

ASK VETERANS ACT

DECEMBER 3, 2014.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 4971]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 4971) to direct the Secretary of Veterans Affairs to conduct annual surveys of veterans on experiences obtaining hospital care and medical services from medical facilities of the Department of Veterans Affairs, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Ask Veterans Act”.

**SEC. 2. SURVEY OF VETERAN EXPERIENCES WITH DEPARTMENT OF VETERANS AFFAIRS MEDICAL CARE.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall seek to enter into a contract with a non-government entity with significant experience conducting scientifically verifiable surveys and research to conduct an annual survey of a statistically significant sample of veterans who reside in the geographic area served by each of the medical facilities of the Department of Veterans Affairs to determine the nature of the experiences of such veterans in obtaining hospital care and medical services furnished by the Secretary at each such medical facility. Each such survey shall be conducted using scientific and verifiable methods. Such contract shall provide that the non-government entity shall conduct such annual surveys during the five-year period beginning on the date on which the Secretary enters into the contract with the non-government entity.

(b) **CONTENTS.**—The contract entered into under subsection (a) shall provide that each survey conducted pursuant to the contract shall be specific to a medical facility of the Department and shall include questions relating to the experiences of veterans in requesting and receiving appointments for hospital care and medical services furnished by the Secretary at that medical facility, including questions relating to each of the following:

(1) The veteran’s ability to obtain hospital care and medical services at the facility in a timely manner.

(2) The period of time between the date on which the veteran requests an appointment at the facility and the date on which the appointment is scheduled.

(3) The frequency with which scheduled appointments are cancelled by the facility.

(4) The quality of hospital care or medical services the veteran has received at the facility.

(c) **CONSULTATION.**—The contract entered into under subsection (a) shall provide that in designing and conducting the surveys for each medical facility of the Department pursuant to such contract, the non-government entity shall consult with veterans service organizations.

(d) **CERTIFICATION.**—The contract entered into under subsection (a) shall provide that—

(1) before conducting a survey pursuant to the contract, the non-government entity shall submit the proposed survey to the Comptroller General who shall assess whether the survey is scientifically valid and whether the proposed sample size of veterans to be surveyed is statistically significant; and

(2) the non-government entity may not conduct such a survey until the Comptroller General provides such a certification for the survey.

(e) **SUBMITTAL OF RESULTS AND PUBLIC AVAILABILITY OF INFORMATION.**—Not later than 30 days after the completion of the surveys conducted pursuant to a contract entered into under subsection (a) for a year, the Secretary shall make the results of the surveys publicly available on the Internet website of the Department.

(f) **PAPERWORK REDUCTION.**—Subchapter I of chapter 35 of title 44, United States Code shall not apply to this section.

(g) **DEADLINE FOR IMPLEMENTATION.**—The Secretary shall enter into a contract under subsection (a) for each medical facility of the Department by not later than 180 days after the date of the enactment of this Act.

**SEC. 3. MENTAL HEALTH TREATMENT FOR VETERANS WHO SERVED IN CLASSIFIED MISSIONS.**

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that veterans who experience combat-related mental health wounds should have immediate, appropriate, and consistent access to comprehensive mental health care.

(b) **IN GENERAL.**—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following section:

**“§ 1720H. Mental health treatment for veterans who served in classified missions**

“(a) **ESTABLISHMENT OF STANDARDS.**—(1) The Secretary shall establish standards and procedures to ensure that each covered veteran may access mental health care provided by the Secretary in a manner that fully accommodates the obligation of the veteran to not improperly disclose classified information.

“(2) The Secretary shall disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on the standards and procedures established under paragraph (1) and how to best engage covered veterans during the course of mental health treatment with respect to classified information.

“(b) IDENTIFICATION.—In carrying out this section, the Secretary shall ensure that a veteran may elect to identify as a covered veteran on an appropriate form.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘classified information’ means any information or material that has been determined by an official of the United States pursuant to law, an Executive order, or regulation to require protection against unauthorized disclosure for reasons of national security.

“(2) The term ‘covered veteran’ means a veteran who—

“(A) is enrolled in the health care system established under section 1705(a) of this title;

“(B) is seeking mental health treatment; and

“(C) in the course of serving in the Armed Forces, participated in a sensitive mission or served in a sensitive unit.

“(3) The term ‘sensitive mission’ means a mission of the Armed Forces that, at the time at which a covered veteran seeks treatment, is classified.

“(4) The term ‘sensitive unit’ has the meaning given that term in section 130b(c)(4) of title 10.”

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 1720G the following new item:

“1720H. Mental health treatment for veterans who served in classified missions.”.

#### SEC. 4. BOARD OF VETERANS’ APPEALS VIDEO HEARINGS.

Section 7107 of title 38, United States Code, is amended—

(1) in subsection (d), by amending paragraph (1) to read as follows:

“(1)(A) Upon request for a hearing, the Board shall determine, for purposes of scheduling the hearing for the earliest possible date, whether a hearing before the Board will be held at its principal location or at a facility of the Department or other appropriate Federal facility located within the area served by a regional office of the Department. The Board shall also determine whether to provide a hearing through the use of the facilities and equipment described in subsection (e)(1) or by the appellant personally appearing before a Board member or panel.

“(B) The Board shall notify the appellant of the determinations of the location and type of hearing made under subparagraph (A). Upon notification, the appellant may request a different location or type of hearing as described in such subparagraph. If so requested, the Board shall grant such request and ensure that the hearing is scheduled at the earliest possible date without any undue delay or other prejudice to the appellant.”; and

(2) in subsection (e), by amending paragraph (2) to read as follows:

“(2) Any hearing provided through the use of the facilities and equipment described in paragraph (1) shall be conducted in the same manner as, and shall be considered the equivalent of, a personal hearing.”.

#### PURPOSE AND SUMMARY

H.R. 4971, the Ask Veterans Act, was introduced by Representative Beto O’Rourke of Texas, on July 23, 2014. H.R. 4971, as amended, also reflects the Committee’s consideration of H.R. 3387, the Classified Veterans Access to Care Act, which was introduced by Representative Kyrsten Sinema on October 30, 2013; and, H.R. 2119, the Veterans’ Access to Speedy Review Act, which was introduced by Representative Raul Ruiz on May 22, 2013.

H.R. 4971, as amended, would: (1) require the Department of Veterans Affairs (VA) to contract with an independent entity to conduct a survey of each VA medical center concerning the experience veterans have in requesting and receiving medical appointments at that facility; (2) require VA to establish standards and procedures and disseminate guidance regarding mental health care for veterans who served on classified or sensitive missions; (3) require the Board of Veterans’ Appeals, for purposes of scheduling a

veteran's appeal hearing at the earliest possible date, to determine and notify the appellant whether to provide such hearing at its principal location or at another VA or federal facility and through the use of videoconferencing or by an appellant's personal appearance; and, (4) allow an appellant before the Board of Veterans Appeals to request a different location or type of hearing, and allow the Board to grant such request while ensuring that the hearing is scheduled at the earliest possible date.

#### BACKGROUND AND NEED FOR LEGISLATION

##### *Section 2. Survey of veteran experiences with Department of Veterans Affairs Medical Care*

Prior to the wait time scheduling scandal in Phoenix, VA had been reporting wait time data individually to Members of Congress, upon request. For each month between March 2013 and March 2014, the El Paso VA Healthcare System (VAHCS) reported to Rep. O'Rourke (TX-16) that between 85% and 100% of new veteran patients seeking mental health appointments saw a VA provider within 14 days of their appointment request, in accordance with VA's 14-day wait time goal. However, during quarterly town halls with veterans, Rep. O'Rourke noted significant discrepancies between the wait times being reported by VA and anecdotal evidence received from local veterans. In response, Rep. O'Rourke's office developed a survey and released a report based on responses from approximately 700 El Paso area veterans. While VA was reporting wait times at effectively 0 days, the survey showed that, on average, veterans were waiting 71 days to see a mental health provider and more than 36% of veterans attempting to make an appointment were unable to see a mental health provider at all.

In May 2014, VA initiated a nationwide Access Audit to determine if allegations regarding inappropriate scheduling practices were systemic across the VA health care system. According to the results of this audit, veterans in El Paso were waiting approximately 60 days to see a health-care provider and mental health patients had a 16-day wait before getting an appointment. These results are much more in line with the results of Rep. O'Rourke's survey than the results VA was reporting to individual Members of Congress prior to the access scandal.

Section 2, which is based on Rep. O'Rourke's survey model, includes language from H.R. 4971, as introduced. It would direct VA to contract with an experienced non-government entity to conduct an annual survey over a five-year period of a statistically significant sample of veterans who reside in the geographic area served by each VA medical facility across the country. The survey would be specific to the medical facility being surveyed and include questions regarding the experiences veterans at that facility have in requesting and obtaining appointments in a timely manner.

##### *Section 3. Mental health treatment for veterans who served in classified missions*

According to the Department, VA mental health providers work with veteran patients who may have served on sensitive or classified missions during their military service to ensure appropriate and effective mental health treatment is available that does not

disclose specific, identifying information that could compromise the veteran's confidentiality agreements. However, following the suicide death of a veteran who had served on a number classified missions and who was allegedly assigned by VA to attend group therapy despite hesitancy about inadvertently sharing classified information, concerns have been raised about the provision of care to such veterans.

The veteran referenced in the case above and his family asked for help with flashbacks, nightmares, depression, and additional symptoms of post-traumatic stress disorder. Unfortunately, VA enrolled the patient in group therapy sessions, which this veteran did not attend for fear of disclosing classified information. Despite requests for individual counseling or some other reasonable accommodation to allow appropriate, on-going care for the patient, VA delayed providing appropriate support and care. In this case, the veteran did not get the help he needed and, tragically, he committed suicide in June 2013.

Section 3 of H.R. 4971, as amended, would direct VA to establish standards and procedures to ensure that a veteran who participated in a classified mission or served in a sensitive unit may access mental health care in a manner that fully accommodates that veteran's obligation to not improperly disclose classified information. It would also direct VA to disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on such standards and procedures and on how to best engage such veterans during the course of mental health treatment with respect to classified information. This section includes language from H.R. 3387, as introduced.

#### *Section 4. Board of Veterans' Appeals video hearings*

During the 113th Congress, VA's focus on working a defined set of backlogged initial and supplemental claims contributed to a situation whereby appeals of veterans' disability rating decisions steadily increased without mitigation. The neglect of appeals has created additional backlogs at both the VA Regional Offices, as well as at the Board of Veterans Appeals. As of October 18, 2014, over 350,000 veterans' claims remained unresolved within the VA appellate process. While the majority of these appeals are stalled at various phases of review within the VA Regional Offices, a significant and aged workload also sits at the Board of Veterans Appeals.

There are concerns that recent VA initiatives aimed at the rapid processing of claims will continue to exacerbate the backlog of appeals existing at the Board of Veterans Appeals. Thus, Section 4 of H.R. 4971, as amended, would include language from H.R. 2119, which would permit the Board of Veterans Appeals to make initial determinations for purposes of scheduling veterans an opportunity for hearing at the earliest possible date, whether the hearing should be held in person, or via a remote teleconference or video-conference option. Section 4 would also permit veterans, upon notification, to elect a different format than the expedient option selected by the Board of Veterans Appeals. By permitting the Board of Veterans Appeals to offer the initial selection of hearing format, this Section would potentially decrease hearing wait times for veterans, enhance efficiency within VA, and better focus Board resources toward issuing decisions. VA has indicated that the Board

has historically been able to schedule video conference hearings more quickly than in-person hearings, saving valuable time in the appeals process. In FY 2013, on average, video conference hearings were held 110 days sooner than in-person hearings. Thus, this Section would contribute to both reduced wait times in resolve of veterans' appeals, as well as potential monetary savings for the Department, as VA estimates that this Section would result in a reduction in travel expenses over time.

#### HEARINGS

On March 26, 2014, the Subcommittee on Disability Assistance and Memorial Affairs conducted a legislative hearing on various bills introduced during the 113th Congress, including H.R. 2119.

The following witnesses testified:

The Honorable Al Green, U.S. House of Representatives, 9th District, Texas; The Honorable Timothy Walz, U.S. House of Representatives, 1st District, Minnesota; The Honorable Jeffrey Denham, U.S. House of Representatives, 10th District, California; The Honorable Ander Crenshaw, U.S. House of Representatives, 4th District, Florida; The Honorable Steven Stivers, U.S. House of Representatives, 15th District, Ohio; Jeffrey C. Hall, Assistant National Legislative Director, Disabled American Veterans; Alexander Nicholson, Legislative Director, Iraq and Afghanistan Veterans of America; Heather Ansley, Esq., MSW, Vice President of Veterans Policy, VetsFirst, a program of United Spinal Association; Diane M. Zumatto, National Legislative Director, AMVETS; Zachary Hearn, Deputy Director for Claims, Veterans Affairs and Rehabilitation Commission, The American Legion; Anthony A. Wallis, Legislative Director and Director of Government Affairs, Association of the United States Navy; Brendon Gehrke, Senior Legislative Associate, Veterans of Foreign Wars; Thomas Murphy, Director, Compensation Service, Veterans Benefits Administration, U.S. Department of Veterans Affairs, accompanied by Patricia Lynch Watts, Director, Legislative and Regulatory Service, National Cemetery Administration, and David Barrans, Deputy Assistant General Counsel.

Statements for the Record were submitted by:

The Honorable Steve Daines, U.S. House of Representatives, Montana; and, Paralyzed Veterans of America.

On March 27, 2014, the Subcommittee on Health conducted a legislative hearing on various bills introduced during the 113th Congress, including H.R. 3387.

The following witnesses testified:

The Honorable Michael Grimm, U.S. House of Representatives, 11th District, New York; The Honorable Dina Titus, U.S. House of Representatives, 1st District, Nevada; The Honorable Jackie Walorski, U.S. House of Representatives, 2nd District, Indiana; The Honorable Sean Duffy, U.S. House of Representatives, 7th District, Wisconsin; The Honorable Marcy Kaptur, U.S. House of Representatives, 9th District, Ohio; The Honorable Kyrsten Sinema, U.S. House of Representatives, 9th District, Arizona; The Honorable David P. Roe, U.S. House of Representatives, 1st District, Tennessee; The Honorable Jeff Denham, U.S. House of Representatives, 10th District, California; Joy J. Ilem, Deputy National Legislative Director, Disabled American Veterans; Alethea Predeoux, Associate Director of Health Analysis, Paralyzed Veterans of America;

Aleksandr Morosky, Senior Legislative Associate, National Legislative Service, Veterans of Foreign Wars; and, Madhulka Agarwal M.D., M.P.H., Deputy Under Secretary for Health for Policy and Services, Veterans Health Administration, U.S. Department of Veterans Affairs, accompanied by Philip Matkovsky, Assistant Deputy Under Secretary for Health for Operations and Management, and Renée L. Szybala, Acting Assistant General Counsel.

Statements for the record were submitted by the following:

The Honorable Kevin McCarthy, U.S. House of Representatives, 23rd District, California; American Academy of Otolaryngology—Head and Neck Surgery; Department of Veterans Affairs Office of the Inspector General; International Hearing Society; Iraq and Afghanistan Veterans of America; National Association of State Veterans Homes; Servicewomen’s Action Network; The American Speech-Language-Hearing Association; Warrior Canine Connection; Wounded Warrior Project; and, VetsFirst.

#### COMMITTEE CONSIDERATION

On September 10, 2014, the full Committee met in an open markup session, a quorum being present and ordered H.R. 4971, as amended, reported favorably to the House of Representatives by voice vote.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 4971, as amended, reported to the House. A motion by Ranking Member Michael H. Michaud of Maine to report H.R. 4971, as amended, favorably to the House of Representatives was agreed to by voice vote.

#### COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee’s oversight findings and recommendations are reflected in the descriptive portions of this report.

#### STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee’s performance goals and objectives are reflected in the descriptive portions of this report.

#### NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 4971, as amended, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 4971, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 4971, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, September 22, 2014.*

Hon. JEFF MILLER,  
*Chairman, Committee on Veterans' Affairs,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4971, the Ask Veterans Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

*H.R. 4971—Ask Veterans Act*

H.R. 4971 would require the Department of Veterans Affairs (VA) to enter into a contract with a nongovernment entity to conduct annual surveys of veterans on wait times, appointment cancellations, and the quality of health care at VA medical facilities. The system-wide surveys would take place over a five-year period. Based on the cost of VA's previous contracts with nongovernment entities for surveys and studies, CBO estimates that implementing this provision would cost \$5 million over the 2015–2019 period, assuming appropriation of the necessary amounts.

The bill also would require VA to establish and disseminate standards and procedures to ensure that veterans who served in classified missions do not have to disclose classified information while being treated for mental health conditions. Based on information from VA, CBO estimates that this provision would have costs of less than \$500,000 over the 2015–2019 period.

Enacting H.R. 4971 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 4971 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.



The CBO staff contact for this estimate is Ann E. Futrell. The estimate was approved by Theresa Gullo, Deputy Assistant Director for Budget Analysis.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 4971, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 4971, as amended.

#### STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, the reported bill is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(j) of H. Res. 5, 113th Cong. (2013), the Committee finds that no provision of H.R. 4971, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

#### DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(k) of H. Res. 5, 113th Cong. (2013), the Committee estimates that H.R. 4971, as amended, does not require any directed rule makings.

#### SECTION-BY-SECTION ANALYSIS OF H.R. 4971

##### *Section 1. Short title*

Section 1 of the bill would provide the short title of H.R. 4971 as the "Ask Veterans Act."

##### *Section 2. Survey of veteran experiences with Department of Veterans Affairs Medical Care*

Section 2(a) of the bill would require the Secretary of Veterans Affairs to conduct annual surveys in each geographical area served by VA medical facilities. These surveys would be taken by a statistically significant sample of veterans, conducted by a non-govern-

ment contractor, and would be used to determine the nature of the experiences of veterans in obtaining hospital care and medical services provided at each facility. These annual surveys must be conducted using scientific and verifiable methods. The five year period shall begin on the date on which the Secretary enters into the contract with the non-government entity.

Section 2(b) of the bill would direct that each survey conducted shall be specific to a medical facility in the Department and shall include questions related to the experiences of veterans in terms of requesting and receiving appointments and medical services provided by that facility.

Section 2(b)(1–4) of the bill would direct each survey to ask questions as it relates to the following areas.

Section 2(b)(1) of the bill would direct the survey to ask about the veterans' ability to obtain care and medical services at the facility in a timely manner.

Section 2(b)(2) of the bill would direct the survey to ask about the period of time between the date on which the veteran requests an appointment and the date on which the appointment is scheduled.

Section 2(b)(3) of the bill would direct the survey to ask about the frequency with which scheduled appointments are cancelled at the facility.

Section 2(b)(4) of the bill would direct the survey to ask about the quality of care or services that the veteran has received at the facility.

Section 2(c) of the bill would direct the Department to consult with veteran service organizations when designing and conducting the surveys of each medical facility.

Section 2(d) of the bill would establish certification procedures prior to conducting the survey.

Section 2(d)(1) of the bill would direct the non-government contractor to submit the proposed survey to the Comptroller General who will assess whether the survey follows the instructions in Section 2(a).

Section 2(d)(2) of the bill would direct the non-government contractor not to conduct the survey until certified by the Comptroller General.

Section 2(e) of the bill would direct the Secretary to make the results of the survey publicly available for one year on the Department's website within 30 days of completion of the survey.

Section 2(f) of the bill would stipulate that subchapter I of chapter 35 of title 44 U.S.C. shall not apply.

Section 2(g) of the bill would direct the Secretary to enter into a contract for conducting the survey at each medical facility within 180 days following enactment of this Act.

### *Section 3. Mental health treatment for veterans who served in classified missions*

Section 3(a) of the bill would provide the sense of Congress that veterans who experience combat-related mental health wounds have immediate, appropriate, and consistent access to comprehensive mental health care.

Section 3(b) of the bill would amend at the end of subchapter II of chapter 17 of title 38 U.S.C. by adding “§1720H. Mental health

treatment for veterans who served in classified missions.” This section establishes standards and procedures by which each covered veteran may access care while accommodating the veterans’ obligation to not improperly disclose classified information. This is accomplished by disseminating guidance to employees of the Veterans Health Administration on standards and procedures and how best to engage these veterans. This section also establishes the following definitions of ‘classified information’, ‘covered veteran’, ‘sensitive mission’, and ‘sensitive unit’.

Section 3(c) of the bill would amend the table of sections at the beginning of the chapter to include section 1720H following section 1720G.

*Section 4. Board of Veterans’ Appeals video hearings*

Section 4 of the bill would amend section 7107 of title 38 U.S.C. by amending paragraph (1) to describe the process by which the Board shall determine the location of the hearing, for the purposes of scheduling the hearing at the earliest possible date. The Board will also decide whether to provide the hearing through the use of facilities and equipment as described in §7107(e)(1) or by the appellant personally appearing before the Board member and panel. Once notified by the Board of the location and type of hearing, the appellant may request a different location or type of hearing. The Board may grant the request and ensure that the hearing is scheduled at the earliest possible date without any undue delay or prejudice to the appellant. Subsection(e)(2) is amended so that any hearing provided through the use of facilities and equipment shall be conducted in the same manner, and will be considered the equivalent, of a personal hearing.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

**TITLE 38, UNITED STATES CODE**

\* \* \* \* \*

**PART II—GENERAL BENEFITS**

\* \* \* \* \*

**CHAPTER 17—HOSPITAL, NURSING HOME,  
DOMICILIARY, AND MEDICAL CARE**

SUBCHAPTER I—GENERAL

Sec.  
1701. Definitions.

\* \* \* \* \*

SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

\* \* \* \* \*  
1720H. *Mental health treatment for veterans who served in classified missions.*  
\* \* \* \* \*

SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

\* \* \* \* \*

**§ 1720H. *Mental health treatment for veterans who served in classified missions***

(a) *ESTABLISHMENT OF STANDARDS.—(1) The Secretary shall establish standards and procedures to ensure that each covered veteran may access mental health care provided by the Secretary in a manner that fully accommodates the obligation of the veteran to not improperly disclose classified information.*

(2) *The Secretary shall disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on the standards and procedures established under paragraph (1) and how to best engage covered veterans during the course of mental health treatment with respect to classified information.*

(b) *IDENTIFICATION.—In carrying out this section, the Secretary shall ensure that a veteran may elect to identify as a covered veteran on an appropriate form.*

(c) *DEFINITIONS.—In this section:*

(1) *The term “classified information” means any information or material that has been determined by an official of the United States pursuant to law, an Executive order, or regulation to require protection against unauthorized disclosure for reasons of national security.*

(2) *The term “covered veteran” means a veteran who—*  
(A) *is enrolled in the health care system established under section 1705(a) of this title;*  
(B) *is seeking mental health treatment; and*  
(C) *in the course of serving in the Armed Forces, participated in a sensitive mission or served in a sensitive unit.*

(3) *The term “sensitive mission” means a mission of the Armed Forces that, at the time at which a covered veteran seeks treatment, is classified.*

(4) *The term “sensitive unit” has the meaning given that term in section 130b(c)(4) of title 10.*

\* \* \* \* \*

**PART V—BOARDS, ADMINISTRATIONS, AND SERVICES**

\* \* \* \* \*

**CHAPTER 71—BOARD OF VETERANS’ APPEALS**

\* \* \* \* \*

**§ 7107. Appeals: dockets; hearings**

(a) \* \* \*

\* \* \* \* \*

(d) **[(1) An appellant may request that a hearing before the Board be held at its principal location or at a facility of the Department located within the area served by a regional office of the Department.]**

*(1)(A) Upon request for a hearing, the Board shall determine, for purposes of scheduling the hearing for the earliest possible date, whether a hearing before the Board will be held at its principal location or at a facility of the Department or other appropriate Federal facility located within the area served by a regional office of the Department. The Board shall also determine whether to provide a hearing through the use of the facilities and equipment described in subsection (e)(1) or by the appellant personally appearing before a Board member or panel.*

*(B) The Board shall notify the appellant of the determinations of the location and type of hearing made under subparagraph (A). Upon notification, the appellant may request a different location or type of hearing as described in such subparagraph. If so requested, the Board shall grant such request and ensure that the hearing is scheduled at the earliest possible date without any undue delay or other prejudice to the appellant.*

\* \* \* \* \*

(e)(1) \* \* \*

**[(2) When such facilities and equipment are available, the Chairman may afford the appellant an opportunity to participate in a hearing before the Board through the use of such facilities and equipment in lieu of a hearing held by personally appearing before a Board member or panel as provided in subsection (d). Any such hearing shall be conducted in the same manner as, and shall be considered the equivalent of, a personal hearing. If the appellant declines to participate in a hearing through the use of such facilities and equipment, the opportunity of the appellant to a hearing as provided in such subsection (d) shall not be affected.]**

*(2) Any hearing provided through the use of the facilities and equipment described in paragraph (1) shall be conducted in the same manner as, and shall be considered the equivalent of, a personal hearing.*

\* \* \* \* \*