the pilot
program, make such renovations to physical facilities of
the Department and purchase such fitness equipment and
supplies as the Secretary considers appropriate for pur-
poses of the pilot program.

(g) PROHIBITION ON ASSESSMENT OF USER FEES.—
The Secretary may not assess a fee upon a covered veteran
for use of a fitness facility established under the pilot pro-
gram.
(h) Voluntary Participation.—The participation of a covered veteran in the pilot program shall be at the election of the covered veteran.

(i) Reports.—

(1) Periodic Reports.—Not later than 90 days after the date of the commencement of the pilot program and not less frequently than once every 90 days thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on activities carried out to implement the pilot program, including outreach activities to veterans and community organizations.

(2) Final Report.—Not later than 180 days after the date of the completion of the pilot program, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the pilot program detailing—

(A) the findings and conclusions of the Secretary as a result of the pilot program; and

(B) recommendations for the continuation or expansion of the pilot program.
SEC. 7. STUDY OF BARRIERS ENCOUNTERED BY VETERANS IN RECEIVING COMPLEMENTARY AND ALTERNATIVE MEDICINE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) Study Required.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers encountered by veterans in receiving complementary and alternative medicine from the Department of Veterans Affairs. In conducting the study, the Secretary shall—

(1) survey veterans who seek or receive hospital care or medical services furnished by the Department, as well as veterans who do not seek or receive such care or services;

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

(3) ensure that the sample of veterans surveyed is of sufficient size for the study results to be statistically significant.

(b) Elements of Study.—In conducting the study required by subsection (a), the Secretary shall study the following:

(1) The perceived barriers associated with obtaining complementary and alternative medicine services from the Department.
(2) The satisfaction of veterans with complementary and alternative medicine in primary care.

(3) The degree to which veterans are aware of eligibility requirements for, and the scope of services available under, complementary and alternative medicine furnished by the Department.

(4) The effectiveness of outreach to veterans on the availability of complementary and alternative medicine for veterans.

(5) Such other barriers as the Secretary considers appropriate.

(c) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study required by this section.

(d) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for Health and to other pertinent program offices within the De-
partment with responsibilities relating to health care
services for veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the
Department specified in this paragraph are the fol-
lowing:

(A) The centers for innovation established
under section 7330B of title 38, United States
Code, as added by section 2.

(B) The Health Services Research and De-
velopment Service Scientific Merit Review
Board.

(e) REPORTS.—

(1) REPORT ON IMPLEMENTATION.—Not later
than 180 days after the date of the enactment of
this Act, the Secretary shall submit to Congress a
report on the status of the implementation of this
section.

(2) REPORT ON STUDY.—

(A) IN GENERAL.—Not later than 45 days
after the date of the completion of the study,
the Secretary shall submit to Congress a report
on the study required by subsection (a).

(B) CONTENTS.—The report required by
subparagraph (A) shall include the following:
(i) Recommendations for such administrative and legislative proposals and actions as the Secretary considers appropriate.

(ii) The findings of the head of each division of the Department specified under subsection (d)(2) and of the Under Secretary for Health.

(f) Authorization of Appropriations.—There is authorized to be appropriated to the Secretary $2,000,000 to carry out this section.

SEC. 8. COMPLIMENTARY AND ALTERNATIVE MEDICINE DEFINED.

In this Act, the term “complimentary and alternative medicine” shall have the meaning given such term under section 7330B of title 38, United States Code, as added by section 2.