

DEBORAH SAMPSON ACT

NOVEMBER 12, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. TAKANO, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 3224]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3224) to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans, 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; TABLE OF CONTENTS.

- (a) **SHORT TITLE.**—This Act may be cited as the “Deborah Sampson Act”.
(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—VETERANS HEALTH ADMINISTRATION

- Sec. 101. Office of Women’s Health in the Department of Veterans Affairs.
Sec. 102. Expansion of capabilities of women veterans call center to include text messaging.
Sec. 103. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.
Sec. 104. Report on Women Veterans Retrofit Initiative.
Sec. 105. Establishment of environment of care standards and inspections at Department of Veterans Affairs medical centers.
Sec. 106. Additional funding for primary care and emergency care clinicians in Women Veterans Health Care Mini-Residency Program.
Sec. 107. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers.

TITLE II—MEDICAL CARE

- Sec. 201. Improved access to Department of Veterans Affairs medical care for women veterans.
Sec. 202. Counseling and treatment for sexual trauma.
Sec. 203. Counseling in retreat settings for women veterans and other individuals.
Sec. 204. Improvement of health care services provided to newborn children by Department of Veterans Affairs.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

- Sec. 301. Assessment of effects of intimate partner violence on women veterans by Advisory Committee on Women Veterans.
Sec. 302. Study on staffing of Women Veteran Program Manager program at medical centers of the Department of Veterans Affairs and training of staff.
Sec. 303. Report on availability of prosthetic items for women veterans from the Department of Veterans Affairs.
Sec. 304. Study of barriers for women veterans to health care from the Department of Veterans Affairs.
Sec. 305. Report regarding veterans who receive benefits under laws administered by the Secretary of Veterans Affairs.
Sec. 306. Study on Women Veteran Coordinator program.

Subtitle B—Other Matters

- Sec. 321. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs.
Sec. 322. Support for organizations that have a focus on providing assistance to women veterans and their families.
Sec. 323. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.
Sec. 324. Department of Veterans Affairs public-private partnership on legal services for women veterans.
Sec. 325. Program to assist veterans who experience intimate partner violence or sexual assault.
Sec. 326. Study and task force on veterans experiencing intimate partner violence or sexual assault.

TITLE I—VETERANS HEALTH ADMINISTRATION

SEC. 101. OFFICE OF WOMEN’S HEALTH IN THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **DIRECTOR OF WOMEN’S HEALTH.**—Subsection (a) of section 7306 of title 38, United States Code, is amended—

- (1) by redesignating paragraph (10) as paragraph (11); and
(2) by inserting after paragraph (9) the following new paragraph:
“(10) The Director of Women’s Health.”.

(b) **ORGANIZATION OF OFFICE.**—

- (1) **IN GENERAL.**—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end of the following new sections:

“§ 7310. Office of Women’s Health

“(a) **ESTABLISHMENT.**—(1) The Under Secretary for Health shall establish and operate in the Veterans Health Administration the Office of Women’s Health (hereinafter in this section referred to as the ‘Office’). The Office shall be located at the Central Office of the Department of Veterans Affairs.

“(2) The head of the Office is the Director of Women’s Health (hereinafter in this section referred to as the ‘Director’). The Director shall report to the Under Secretary for Health.

“(3) The Under Secretary for Health shall provide the Office with such staff and other support as may be necessary for the Office to carry out effectively its functions under this section.

“(4) The Under Secretary for Health may reorganize existing offices within the Veterans Health Administration as of the date of the enactment of this section in order to avoid duplication with the functions of the Office.

“(b) PURPOSE.—The functions of the Office include the following:

“(1) To provide a central office for monitoring and encouraging the activities of the Veterans Health Administration with respect to the provision, evaluation, and improvement of women veterans’ health care services in the Department.

“(2) To develop and implement standards of care for the provision of health care for women veterans in the Department.

“(3) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans in the Department, to provide technical assistance to medical facilities of the Department to address and remedy deficiencies, and to perform oversight of implementation of standards of care for women veterans’ health care in the Department.

“(4) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans provided through the community pursuant to this title, and to provide recommendations to the appropriate office to address and remedy any deficiencies.

“(5) To oversee distribution of resources and information related to women veterans’ health programming under this title.

“(6) To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to the health care of women veterans.

“(7) To provide, as part of the annual budgeting process, recommendations with respect to the amount of funds to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amount of funds either reflect or exceed the proportion of veterans enrolled in the patient enrollment system under section 1705 of this title who are women.

“(8) To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system to ensure that resource allocations under such system reflect the health care needs of women veterans.

“(9) To carry out such other duties as the Under Secretary for Health may require.

“(c) RECOMMENDATIONS.—If the Under Secretary for Health determines not to implement any recommendation made by the Director with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation. Each such notification shall include the following:

“(1) The reasoning of the Under Secretary for Health in making such determination.

“(2) An alternative, if one is selected, to such recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.

“(d) STANDARDS OF CARE.—In this section, the standards of care for the provision of health care for women veterans in the Department shall include, at a minimum, the following:

“(1) Requirement for—

“(A) at least one designated women’s health primary care provider at each medical center whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

“(B) at least one designated women’s health primary care provider at each community-based outpatient clinic of the Department who may serve female patients as a percentage of the total duties of the provider.

“(2) Other requirements as determined by the Under Secretary for Health.

“(e) OUTREACH.—The Director shall ensure that—

“(1) not less frequently than biannually, each medical facility of the Department holds a public forum for women veterans that occurs outside of regular business hours; and

“(2) not less frequently than quarterly, each medical facility of the Department convenes a focus group of women veterans that includes a discussion of harassment occurring at such facility.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘appropriate congressional committees’ has the meaning given that term in section 7310A of this title.

“(2) The term ‘facility of the Department’ has the meaning given the term in section 1701(3).

“(3) The term ‘Veterans Equitable Resource Allocation system’ means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (Public Law 104–204; 110 Stat. 2929).

“§ 7310A. Annual reports on women’s health

“(a) ANNUAL REPORTS.—Not later than December 1 of each year, the Director of Women’s Health shall submit to the appropriate congressional committees a report containing the matters under subsections (b) through (g).

“(b) OFFICE OF WOMEN’S HEALTH.—Each report under subsection (a) shall include a description of—

“(1) actions taken by the Office of Women’s Health in the preceding fiscal year to improve the Department’s provision of health care to women veterans;

“(2) any identified deficiencies related to the Department’s provision of health care to women veterans and the standards of care established in section 7310 of this title, and the Department’s plan to address such deficiencies;

“(3) the funding and personnel provided to the Office and whether additional funding or personnel are needed to meet the requirements of such section; and

“(4) other information that would be of interest to the appropriate congressional committees with respect to oversight of the Department’s provision of health care to women veterans.

“(c) ACCESS TO GENDER-SPECIFIC SERVICES.—Each report under subsection (a) shall include an analysis of the access of women veterans to gender-specific services under contracts, agreements, or other arrangements with non-Department medical providers entered into by the Secretary for the provision of hospital care or medical services to veterans. Such analysis shall include data and performance measures for the availability of gender specific services, including—

“(1) the average wait time between the veteran’s preferred appointment date and the date on which the appointment is completed;

“(2) the average driving time required for veterans to attend appointments; and

“(3) reasons why appointments could not be scheduled with non-Department medical providers.

“(d) LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE.—Each report under subsection (a) shall include an analysis of the use by women veterans of health care from the Department, including the following information:

“(1) The number of women veterans who reside in each State.

“(2) The number of women veterans in each State who are enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) this title.

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

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

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

“(6) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of increase in patient population of women veterans as measured by the increase in unique women veteran patient use.

“(7) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of decrease in patient population of women veterans as measured by the decrease in unique women veterans patient use.

“(e) MODELS OF CARE.—Each report under subsection (a) shall include an analysis of the use by the Department of general primary care clinics, separate but shared spaces, and women’s health centers as models of providing health care to women veterans. Such analysis shall include the following:

“(1) The number of facilities of the Department that fall into each such model, disaggregated by Veterans Integrated Service Network and State.

“(2) A description of the criteria used by the Department to determine which such model is most appropriate for each facility of the Department.

“(3) An assessment of how the Department decides to make investments to modify facilities to a different model.

“(4) A description of what, if any, plans the Department has to modify facilities from general primary care clinics to another model.

“(5) An assessment of whether any facilities could be modified to a separate but shared space for a women’s health center within planned investments under the strategic capital investment planning process of the Department.

“(6) An assessment of whether any facilities could be modified to a separate or shared space, or women’s health center with minor modifications to existing plans under the strategic capital investment planning process of the Department.

“(7) An assessment of whether the Department has a goal for how many facilities should fall into each such model.

“(f) STAFFING.—Each report under subsection (a) shall include an analysis of the staffing of the Department relating to the treatment of women, including the following, disaggregated by Veterans Integrated Service Network and State (except with respect to paragraph (4)):

“(1) The number of women’s health centers.

“(2) The number of patient aligned care teams of the Department relating to women’s health.

“(3) The number of full- and part-time gynecologists of the Department.

“(4) The number of designated women’s health care providers of the Department, disaggregated by facility of the Department.

“(5) The number of health care providers of the Department who have completed a mini-residency for women’s health care through Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report, and the number that plan to participate in such a mini-residency during the one-year period following such date.

“(6) The number of designated women’s health care providers of the Department who have sufficient female patients to retain their competencies and proficiencies.

“(g) ACCESSIBILITY AND TREATMENT OPTIONS.—Each report under subsection (a) shall include an analysis of the accessibility and treatment options for women veterans, including the following:

“(1) An assessment of wheelchair accessibility of women’s health centers of the Department, including, with respect to each such facility, an assessment of such accessibility for each kind of treatment provided at the center, including with respect to radiology and mammography, that addresses all relevant factors, including door sizes, hoists, and equipment.

“(2) The options for women veterans to access female mental health providers and primary care providers.

“(3) The options for women veterans at medical facilities of the Department with respect to clothing sizes, including for gowns, drawstring pants, and pajamas.

“(h) DEFINITIONS.—In this section:

“(1) The term ‘appropriate congressional committees’ means—

“(A) the Committees on Veterans’ Affairs of the House of Representatives and the Senate; and

“(B) the Committees on Appropriations of the House of Representatives and the Senate.

“(2) The term ‘gender-specific services’ means mammography, obstetric care, gynecological care, and such other services as the Secretary determines appropriate.”

(2) CLERICAL AMENDMENT.—The table of sections for such chapter is amended by inserting after the item relating to section 7309A the following new items:

“7310. Office of Women’s Health.

“7310A. Annual reports on women’s health.”.

(c) INITIAL REPORT.—The Secretary of Veterans Affairs shall submit the initial report under section 7310A of title 38, United States Code, as added by subsection (b), by not later than 180 days after the date of the enactment of this Act.

SEC. 102. EXPANSION OF CAPABILITIES OF WOMEN VETERANS CALL CENTER TO INCLUDE TEXT MESSAGING.

The Secretary of Veterans Affairs shall expand the capabilities of the Women Veterans Call Center of the Department of Veterans Affairs to include a text messaging capability.

SEC. 103. REQUIREMENT FOR DEPARTMENT OF VETERANS AFFAIRS INTERNET WEBSITE TO PROVIDE INFORMATION ON SERVICES AVAILABLE TO WOMEN VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall survey the internet websites and information resources of the Department of Veterans Affairs in effect on the day before the date of the enactment of this Act and publish an internet website that serves as a centralized source for the provision to women veterans of

information about the benefits and services available to them under laws administered by the Secretary.

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

(1) the name and contact information of each women veterans program manager;

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

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

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

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

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

SEC. 104. REPORT ON WOMEN VETERANS RETROFIT INITIATIVE.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs and the Committees on Appropriations of the Senate and the House of Representatives a report on requirements to retrofit existing medical facilities of the Department of Veterans Affairs with fixtures, materials, and other outfitting measures to support the provision of care to women veterans at such facilities.

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

(1) An assessment of how the Secretary prioritizes retrofitting existing medical facilities to support provision of care to women veterans in comparison to other requirements.

(2) A five-year plan for retrofitting medical facilities of the Department to support the provision of care to women veterans.

SEC. 105. ESTABLISHMENT OF ENVIRONMENT OF CARE STANDARDS AND INSPECTIONS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a policy under which the environment of care standards and inspections at medical centers of the Department of Veterans Affairs include—

(1) an alignment of the requirements for such standards and inspections with the women's health handbook of the Veterans Health Administration;

(2) a requirement for the frequency of such inspections;

(3) delineation of the roles and responsibilities of staff at the medical center who are responsible for compliance;

(4) the requirement that each medical center submit to the Secretary and make publicly available a report on the compliance of the medical center with the standards; and

(5) a remediation plan.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives certification in writing that the policy required by subsection (a) has been finalized and disseminated to Department all medical centers.

SEC. 106. ADDITIONAL FUNDING FOR PRIMARY CARE AND EMERGENCY CARE CLINICIANS IN WOMEN VETERANS HEALTH CARE MINI-RESIDENCY PROGRAM.

(a) IN GENERAL.—There is authorized to be appropriated to the Secretary of Veterans Affairs \$1,000,000 for each fiscal year for the Women Veterans Health Care Mini-Residency Program of the Department of Veterans Affairs to provide opportunities for participation in such program for primary care and emergency care clinicians.

(b) TREATMENT OF AMOUNTS.—The amounts authorized to be appropriated under subsection (a) shall be in addition to amounts otherwise made available to the Secretary for the purposes set forth in such subsection.

SEC. 107. ESTABLISHMENT OF WOMEN VETERAN TRAINING MODULE FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

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

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

TITLE II—MEDICAL CARE

SEC. 201. IMPROVED ACCESS TO DEPARTMENT OF VETERANS AFFAIRS MEDICAL CARE FOR WOMEN VETERANS.

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

“§ 1720J. Medical services for women veterans

“(a) **ACCESS TO CARE.**—The Secretary shall ensure that women’s health primary care services are available during regular business hours at every medical center and community based outpatient clinic of the Department.

“(b) **STUDY ON EXTENDED HOURS OF CARE.**—The Secretary shall conduct a study to assess—

“(1) the use of extended hours as a means of reducing barriers to care;

“(2) the need for extended hours based on interviews with women veterans and employees; and

“(3) the best practices and resources required to implement use of extended hours.

“(c) **ANNUAL REPORT TO CONGRESS.**—Not later than September 30 of each year, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on compliance with subsection (a).”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1720I the following new item:

“1720J. Medical services for women veterans.”.

SEC. 202. COUNSELING AND TREATMENT FOR SEXUAL TRAUMA.

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

(1) in subsection (a)—

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

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

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

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

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

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

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

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

“(A) a dishonorable discharge; or

“(B) a discharge by court-martial.”.

SEC. 203. COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS AND OTHER INDIVIDUALS.

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

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

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

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

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

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

“(2) Financial counseling.

“(3) Occupational counseling.

“(4) Information and counseling on stress reduction.

“(5) Information and counseling on conflict resolution.

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

“(c) BIENNIAL REPORTS.—Not later than December 31, 2022, and each even-numbered year thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the program under subsection (a)(1).

“(d) COVERED INDIVIDUAL DEFINED.—In this section, the term ‘covered individual’ means—

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

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

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

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

SEC. 204. IMPROVEMENT OF HEALTH CARE SERVICES PROVIDED TO NEWBORN CHILDREN BY DEPARTMENT OF VETERANS AFFAIRS.

(a) EXPANSION.—Section 1786 of title 38, United States Code, is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking “seven days” and inserting “14 days”; and

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

“(f) ANNUAL REPORT.—Not later than 60 days after the end of each fiscal year, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the health care services provided under subsection (a) during such fiscal year, including the number of newborn children who received such services during such fiscal year.”.

(b) AUTHORITY TO FURNISH MEDICALLY NECESSARY TRANSPORTATION FOR NEWBORN CHILDREN OF CERTAIN WOMEN VETERANS.—Such section is further amended—

(1) in subsection (a)—

(A) in the matter before paragraph (1)—

(i) by inserting “and transportation necessary to receive such services” after “described in subsection (b)”;

(ii) by inserting “, except as provided in subsection (e),” after “14 days”;

(B) in paragraph (1), by striking “or”;

(C) in paragraph (2), by striking the period at the end and inserting “; or”;

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

“(3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).”;

(2) in subsection (b), by inserting before the period at the end the following: “, including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child”;

(3) by inserting before subsection (f), as added by subsection (a), the following new subsections:

“(c) TRANSPORTATION.—(1) Transportation furnished under subsection (a) to, from, or between care settings to meet the needs of a newborn child includes costs for either or both the newborn child and parents.

“(2) Transportation furnished under subsection (a) is transportation by ambulance, including air ambulance, or other appropriate medically staffed modes of transportation—

“(A) to another health care facility (including a specialty pediatric hospital) that accepts transfer of the newborn child or otherwise provides post-delivery care services when the treating facility is not capable of furnishing the care or services required; or

“(B) to a health care facility in a medical emergency of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health.

“(3) Amounts paid by the Department for transportation under this section shall be derived from the Medical Services appropriations account of the Department.

“(d) REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to regulations the Secretary shall prescribe to establish rates of reimbursement and any limitations thereto under this section, the Secretary shall directly reimburse a covered entity for health care services or transportation services provided under this section, unless the cost of the services or transportation is covered by an established agreement or contract. If such an agreement or contract exists, its negotiated payment terms shall apply.

“(2)(A) Reimbursement or payment by the Secretary under this section on behalf of an individual to a covered entity shall, unless rejected and refunded by the covered entity within 30 days of receipt, extinguish any liability on the part of the individual for the health care services or transportation covered by such payment.

“(B) Neither the absence of a contract or agreement between the Secretary and a covered entity nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirements of subparagraph (A).

“(3) In this subsection, the term ‘covered entity’ means any individual, transportation carrier, organization, or other entity that furnished or paid for health care services or transportation under this section.

“(e) EXCEPTION.—Pursuant to such regulations as the Secretary shall prescribe to carry out this section, the Secretary may furnish more than 14 days of health care services described in subsection (b), and transportation necessary to receive such services, to a newborn child based on medical necessity if the child is in need of additional care, including a case in which the newborn child has been discharged or released from a hospital and requires readmittance to ensure the health and welfare of the newborn child.”.

(c) TREATMENT OF CERTAIN EXPENSES ALREADY INCURRED.—Pursuant to such regulations as the Secretary of Veterans Affairs shall prescribe, the Secretary may provide reimbursement under section 1786 of title 38, United States Code, as amended by subsection (a), health care services or transportation services furnished to a newborn child during the period beginning on May 5, 2010, and ending on the date of the enactment of this Act, if the Secretary determines that, under the circumstances applicable with respect to the newborn, such reimbursement appropriate.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

SEC. 301. ASSESSMENT OF EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN VETERANS BY ADVISORY COMMITTEE ON WOMEN VETERANS.

Section 542(c)(1) of title 38, United States Code, is amended—

- (1) in subparagraph (B), by striking “and” at the end;
- (2) by redesignating subparagraph (C) as subparagraph (D); and
- (3) by inserting after subparagraph (B) the following new subparagraph (C):

“(C) an assessment of the effects of intimate partner violence on women veterans; and”.

SEC. 302. STUDY ON STAFFING OF WOMEN VETERAN PROGRAM MANAGER PROGRAM AT MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS AND TRAINING OF STAFF.

(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the use of the Women Veteran Program Manager program of the Department of Veterans Affairs to determine—

- (1) if the program is appropriately staffed at each medical center of the Department;
 - (2) whether each medical center of the Department is staffed with a Women Veteran Program Manager; and
 - (3) whether it would be feasible and advisable to have a Women Veteran Program Ombudsman at each medical center of the Department.
- (b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study conducted under subsection (a).
- (c) TRAINING.—The Secretary shall ensure that all Women Veteran Program Managers and Women Veteran Program Ombudsmen receive the proper training to carry out their duties.

SEC. 303. REPORT ON AVAILABILITY OF PROSTHETIC ITEMS FOR WOMEN VETERANS FROM THE DEPARTMENT OF VETERANS AFFAIRS.

Not later than one year 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 on the availability from the Department of Veterans Affairs of prosthetic items made for women veterans, including an assessment of the availability of such prosthetic items at each medical facility of the Department. The report shall—

- (1) address efforts on research, development, and employment of additive manufacture technology (commonly referred to as “3D printing”) to provide prosthetic items for women veterans; and
- (2) include a survey with a representative sample of 50,000 veterans (of which women shall be overrepresented) in amputee care program on satisfaction with prosthetics furnished or procured by the Department that replace appendages or their function.

SEC. 304. STUDY OF BARRIERS FOR WOMEN VETERANS TO HEALTH CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS.

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

- (1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women veterans who do not seek or receive such care or services;
- (2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and
- (3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study referred to in subsection (b)(1).

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

- (1) “National Survey of Women Veterans in Fiscal Year 2007–2008”; and
- (2) “Study of Barriers for Women Veterans to VA Health Care 2015”.

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

- (1) The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.
- (2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.
- (3) The effect of access to care in the community.
- (4) The availability of child care.
- (5) The acceptability of integrated primary care, women’s health clinics, or both.
- (6) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.
- (7) The perception of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.
- (8) The gender sensitivity of health care providers and staff to issues that particularly affect women.
- (9) The effectiveness of outreach for health care services available to women veterans.

(10) The location and operating hours of health care facilities that provide services to women veterans.

(11) The perception of women veterans regarding the motto of the Department of Veterans Affairs.

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

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

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

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

(2) **SPECIFIED DIVISIONS.**—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Under Secretary for Health.

(B) The Office of Women’s Health.

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

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

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

SEC. 305. REPORT REGARDING VETERANS WHO RECEIVE BENEFITS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

(a) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish a report regarding veterans who receive benefits under laws administered by the Secretary, including the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(b) **DATA.**—The data regarding veterans published in the report under subsection (a)—

(1) shall be disaggregated by—

(A) sex;

(B) minority group member status; and

(C) minority group member status listed by sex.

(2) may not include any personally identifiable information.

(c) **MATTERS INCLUDED.**—The report under subsection (a) shall include—

(1) identification of any disparities in the use of benefits under laws administered by the Secretary; and

(2) an analysis of the cause of such disparities and recommendations to address such disparities.

(d) **MINORITY GROUP MEMBER DEFINED.**—In this section, the term “minority group member” has the meaning given that term in section 544 of title 38, United States Code.

SEC. 306. STUDY ON WOMEN VETERAN COORDINATOR PROGRAM.

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing a study on the Women Veteran Coordinator program of the Veterans Benefits Administration of the Department of Veterans Affairs. Such study shall identify the following:

(1) If the program is appropriately staffed at each regional benefits office of the Department.

(2) Whether each regional benefits office of the Department is staffed with a Women Veteran Coordinator.

(3) The position description of the Women Veteran Coordinator.

(4) Whether an individual serving in the Women Veteran Coordinator position concurrently serves in any other position, and if so, the allocation of time the individual spends in each such position.

(5) A description of the metrics the Secretary uses to determine the success and performance of the Women Veteran Coordinator.

Subtitle B—Other Matters

SEC. 321. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT POLICY OF THE DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

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

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

“(3) A process for any non-Department individual to report harassment and sexual assault described in paragraph (1), including an option for confidential reporting, and for the Secretary to respond to and address such reports.

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

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

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

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

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

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

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

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

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

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

“(2) at least one individual employed in each Veterans Integrated Service Network, with regards to facilities in that Veterans Integrated Service Network;

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

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

- “(5) at least one individual employed at the Central Office of the Department to track reports of such harassment and sexual assault across the Department, disaggregated by facility.
- “(c) ACCOUNTABILITY.—The Secretary shall establish a policy to ensure that each facility of the Department and each director of a Veterans Integrated Service Network is responsible for addressing harassment and sexual assault at the facility and the Network. Such policy shall include—
- “(1) a remediation plan for facilities that experience five or more incidents of sexual harassment, sexual assault, or combination thereof, during any single fiscal year; and
- “(2) taking appropriate actions under chapter 7 or subchapter V of chapter 74 of this title.
- “(d) DATA.—The Secretary shall ensure that the in-take process for veterans at medical facilities of the Department includes a survey to collect the following information:
- “(1) Whether the veteran feels safe at the facility and whether any events occurred at the facility that affect such feeling.
- “(2) Whether the veteran wants to be contacted later by the Department with respect to such safety issues.
- “(e) WORKING GROUP.—(1) The Secretary shall establish a working group to assist the Secretary in implementing policies to carry out this section.
- “(2) The working group established under paragraph (1) shall consist of representatives from—
- “(A) veterans service organizations;
- “(B) State, local, and Tribal veterans agencies; and
- “(C) other persons the Secretary determines appropriate.
- “(3) The working group established under paragraph (1) shall develop, and the Secretary shall carry out—
- “(A) an action plan for addressing changes at the local level to reduce instances of harassment and sexual assault;
- “(B) standardized media for veterans service organizations and other persons to use in print and on the internet with respect to reducing harassment and sexual assault; and
- “(C) bystander intervention training for veterans.
- “(f) REPORTS.—The Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives an annual report on harassment and sexual assault described in paragraphs (1) and (2) of subsection (a) in facilities of the Department. Each such report shall include the following:
- “(1) Results of harassment and sexual assault programming, including the End Harassment program.
- “(2) Results of studies from the Women’s Health Practice-Based Research Network of the Department relating to harassment and sexual assault.
- “(3) Data collected on incidents of sexual harassment and sexual assault.
- “(4) A description of any actions taken by the Secretary during the year preceding the date of the report to stop harassment and sexual assault at facilities of the Department.
- “(5) An assessment of the implementation of the training required in subsection (a)(7).
- “(6) A list of resources the Secretary determines necessary to prevent harassment and sexual assault at facilities of the Department.
- “(g) DEFINITIONS.—In this section:
- “(1) The term ‘non-Department individual’ means any individual present at a facility of the Department who is not an employee or contractor of the Department.
- “(2) The term ‘sexual harassment’ has the meaning given that term in section 1720D of this title.”.
- (b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 532 the following new item: “533. Anti-harassment and anti-sexual assault policy.”.
- (c) DEFINITION OF SEXUAL HARASSMENT.—Section 1720D(f) of such title is amended by striking “repeated.”.
- (d) DEADLINE.—The Secretary shall commence carrying out section 533 of such title, as added by subsection (a), not later than 180 days after the date of enactment of this Act.

SEC. 322. SUPPORT FOR ORGANIZATIONS THAT HAVE A FOCUS ON PROVIDING ASSISTANCE TO WOMEN VETERANS AND THEIR FAMILIES.

Section 2044(e) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4) Not less than \$20,000,000 shall be available under paragraph (1)(H) for the provision of financial assistance under subsection (a) to organizations that have a focus on providing assistance to women veterans and their families.”.

SEC. 323. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

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

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

SEC. 324. DEPARTMENT OF VETERANS AFFAIRS PUBLIC-PRIVATE PARTNERSHIP ON LEGAL SERVICES FOR WOMEN VETERANS.

(a) **PARTNERSHIP REQUIRED.**—The Secretary of Veterans Affairs shall establish a partnership with at least one nongovernmental organization to provide legal services to women veterans.

(b) **FOCUS.**—The focus of the partnership established under subsection (a) shall be on the 10 highest unmet needs of women veterans as set forth in the most recently completed Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG for Veterans) survey.

SEC. 325. PROGRAM TO ASSIST VETERANS WHO EXPERIENCE INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) **PROGRAM REQUIRED.**—The Secretary of Veterans Affairs shall carry out a program to assist former members of the armed forces who have experienced or are experiencing intimate partner violence or sexual assault in accessing benefits from the Department of Veterans Affairs, including coordinating access to medical treatment centers, housing assistance, and other benefits from the Department.

(b) **COLLABORATION.**—The Secretary shall carry out the program under subsection (a) in collaboration with—

- (1) intimate partner violence shelters and programs;
- (2) rape crisis centers;
- (3) State intimate partner violence and sexual assault coalitions; and
- (4) such other health care or other service providers that serve intimate partner violence or sexual assault victims as determined by the Secretary, particularly those providing emergency services or housing assistance.

(c) **AUTHORIZED ACTIVITIES.**—In carrying out the program under subsection (a), the Secretary may conduct the following activities:

- (1) Training for community-based intimate partner violence or sexual assault service providers on—
 - (A) identifying former members of the Armed Forces who have been victims of intimate partner violence or sexual assault;
 - (B) coordinating with local service providers of the Department; and
 - (C) connecting former members of the Armed Forces with appropriate housing, mental health, medical, and other financial assistance or benefits from the Department.
- (2) Assistance to service providers to ensure access of veterans to intimate partner violence and sexual assault emergency services, particularly in underserved areas, including services for Native American veterans (as defined in section 3765 of title 38, United States Code).
- (3) Such other outreach and assistance as the Secretary determines necessary for the provision of assistance under subsection (a).

(d) **INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT OUTREACH COORDINATORS.**—

(1) **IN GENERAL.**—In order to effectively assist veterans who have experienced intimate partner violence or sexual assault, the Secretary may establish local coordinators to provide outreach under the program required by subsection (a).

(2) **LOCAL COORDINATOR KNOWLEDGE.**—The Secretary shall ensure that each coordinator established under paragraph (1) is knowledgeable about—

- (A) the dynamics of intimate partner violence and sexual assault, including safety concerns, legal protections, and the need for the provision of confidential services;
- (B) the eligibility of veterans for services and benefits from the Department that are relevant to recovery from intimate partner violence and sexual assault, particularly emergency housing assistance, mental health care, other health care, and disability benefits; and

(C) local community resources addressing intimate partner violence and sexual assault.

(3) LOCAL COORDINATOR ASSISTANCE.—Each coordinator established under paragraph (1) shall assist intimate partner violence shelters and rape crisis centers in providing services to veterans.

SEC. 326. STUDY AND TASK FORCE ON VETERANS EXPERIENCING INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) NATIONAL BASELINE STUDY.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Attorney General, shall conduct a national baseline study to examine the scope of the problem of intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans.

(2) MATTERS INCLUDED.—The study under paragraph (1) shall—

(A) include a literature review of all relevant research on intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans;

(B) examine the prevalence of the experience of intimate partner violence among—

(i) women veterans;

(ii) veterans who are minority group members (as defined in section 544 of title 38, United States Code, and including other minority populations as the Secretary determines appropriate);

(iii) urban and rural veterans;

(iv) veterans who are enrolled in a program under section 1720G of title 38, United States Code;

(v) veterans who are in intimate relationships with other veterans; and

(vi) veterans who are described in more than one clause of this subparagraph;

(C) examine the prevalence of the perpetration of intimate partner violence by veterans; and

(D) include recommendations to address the findings of the study.

(3) REPORT.—Not later than 30 days after the date on which the Secretary completes the study under paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on such study.

(b) TASK FORCE.—Not later than 90 days after the date on which the Secretary completes the study under subsection (a), the Secretary, in consultation with the Attorney General and the Secretary of Health and Human Services, shall establish a national task force (in this section referred to as the "Task Force") to develop a comprehensive national program, including by integrating facilities, services, and benefits of the Department of Veterans Affairs into existing networks of community-based intimate partner violence and sexual assault services, to address intimate partner violence and sexual assault among veterans.

(c) CONSULTATION WITH STAKEHOLDERS.—In carrying out this section, the Task Force shall consult with—

(1) representatives from veteran service organizations and military service organizations;

(2) representatives from not fewer than three national organizations or State coalitions with demonstrated expertise in intimate partner violence prevention, response, or advocacy; and

(3) representatives from not fewer than three national organizations or State coalitions, particularly those representing underserved and ethnic minority communities, with demonstrated expertise in sexual assault prevention, response, or advocacy.

(d) DUTIES.—The duties of the Task Force shall include the following:

(1) To review existing services and policies of the Department and develop a comprehensive national program to address intimate partner violence and sexual assault prevention, response, and treatment.

(2) To review the feasibility and advisability of establishing an expedited process to secure emergency, temporary benefits, including housing or other benefits, for veterans who are experiencing intimate partner violence or sexual assault.

(3) To review and make recommendations regarding the feasibility and advisability of establishing dedicated, temporary housing assistance for veterans experiencing intimate partner violence or sexual assault.

(4) To identify any requirements regarding intimate partner violence assistance or sexual assault response and services that are not being met by the De-

partment and make recommendations on how the Department can meet such requirements.

(5) To review and make recommendations regarding the feasibility and advisability of providing direct services or contracting for community-based services for veterans in response to a sexual assault, including through the use of sexual assault nurse examiners, particularly in underserved or remote areas, including services for Native American veterans.

(6) To review the availability of counseling services provided by the Department and through peer network support, and to provide recommendations for the enhancement of such services, to address—

(A) the perpetration of intimate partner violence and sexual assault; and
(B) the recovery of veterans, particularly women veterans, from intimate partner violence and sexual assault.

(7) To review and make recommendations to expand services available for veterans at risk of perpetrating intimate partner violence.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter by October 1 of each year, the Task Force shall submit to the Secretary of Veterans Affairs and Congress a report on the activities of the Task Force, including any recommendations for legislative or administrative action.

(f) DEFINITIONS.—In this section:

(1) The term “Native American veteran” has the meaning given that term in section 3765 of title 38, United States Code.

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

PURPOSE AND SUMMARY

H.R. 3224 was introduced by Representative Julia Brownley of California on June 12, 2019. H.R. 3224, as amended, establishes comprehensive reforms throughout the Department of Veterans Affairs (VA) to address women veterans’ access to health care, benefits, and other resources, and also includes several reports and studies to identify gaps and opportunities for improvement. R2019. H.R. 3224, as amended, incorporates the text of the following bills: H.R. 2645 introduced by Representative Susie Lee of Nevada on May 9, 2019, H.R. 2681 introduced by Representative Chris Pappas of New Hampshire on May 10, 2019, H.R. 2752 introduced by Representative Colin Allred on May 15, 2019, H.R. 2798 introduced by Representative Julia Brownley of California on May 16, 2019, H.R. 2924 introduced by Representative Mike Levin of California on May 22, 2019, H.R. 2972 introduced by Representative Anthony Brindisi of New York on May 23, 2019, H.R. 2982 introduced by Representative Joe Cunningham on May 23, 2019 H.R. 3036 introduced by Representative Max Rose of New York on May 28, 2019, H.R. 3189 introduced by Representative Susan Wild of Pennsylvania on June 10, 2019, H.R. 3636 introduced by Representative Lauren Underwood on July 9, 2019, H.R. 3867 introduced by Representative Nydia Velazquez on July 19, 2019, H.R. 4096 introduced by Representative Lou Correa of California on July 30, 2019, H.R. 4165 introduced by Representative Antonio Delgado of New York on August 6, 2019, and H.R. 4554 introduced by Representative Julia Brownley of California on September 26, 2019.

BACKGROUND AND NEED FOR LEGISLATION

Women have served in every American conflict since the Revolutionary War; among them, Deborah Sampson and Margaret Corbin, who were the first American women known to have served in combat, earning pensions for their service during the Revolutionary War. There are over two million women veterans in the United

States, and they are the fastest-growing demographic in both the military and veteran population.

Despite centuries of honorable service, the women who serve our country are still often treated as second class servicemembers and veterans. A visible minority in the military, women experience everyday indignities that make them feel like they do not belong. Even more, the VA system remains rife with barriers to care.

Despite representing a rapidly growing veteran population, women veterans' needs continue to be under-resourced by VA in a manner that does not meet the pace of growth in the population. This has led to many systematic deficiencies including longer wait times, staffing shortages, and facilities that fail to meet basic environment-of-care standards.

Women are far more likely to use community care than male veterans, largely to receive basic preventive services such as Pap smears and mammograms, as well as maternity care. While community care can provide a more geographically convenient alternative to driving a long distance to a VA facility, women veterans cite frustration with the lack of cultural competency and awareness at non-VA providers.

In general, women veterans who use VA are largely satisfied with their care. However, only 25% of women veterans use VA. The women veterans who do not, cite lack of awareness about eligibility and gender specific care, or perception that the environment will be hostile to women.

While the quality of health care for women veterans at VA is high, numerous barriers remain to accessing it. The greatest barrier of all is a culture that condones sexual harassment and assault, often by other veterans. A February 2019 VA study found that at least 1 in 4 women veterans experience sexual or gender-based harassment at VA facilities, primarily from other veterans. Currently, VA has no system-wide process to address mandatory training, including bystander intervention, clear reporting mechanisms, or means of holding perpetrators accountable.

In addition, many of the gaps in resources have not been properly identified by evidence-based research and reporting. This bill also requires routine reporting on several topics.

Women veterans are a visible minority while serving in the military but become invisible when they become veterans. This legislation will raise the profile of the fastest growing, most diverse subpopulation within the veteran community, and serve their needs.

TITLE I—VETERANS HEALTH ADMINISTRATION

Sec. 101. Office of Women's Health in the Department of Veterans Affairs

Women represent the fastest growing subpopulation of veterans in the nation, while the population of male veterans is growing smaller. While women veterans currently represent 10 percent of the veteran population and 8 percent of VA users, the Veterans Health Administration (VHA) budget for women's health is far less than ten percent of the overall budget. While there are numerous resources for women veterans within VHA, they are not fully aligned under a single office, without a direct line to the Undersecretary for Health (USH).

This section amends section 7306 of title 38, United States Code (USC) to establish the Office of Women’s Health reporting to the USH, to provide a central office for monitoring and encouraging the activities of the VHA with respect to the provision, evaluation, and improvement of women veterans’ health care services in the Department. This office will develop standards of care, identify deficiencies, and oversee distribution of resources and information related to women’s health, including research and education. This office will also, as part of the annual budgeting process, provide recommendations to the amount of funds for furnishing health care to women veterans, ensuring that these funds either reflect or exceed the proportion of women veterans enrolled at VA.

The Committee expects that this would ensure that VHA remains prepared to adequately serve a rapidly growing veteran population.

This section allows the USH to reorganize existing capabilities and consolidate them within one office that reports directly to the USH to avoid duplication of existing capabilities. When women veterans have access to high quality, gender specific care at VA, they choose and stay at VA. Therefore, this section ensures that at least one women’s health primary care provider is staffed at each VA medical facility. This may include either hiring new staff, or training existing staff to become women’s health primary care providers as all or part of their existing duties, as is deemed necessary based on the size of the women veteran population in a location.

This section also requires several annual reports, including reporting on the use of women veterans of health care from VA, on the models of health care facilities for women’s primary health care, and the staffing of women’s primary health care in VA medical facilities. These reports, which are deliverable to Congress, will ensure VA remains aware of changing requirements to best serve women veterans, and that Congress can resource these requirements accordingly. As women veterans are more likely to be referred to community care than male veterans, this section also requires the Secretary of Veterans Affairs (Secretary) to submit to Congress an annual report on access of women veterans to gender specific services under community care contracts.

This section also includes reporting on accessibility and treatment options for women veterans. This report will include an assessment of wheelchair accessibility of women’s health centers; an assessment of accessibility to radiology and mammography, including door sizes and hoists; options for women veterans to access mental health primary care providers; and options for clothing for women at medical centers. In addition to annual reports, the Secretary shall submit the initial required report within 180 days of enactment.

Sec. 102. Expansion of capabilities of women veterans call center to include text messaging

This section requires VA include text messaging capability at the Women Veterans Call Center.

The Committee is committed to reducing all barriers to accessing information related to benefits and healthcare, and that includes expanding methods of communication. Therefore, this provision codifies into law a capability that was introduced in mid-2019.

Sec. 103. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans

While VA already has several websites with information regarding women veterans, including ongoing research, initiatives from the Center for Women Veterans, VA Advisory Committee on Women Veterans, and facility-specific information, this information is not in a centralized location, and is not always kept up to date.

This section requires the Secretary to survey all websites of the Department and publish a centralized website where women veterans can access the various information, pages, and resources throughout VA's online presence. This webpage must include all the locations of each VA Medical Center (VAMC) and Community-Based Outpatient Clinic (CBOC), as well as the name and contact information of each women's health coordinator, as well as contact information for staff from the Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA). This section also requires VA to update the webpage at least every 90 days.

Sec. 104. Report on Women Veterans Retrofit Initiative

Two shortfalls routinely identified regarding provision of health care to women veterans are staff shortages and a lack of space to accommodate growth in the women veterans population. In addition, when VAs expand their capacity to support the women veterans population, more women choose VA for their healthcare. The Committee intends for VHA to comprehensively identify opportunities to retrofit existing facilities. This section requires reporting on retrofitting facilities to address women veterans' healthcare, including how the Secretary prioritizes existing medical facilities to support provision of care to women veterans in comparison to other requirements, and a five-year plan for retrofitting medical facilities. This section will identify all existing needs across the Department to upgrade existing facilities in order to best allocate resources to meet those demands.

Sec. 105. Establishment of environment of care standards and inspections at Department of Veterans Affairs medical centers

Too often, VA facilities fail to meet their own established environment of care standards to ensure adequate patient safety and privacy. The Committee expects VA to both adhere to these standards and hold facility directors accountable for meeting these standards. These standards include existence of privacy curtains, placement of examination tables, and locking doors. There is minimal accountability for facility directors who do not prioritize meeting these standards. This section requires adherence to environment of care standards and accountability and transparency for adherence to those standards.

Sec. 106. Additional funding for primary care and emergency care clinicians in Women Veterans Health Care Mini-Residency Program

The Committee recognizes that one of the most efficient means of expanding gender-specific primary care for women veterans is to train existing staff in women's primary care. In order to address staffing shortfalls in women's primary care, VHA created the

Women Veterans Health Care Mini-Residency Program in order to train existing VA women's providers in women's health. Since 2010, VA's Women Veterans Health Care Mini Residency Program has trained over 6,000 clinicians. In 2016, VA held the first mental-health focused Women's Health Mini-Residency, and in 2018, partnered with the Department of Defense (DoD) for the first time. The Women's Health Mini Residency Program reinforces the expertise of VA's primary care teams and women's health providers to address the full range of women veterans' medical needs. Specifically, the program gives VA's women's health providers experience in conducting breast and pelvic exams with the help of trained Gynecological Teaching Associates. This section ensures additional funding for primary care and emergency care clinicians in the Women Veterans' Health Care Mini-Residency Program.

Sec. 107. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers

Women veterans are more likely to be referred to community care than male veterans because of a lack of gender-specific services such as pre- and post-natal care, gynecology and mammography. Women veterans who have used both VA and non-VA care express a lack of cultural competency in community providers, including a lack of trauma-informed care. The Committee expects that community care providers who serve women veterans should have a basic competency in serving women veterans, and should receive the same training that VA providers receive regarding this population. This section establishes a women veteran training module for non-VA health care providers providing health care to veterans under laws administered by the Secretary. This training module will provide a mechanism for continuing medical education to community providers in order to have an understanding of the experience, healthcare needs, and cultural competencies required to best serve women veterans.

TITLE II—MEDICAL CARE

Sec. 201. Improved access to Department of Veterans Affairs medical care for women veterans

At many facilities, a part-time women's health provider is only available for several hours during a certain day of the week. This creates a barrier to care for women veterans, who are more likely than male veterans to have multiple outside commitments, including a combination of work, school, and childcare. It also means that the actual wait times for an appointment experienced by women veterans may be longer than reported by VA as their outside obligations make it challenging to find a convenient appointment time. These barriers result in delayed care or avoiding care altogether.

In order to reduce these barriers, this section ensures that women's health primary care is available during regular business hours; requires a study by the Secretary on the use of extended hours as a means of reducing care barriers, and the need for extended hours, and requires this study be reported to Congress. Under existing law, there is no mandate for women's health primary care to be available at every medical facility of the Department, whereas primary care is available for men at every facility.

This section addresses that inequity to ensure that women's health primary care is available at the 10% of facilities that do not have that capability and serves the 24% of women veterans who use VA and do not have an assigned women's health primary care provider. In addition, the intent behind this section is that those services be available during all regular business hours. In order to meet this requirement VA may hire new full- or part-time providers or train existing providers through the Women Veterans Health Care Mini-Residency Program.

This section also requires that the Secretary conduct a study to assess extended hours as a means of reducing barriers to care such as increasing appointment availability before or after working hours or on weekends.

Sec. 202. Counseling and treatment for sexual trauma

Under interpretation of current law, members of the National Guard and Reserve are being turned away from Vet Centers for counseling for Military Sexual Trauma (MST) on the grounds that they have not met a minimum amount of time on Title 10 orders. Many of these members are then asked to produce a Line of Duty determination, which in addition to being a lengthy process, eliminates their right to file a Restricted Report. This section recognizes that Reservists and members of the National Guard who experience MST are among some of the most vulnerable servicemembers due to their lack of eligibility for other resources that their active duty counterparts have access to. This section ensures that those current and former members of the Reserve and National Guard have access to the most critical of mental health services, regardless of their time in service or where they served. Recognizing that many former members of the armed forces who experienced MST may not otherwise meet the definition of veteran as defined of section 101 (2) in Title 38, this section also expands MST counseling at Vet Centers to all former members of the armed forces, regardless of discharge status, so long as they did not receive a Dishonorable Discharge or a discharge by court-martial.

Sec. 203. Counseling in retreat settings for women veterans and other individuals

This section makes permanent a successful pilot program to provide readjustment counseling to women veterans, and expands it to other populations. Nationwide, the Committee has heard from women veterans that having women-only programming has been a significant protective factor for mental health. These programs reduce isolation and invisibility, two factors that are most detrimental to mental health to women veterans.

During the last 7 years, Readjustment Counseling Service (RCS) has provided 15 retreats to approximately 400 recently returning women veterans. Pre-retreat assessments and post-retreat evaluations have shown significant decrease in posttraumatic stress symptomology, and excerpts from feedback forms illustrate the positive experiences of participants. This section not only makes the program permanent, but authorizes VA to expand counseling in retreat settings to other veterans, former members of the armed forces, and their families, including survivors, dependents, spouses, and partners. In order to maintain the integrity of the original pro-

gram, this section also requires that women-only cohorts continue in order to maintain this impactful resource for women veterans. The Committee intends for VA to identify a broad range of recreational therapy activities to best serve these populations.

Sec. 204. Improvement of health care services provided to newborn children by the Department of Veterans Affairs

Women veterans often experience complicated pregnancies and births, and therefore this section ensures that they will be covered should an emergency arise. This section both doubles the amount of time of coverage for all newborn children born to women veterans covered by VA. In addition, it closes a loophole that was impeding coverage for medically necessary emergency transportation for veterans and their newborns. Many women veterans are experiencing indebtedness due to hospital bills arising from these emergency situations, and this section also provides retroactive reimbursement for this circumstance dating back to May 5, 2010.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

Sec. 301. Assessment of effects of intimate partner violence on women veterans by Advisory Committee on Women Veterans

The VA Advisory Committee on Women Veterans assesses and advises the Secretary on the needs of women veterans, with respect to VA programs such as compensation, rehabilitation, outreach, and health care. Data shows that women veterans are more likely to experience intimate partner violence (IPV) than women who did not serve in the military. This section adds IPV to one of the topics surveyed by the Advisory Committee on Women Veterans.

Sec. 302. Study on staffing of Women Veteran Program Manager program at medical centers of the Department of Veterans Affairs and training of staff

The Women Veteran Program Manager (WVPM) is a largely successful program in VHA, however the Committee has learned that there are numerous opportunities to improve this program to ensure the program has the appropriate impact at each location. Each VAMC nationwide is required to employ a WVPM to assist women veterans in identifying and coordinating the services available to them. This measure requires VA to assess the staffing needs of Women Veterans Program Managers at each VAMC. The Committee expects VA to identify if the WVPM has sufficient access to the Medical Director, whether the position is being used as a career milestone for clinical staff, rather than the intended purpose of serving women veterans, whether the position has or needs a budget, and identifying whether the position is at the appropriate seniority to be able to meaningfully advocate for women veterans. Additionally, the Secretary is to assess the feasibility of providing each VAMC with a Women Veterans Program Ombudsman to act as a single point for advocating on behalf of women veterans regarding patient experience.

Sec. 303. Report on availability of prosthetic items for women veterans from the Department of Veterans Affairs

Nationwide, women veterans express frustration with the lack of availability of suitable prosthetic items to specifically meet their needs. Some women in the amputee care program have expressed frustration that prostheses cannot fit women's shoes (such as high heels). There are a wide range of prosthetics provided by VA in addition to artificial limbs. This section requires that VA report on the availability of prosthetic items for women veterans. This includes the availability of preferred prosthetic items, for example, if women veterans who require cranial medical units (or wigs) have the ability to use their preferred vendor for wigs made from human hair. This section also mandates VA report on efforts on research, development, and employment of 3D printing to provide prosthetic items for women veterans, and survey 50,000 veterans in the amputee care program, with an oversampling of women.

Sec. 304. Study of barriers for women veterans to health care from the Department of Veterans Affairs

In order to identify the future needs of women veterans, it is necessary to periodically conduct independent assessments of this population. This section mandates that VA build upon past studies by using an outside entity to conduct a survey on a statistically significant number of women veterans that both utilize and decline to utilize VA's health care services, which have been conducted with a periodicity of every 5–7 years. This survey includes questions from past surveys, and builds upon the survey to reflect changes in existing law, such as expansion of community care under the MISSION Act, and a question regarding the perception of the motto of VA.

Sec. 305. Report regarding veterans who receive benefits under laws administered by the Secretary of Veterans Affairs

This section requires the Secretary to publish a report regarding veterans who are currently receiving benefits, including the Transition Assistance Program (TAP). This report will include data regarding veterans and their sex, minority group member status, and by both categories, excluding personally identifiable information. The report will identify any disparities in the use of benefits, analysis of the cause of those disparities, and proposed recommendations to address those disparities so that VA can best tailor outreach efforts to reach veterans who are underutilizing benefits.

Sec. 306. Study on Women Veteran Coordinator program

Women Veterans Coordinators (WVCs) at VBA are currently an unfunded position, diminishing the impact of the role. Their purpose is to serve as the primary point of contact for women veterans and conduct outreach in their communities to connect women veterans with their benefits. This section will help understand shortfalls in order to adequately resource this position. Unlike a number of roles in VHA, such as the WVPM or the MST Coordinator, WVCs are neither a full-time nor part-time position as a share (i.e. 0.25) of a full-time position. As a result, reports from the field reflect that WVCs execute their outreach duties on nights and weekends unpaid, or do not perform any specific duties at all.

*Subtitle B—Other Matters**Sec. 321. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs*

Harassment and sexual assault have no place in VA, yet for too long these behaviors have been tolerated. Women, minorities, Native veterans, and lesbian, gay, bisexual, and transgender veterans in particular, experience especially high rates of harassment at VA, often by other veterans. In February 2019, VA released an empirical study that found that at least one in four women veterans experienced sexual or gender-based harassment at VA facilities. The Committee sent two letters to the Secretary addressing the issue of harassment, and the issue was raised frequently with the Committee.

At the Subcommittee on Health oversight hearing on May 2, 2019, women veterans shared their perspective on the issue:

Ms. Lindsay Church, Navy Veteran, Executive Director of Minority Veterans of America:

“Similar to our male counterparts, we as women veterans are immensely proud of our service and what we have done, the service and support we have offered to our nation; however, many of us experienced instances of harassment, degradation, and discrimination based on our gender identities and/or sexual orientations. We withstood and persevered those experiences, and we did so honorably.”

Ms. BriGette McCoy, Army Veteran, President, Women Veterans Social Justice Network:

“It is never clear what the outcome will be for women who reports harassment, or for the patient or employee that harasses. My personal experiences of being harassed within the VA and the discussions with other women about the need to change their appearance, come at certain times of day, switch to other hospitals, or stop going to the VA at all is another area of discussion.”

Through oversight and fact-finding, the Committee learned that not only was harassment prevalent in VA, but existing bystander intervention training was not mandatory for all employees. This meant that frontline employees such as information desk staff or custodial employees who were most likely to witness harassment in waiting areas or hallways were the least likely to receive training on how to address the issue. Furthermore, accountability measures for perpetrators were unclear. In the course of a two-week period in September 2019, three incidents made it clear that legislative action that was already in process needed to be accelerated and strengthened. First, it came to light that multiple veterans had been sexually assaulted by an employee at a VA facility in West Virginia. Second, a contract physician in San Diego pled guilty to sexually assaulting five women veterans. Finally, a committee staffer who is a veteran reported being sexually assaulted by a fellow veteran at the Washington, D.C. VA Medical Center.

In all three cases, VA employees did not immediately act upon receiving a report of a crime, and it was in part because these em-

ployees had neither received adequate training in how to respond, nor was there comprehensive policy to address these issues.

The Committee expects that VA will use all available resources to address this critical issue. As this is as much an issue of cultural transformation as it is of strengthening policy, the Committee encourages VA to include veteran service organizations, community-based organizations, and individual advocates at every step of the process of reforming VA to eliminate harassment and assault at VA.

This section builds on P.L. 112–154, section 106, which required VA to develop a policy regarding reporting on sexual assault. This requires the Secretary to establish a comprehensive policy to end harassment and sexual assault, including gender-based harassment, at any facility of the Department, including those of VA Central Office (VACO), VBA, VHA, and NCA. The intent is that the Secretary develop a standardized process, policy, and toolkit that creates system-wide standards, while also allowing local leaders to tailor as appropriate, necessary, or desired. This section also creates accountability measures for employees and contractors who fail to report, and for VA leadership who have multiple incidents in their facilities. The policy will include a process for mandatory reporting by all VA employees and contractors, mandatory training for all VA employees and contractors, including bystander intervention training, and clear reporting procedures for any non-Department individual, including a confidential reporting option, and clear reporting procedures for employees and contractors to report any witnessed incidents of harassment or assault, regardless of whether the individual affected by such harassment or sexual assault wished to report. The intent is to establish clear reporting guidelines in order to best collect data on and respond to incidents of harassment and sexual assault. In order to capture this data at multiple points, this section also mandates that VA include questions about safety at other points where satisfaction information is already collected. Recognizing that certain behaviors require cultural transformation, this section also mandates a working group that incorporates the feedback of community organizations, with the intent of ending harassment and sexual assault at VA being a whole-of-community effort that requires the active participation of veterans and other non-Department individuals.

Sec. 322. Support for organizations that have a focus on providing assistance to women veterans and their families

Women veterans comprise the fastest growing homeless population in the United States and often do not get counted as homeless because they are more likely to be sheltered with friends or family. Women veterans are also more likely to have dependent children than male veterans and be single parents. This section mandates that \$20,000,000 be authorized for support for organizations that have a focus on providing assistance to women veterans and their families. The intent is to ensure VA should—to all practical extent—give preference to organizations specifically serving women in order to ensure that their needs are met, but if not available, provide the funds to organizations that address homeless women and the families as well as men.

Sec. 323. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless

Women veterans represent the fastest growing population of homeless individuals in the United States, yet the actual number of women veterans facing homelessness and unstable housing is unknown because women veterans are rarely included in point-in-time counts. To add to this challenge, women veterans are an invisible homeless population because they are more likely to be sheltered and living with friends or relatives. Women veterans are not able to use all homelessness programs because they often have dependent children, children of different ages and genders (male children over age 12 are often not permitted in women's shelters), because they are not comfortable using a coed facility, or because they do not yet meet the definition of homelessness, especially if they are cohabitating with a violent intimate partner. This section instructs the Secretary to complete a gap analysis of VA programs that aid women veterans who are homeless and report it to Congress. This analysis will identify areas in which these programs are successful or where they fail to meet the needs of homeless women veterans.

Sec. 324. Department of Veterans Affairs public-private partnership on legal services for women veterans

The intent is to ensure that public-private partnerships of legal services for all veterans include specific attention to the needs of women veterans. While women veterans face many similar issues in the legal system as male veterans, they are more likely to have a bad paper discharge for issues related to MST, experience intimate partner violence, and face concerns over retaining custody of their children. Many women veterans are unaware of their legal rights and therefore may avoid or delay care or support for housing instability for fear of losing custody of their children. This section establishes a partnership between the Secretary and at least one nongovernmental organization to provide legal services to women veterans, with a focus on meeting the ten highest unmet needs of women veterans in the most recently completed Community Homelessness Assessment, Local Education and Networking Groups for Veterans Survey. This establishes a partnership program that did not previously exist at all for veterans but does not intend to create a resource that is not available for all veterans.

Sec. 325. Program to assist veterans who experience intimate partner violence or sexual assault

The experience of intimate partner violence and sexual assault is especially high among those who have served in the military, and therefore additional support is required for this population. In many cases, these individuals use local non-VA resources before they learn that they are eligible for some VA benefits or health care. The Committee learned through oversight visits to VA facilities and community organizations in Anchorage, AK, Chicago, IL, Boston, MA, Wappingers Falls, NY, and Philadelphia, PA that strong partnerships between VA and community organizations are one of the most effective ways of serving survivors of intimate partner violence and sexual assault who have served in the military. These organizations connect these survivors with VBA and VHA

for housing programs, disability benefits, and healthcare, but also provide community support that VA may not be able to provide. This section builds on the existing Intimate Partner Violence Coordinator program authorized by Title 38 United States Code (U.S.C.) 7301(b). This program shall assist former members of the armed forces who have experienced or are experiencing intimate partner violence or sexual assault in accessing benefits from VA. In addition to veterans as defined in section 101 (2) in Title 38, this program is intended to serve former members of the armed forces who may not otherwise meet this definition, such as members of the Reserves or National Guard who have not completed sufficient time on active duty. In addition, former members of the armed forces refers to individuals whose eligibility criterion for other veterans' benefits has not yet been determined. This program will be in collaboration with intimate violence shelters or programs, state coalitions, and other health or service providers who may be the first responders to former members of the armed forces who experience IPV.

Sec. 326. Study and task force on veterans experiencing intimate partner violence or sexual assault

In order to comprehensively address intimate partner violence and sexual assault experienced by former members of the armed forces, it's necessary to understand the scope of the issue. This section establishes a national baseline study and responsive task force. The Committee expects that the national baseline study shall comprehensively addresses all the nuances of intimate partner violence and sexual assault in this population, and build on existing research and programs that address both the experience and perpetration of intimate partner violence. The Secretary shall conduct a national baseline study of the scope of the problem of sexual assault and intimate partner violence among veterans, their spouses, or their intimate partners. Subsequently, The Secretary—in consultation with the Attorney General and Secretary of Health and Human Services—shall establish a national task force to develop comprehensive national programs that include integrating facilities, services, and benefits of the VA. The intent is for the national baseline study to establish a road map with recommendations for follow on actions for the task force.

HEARINGS

On July 17, 2019, the Subcommittee on Economic Opportunity held a legislative hearing on H.R. 2924. The following witnesses testified: Ms. Charmain Bogue, Executive Director, U.S. Department of Veterans Affairs, Veterans Benefits Administration; Mr. Patrick Murray, Deputy Director, National Legislative Service, The Veterans of Foreign Wars; Mr. John Kamin, Assistant Director, National Veterans Employment and Education Division, The American Legion; Colonel Robert F. Norton, USA-ret., Senior Advisor, Veterans Education Success; Mr. William Hubbard, Chief of Staff, Student Veterans of America; Mr. Jeremy M. Villanueva, Association National Legislative Director, Disabled Veterans of America; Mr. Timothy McMahan, President of Triangle Tech Group, Career Education Colleges and Universities & Veterans for Career Education Ambassador. Paralyzed Veterans of America and Tragedy

Assistance Program for Survivors submitted Statements for the Record.

On September 11, 2019, the Subcommittee on Health held a legislative hearing on H.R. 2645; H.R. 2681; H.R. 2752; H.R. 2798; H.R. 2972; H.R. 2982; H.R. 3036; H.R. 3224; H.R. 3636; H.R. 3798; H.R. 3867; H.R. 4096; and a Draft bill, to establish in the Department of Veterans Affairs the Office of Women's Health, and for other purposes. The following witnesses testified: Dr. Teresa Boyd, Assistant Deputy Under Secretary for Health for Clinical Operations, U.S. Department of Veterans Affairs; Mr. Jeremy Butler, CEO, Iraq and Afghanistan Veterans of America; Ms. Joy Ilem, Disabled American Veterans, National Legislative Director; Mr. Roscoe Butler, Associate Legislative Director, Paralyzed Veterans of America. Representative(s) Bilirakis, Correa, Hartzler, Lee, Pappas, Rose, Stefanik, Velázquez, provided statements for the record. Statements were also given by The Veterans of Foreign Wars of the United States, National Association of State Women Veteran Coordinators, and Service Women's Action Network.

On October 22, 2019, the Subcommittee on Disability Assistance and Memorial Affairs held a legislative hearing on H.R. 4165. The Honorable Antonio Delgado, U.S. House of Representatives, 19th Congressional District, New York provided testimony before the Subcommittee, as well as: M. Ronald Burke, Executive Director, Pension & Fiduciary Service, Veterans Benefits Administration; Ms. Kimberly McLeod, Deputy Vice Chairman, Board of Veterans' Appeals; Mr. Shane L. Liermann, Assistant National Legislative Director, Disabled American Veterans; Mr. Brian Dempsey, Government Affairs Director, Wounded Warrior Project. Paralyzed Veterans of America provided a statement for the record.

SUBCOMMITTEE CONSIDERATION

There was no Subcommittee markup of H.R. 3224.

COMMITTEE CONSIDERATION

On October 29, 2019, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 3224, as amended, favorably reported to the House of Representatives by voice vote. During consideration of the bill, the following amendment was considered:

An amendment in the nature of a substitute offered by Representative Julia Brownley of California. This amendment replaced the underlying limited language that addressed women's health care access with a more comprehensive package of additional bills and provisions that comprehensively improved healthcare and benefits at VA for women veterans, including addressing resource allocation, cultural transformation, outreach, and benefits for former members of the armed forces who may not otherwise meet the definition of veteran.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 3224, as amended, reported to the House. A motion by Representative Julia

Brownley of California to report H.R. 3224, 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 to improve resources and benefits for women veterans and other underserved veterans.

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. 3224, 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. 3224, 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. 3224, 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, November 8, 2019.

Hon. MARK TAKANO,
*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. 3224, the Deborah Sampson 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,

PHILLIP L. SWAGEL,
Director.

Enclosure.

At a Glance			
H.R. 3224, Deborah Sampson Act			
As ordered reported by the House Committee on Veterans' Affairs on October 29, 2019			
By Fiscal Year, Millions of Dollars	2020	2020-2024	2020-2029
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	41	322	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
The bill would			
<ul style="list-style-type: none"> • Expand primary care for female veterans • Increase the amount of health care provided to newborn children • Pay for emergency transportation for newborn children to receive neonatal care • Provide counseling in retreat settings to veterans and their dependents 			
Estimated budgetary effects would primarily stem from			
<ul style="list-style-type: none"> • Hiring additional primary care physicians to provide services to female veterans • Paying for additional days of medical care for complicated births 			
Areas of significant uncertainty include			
<ul style="list-style-type: none"> • Estimating the number of physicians the Department of Veterans Affairs would hire to provide primary care services for female veterans and the amount of time needed to hire those staff • Projecting the number of complicated births 			
Detailed estimate begins on the next page.			

Bill summary: H.R. 3224 would expand the medical care provided by the Department of Veterans Affairs (VA) to female veterans and newborn children. The bill also would require VA to operate a counseling program in retreat settings and establish a policy to address sexual harassment and sexual assault at department facilities. In total, implementing the bill would cost \$322 million over the 2020–2024 period, CBO estimates. Such spending would be subject to the appropriation of the estimated amounts.

Estimated Federal cost: The estimated budgetary effects of H.R. 3224 are shown in Table 1. The costs of the legislation fall within budget function 700 (veterans benefits and services).

TABLE 1.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 3224

	By fiscal year, millions of dollars—					
	2020	2021	2022	2023	2024	2020–2024
Primary Care for Female Veterans:						
Estimated Authorization	10	19	40	41	42	152
Estimated Outlays	9	18	37	40	41	145
Care for Newborns:						
Estimated Authorization	23	24	24	25	26	122
Estimated Outlays	20	23	23	24	25	115
Intimate Partner Violence and Sexual Assault:						
Estimated Authorization	5	5	5	5	6	26
Estimated Outlays	4	5	5	5	6	25
Counseling in Retreat Settings:						
Estimated Authorization	0	2	3	3	3	11
Estimated Outlays	0	2	3	3	3	11
Sexual Harassment and Assault:						
Estimated Authorization	1	2	2	2	2	9
Estimated Outlays	1	2	2	2	2	9
Medical Residency Program:						
Authorization	1	1	1	1	1	5
Estimated Outlays	1	1	1	1	1	5
Reports, Studies, and Other Administrative Requirements:						
Estimated Authorization	6	3	1	1	1	12
Estimated Outlays	6	3	1	1	1	12
Total Changes:						
Estimated Authorization	46	56	76	78	81	337
Estimated Outlays	41	54	72	76	79	322

Basis of estimate: For this estimate, CBO assumes the legislation will be enacted at the beginning of 2020 and that the estimated amounts will be appropriated each year. Estimated outlays are based on historical spending patterns for the affected programs.

Primary Care for Female Veterans

Section 201 would require VA to provide primary care services to female veterans at each of the department's medical centers and outpatient clinics. According to VA, the department lacks primary care physicians who specialize in health care for female veterans at 96 of its outpatient clinics. CBO expects that in 2020 VA would hire 110 additional physicians on a full-time basis to provide primary care services to female veterans. At an average compensation of \$360,000, CBO estimates that employing those additional physicians would cost \$144 million over the 2020–2024 period.

In addition, section 201 would require VA to study the benefits of extending the hours during which it provides health care at VA facilities and to report the results of that study to the Congress. Based on similar studies, CBO estimates that satisfying that requirement would cost \$1 million over the 2020–2024 period.

In total, CBO estimates that implementing section 201 would cost \$145 million over the 2020–2024 period.

Care for Newborns

Under current law, VA may pay for health care for up to seven days after birth for newborn children of female veterans who receive maternity care from the department. Section 204 would authorize VA to provide more than seven days of health care to those children. It also would allow VA to reimburse those veterans for

the cost of emergency transportation of those newborn children by ambulance or airlift to receive neonatal care.

Based on data from VA, CBO estimates that 15 percent (or 580) of the 3,820 births covered by VA each year are complicated births (for example, premature delivery, low birth weight, and fetal-growth retardation) that require neonatal care for more than seven days. According to the Agency for Healthcare Research and Quality, complicated births require inpatient neonatal care for an average of 18 days. Using information from VA, CBO estimates that the average daily cost for complicated births is about \$3,700. After adjusting for anticipated inflation, CBO estimates that removing the seven-day limit on payments for neonatal care would cost \$113 million over the 2020–2024 period.

In addition, based on data from the National Institute of Health on the frequency of neonatal transport, CBO estimates that VA would pay for about 300 new emergency transportations each year at an average cost of \$1,500 per trip. As a result, CBO estimates that travel for neonatal care would cost \$2 million over the 2020–2024 period.

In total, CBO estimates that implementing section 204 would cost \$115 million over the 2020–2024 period.

Intimate Partner Violence and Sexual Assault

Section 325 would require VA to provide assistance to former members of the Armed Forces who have experienced intimate partner violence or sexual assault. Intimate partner violence is a type of domestic abuse that can include physical violence, sexual assaults, stalking, or psychological aggression. Since 2014, VA has operated the Intimate Partner Violence Assistance Program (IPVAP), which coordinates access to benefits such as medical treatment, counseling, and housing assistance for veterans who are victims of intimate partner violence. In 2018, VA spent \$20 million for IPVAP and employed 143 coordinators at most medical centers to manage the program, train staff, and conduct outreach.

Currently, IPVAP does not serve veterans who are victims of sexual assault by someone who is not an intimate partner. The bill would require VA to expand the program to do so. Based on information from VA and the Centers for Disease Control and Prevention, CBO expects that VA would increase staffing by 25 percent, hiring an additional 35 personnel. At an average compensation of \$152,000, CBO estimates that employing those additional coordinators would cost \$25 million over the 2020–2024 period.

Counseling in Retreat Settings

Section 203 would require VA to establish a permanent program, beginning in 2021, to provide counseling in group retreat settings to veterans enrolled in the VA health care system and to eligible survivors and dependents of veterans. Participants in the program would receive services such as financial, occupational, and mental health counseling. The bill also would require VA to report to the Congress biennially on the outcomes of the program.

VA will complete the final year of a pilot program that provides similar services to female veterans at the end of 2020. According to VA, each year roughly 70 women participated in the program at three retreat settings, at an average cost of \$3,500 per participant.

On the basis of information from VA, CBO expects that the department would establish the permanent program to serve about 700 veterans and dependents annually who are enrolled in the VA health care system. As a result, CBO estimates that implementing this program would cost \$11 million over the 2021–2024 period, after accounting for anticipated inflation.

Sexual Harassment and Assault

Section 321 would require VA to address sexual assaults and sexual harassment that occur at department facilities. It would require VA to appoint an employee at each facility to monitor reports of sexual assault and harassment and to collect data from those reports. Under current law, VA is required to provide training to its employees on reporting sexual assault. Section 321 would require VA to also train employees on the need to report incidents of sexual harassment and on methods for intervening when they witness sexual harassment. In addition, VA would be required to report annually to the Congress on incidents of sexual assault and harassment that occur at VA facilities.

Using information from VA and studies regarding the prevalence of sexual assault and harassment in the workplace, CBO estimates that VA would need to hire the equivalent of 10 full-time staff at an average compensation of \$175,000 to monitor incidents at department facilities. CBO estimates that updating the training curriculum and preparing the required reports would not significantly increase costs. In total, implementing section 321 would cost \$9 million over the 2020–2024 period, CBO estimates.

Medical Residency Program

Section 106 would authorize appropriations of \$1 million each year for a residency program focused on providing health care to female veterans at VA facilities. CBO estimates that implementing this section would cost \$5 million over the 2020–2024 period.

Reports, Studies, and Other Administrative Requirements

The bill would require VA to conduct more than a dozen one-time and reoccurring reports and studies, and to fulfill administrative duties regarding the health care and services provided to female veterans at the department. Based on the costs of similar activities, CBO estimates that meeting those requirements would cost a total of \$12 million over the 2020–2024 period.

Pay-As-You-Go considerations: None.

Increase in long-term deficits: None.

Mandates: None.

Estimate prepared by: Federal Costs: Ann E. Futrell; Mandates: Brandon Lever.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs & Veterans' Affairs Cost Estimates Unit; Leo Lex, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 3224, 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. 3224, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 3224, as amended, 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 H.R. 3224, as amended, 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 clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 3224, 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 clause 3(c)(5) of rule XIII, the Committee estimates that H.R. 3224 contains no directed rule making that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

TITLE I—VETERANS HEALTH ADMINISTRATION

Sec. 101. Office of Women's Health in the Department of Veterans Affairs

Section 101 establishes the Office of Women's Health reporting to the USH, to identify and address need and deficiencies in care, and adequately allocate resources VHA. This section allows the USH to reorganize existing capabilities and consolidate them within one office that reports directly to the USH, and ensures that at least one women's health primary care provider is staffed at each VA medical facility. The reports section of this section requires reporting on women veterans' use of health care from VA, on the use of various models for providing primary to women veterans, and the staffing of women's primary health care in VA medical facilities. This section also requires the Secretary to submit to Congress an annual report on access of women veterans to gender specific services under community care contracts. This section also includes reporting on accessibility and treatment options for women veterans. This report will include an assessment of wheelchair accessi-

bility of women's health centers; an assessment of accessibility to radiology and mammography, including door sizes and hoists; options for women veterans to access mental health primary care providers; and options for clothing for women at medical centers.

Sec. 102. Expansion of capabilities of women veterans call center to include text messaging

This statutorily requires that the Department of Veterans Affairs include text messaging capability at the Women Veterans Call Center.

Sec. 103. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans

This section requires expansion and continuous update of VA websites to provide services available to women veterans.

Sec. 104. Report on Women Veterans Retrofit Initiative

This section requires reporting on retrofitting facilities to address women veterans' health care, and deficiencies in environments of care for women veterans in VA medical facilities.

Sec. 105. Establishment of environment of care standards and inspections at Department of Veterans Affairs medical centers

This section requires adherence to environment of care standards and accountability and transparency for adherence to those standards.

Sec. 106. Additional funding for primary care and emergency care clinicians in Women Veterans Health Care Mini-Residency Program

This section ensures additional funding for primary care and emergency care clinicians in women veterans' health care mini-residency programs.

Sec. 107. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers

This section establishes a women veteran training module for non-VA health care providers.

Sec. 201. Improved access to Department of Veterans Affairs medical care for women veterans

This section ensures that women's health primary care is available during regular business hours, requires a study by the Secretary on the use of extended hours as a means of reducing care barriers, and the need for extended hours, and report this study to Congress

Sec. 202. Counseling and treatment for sexual trauma

This section expands MST counseling to members of the Reserve and National Guard.

Sec. 203. Counseling in retreat settings for women veterans and other individuals

This section expands and makes permanent the Department of Veterans Affairs (VA) pilot program on counseling in retreat settings for women veterans coping with post-traumatic stress disorder and other wounds of war. In addition, this would also expand and make permanent counseling in retreat settings for all veterans and their families, while ensuring that there remain cohorts for only women veterans.

Sec. 204. Improvement of health care services provided to newborn children by the Department of Veterans Affairs

Section 204 extends coverage of newborn health care for children of veterans. Currently, veterans are only eligible to receive seven days of newborn care, after which they must find and sign up for health insurance for their newborn. This bill would double that available time to 14 days of care, providing additional time for veterans to find the best health coverage, especially during a high-stress period. Additionally, this bill requires VA to submit an annual report on the number of newborn children that have received such services. This section also ensures that qualified newborns get access to VA covered medical care including in emergency situations or when the newborn is delivered at a non-VA facility. This measure expands the fourteen days of VA provided newborn medical care (through a waiver process) for a medically necessary extension; allows VA to cover the transportation of both newborn and parents between medical facilities; streamlines billing process to remove unnecessary burdens on veterans; and authorizes the Secretary to waive any outstanding debts associated with medically-necessary emergency transportation services for a newborn incurred by the veterans.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

Sec. 301. Assessment of effects of intimate partner violence on women veterans by Advisory Committee on Women Veterans

This section requires the VA Advisory Committee on Women Veterans to conduct assessments pertaining to the impact of IPV on women.

Sec. 302. Study on staffing of Women Veteran Program Manager program at medical centers of the Department of Veterans Affairs and training of staff

This section requires the Secretary to conduct a study on the use of the WVPM and the feasibility of creating a Women Veterans Ombudsman position.

Sec. 303. Report on availability of prosthetic items for women veterans from the Department of Veterans Affairs

This section requires VA to assess the availability of prosthetics specifically for women veterans and requires VA to conduct a study of satisfaction with participants in the amputee care program with an oversampling of women veterans.

Sec. 304. Study of barriers for women veterans to health care from the Department of Veterans Affairs

This section requires the Secretary to conduct a study of barriers for women veterans to health care from the Department of Veterans Affairs.

Sec. 305. Report regarding veterans who receive benefits under laws administered by the Secretary of Veterans Affairs

This section requires the Secretary to publish a report regarding veterans who receive benefits, including the Transition Assistance Program. This report will include data regarding veterans and their sex, minority group member status, and by both categories, excluding personally identifiable information. The report will identify any disparities in the use of benefits, analysis of the cause of those disparities, and proposed recommendations to address those disparities.

Sec. 306. Study on Women Veteran Coordinator program

This section requires the Secretary to submit a report on the Women Veteran Coordinator Program, identifying if the program is appropriately staffed, if regional benefits offices have a Women Veteran Coordinator, the position description of the coordinator, and a description of metrics to determine the success and performance of the coordinator.

Subtitle B—Other Matters

Sec. 321. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs

This section requires the Secretary to establish a comprehensive policy to end harassment and sexual assault, including gender-based harassment. The policy will include:

Responses of incidents of harassment and sexual assault by any veteran or other public visitor to VA facility, and following disciplinary measures, a process for reporting and responding to harassment and sexual assault, mandatory reporting requirements applicable to an employee or contractor of the VA who witnesses harassment or sexual assault, disciplinary actions for employees or contractors who fail to report these incidents, mandatory annual training for employees and contractors regarding how to report and address harassment and sexual assault, including bystander intervention training, the distribution of anti-harassment and anti-sexual assault education materials by mail or email to individuals receiving a benefit, the prominent display of anti-harassment and anti-sexual assault messages in each VA facility, including how to report harassment or assault, the posting of these materials on the VA website, and establishes points of contacts for each VA facility, Veterans Integrated Service Network (VISN) facility, regional benefits office, and VACO.

Sec. 322. Support for organizations that have a focus on providing assistance to women veterans and their families

This section grants not less than \$20,000,000 to be available for the provision of financial assistance to organizations that have a focus on providing assistance to women veterans and their families.

Sec. 323. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless

This section instructs the Secretary to complete a gap analysis of VA programs that provide assistance to women veterans who are homeless and report it to Congress. This analysis will identify areas in which these programs are successful or where they fail to meet the needs of homeless women veterans.

Sec. 324. Department of Veterans Affairs public-private partnership on legal services for women veterans

This section establishes a partnership between the Secretary and at least one nongovernmental organization to provide legal services to women veterans.

Sec. 325. Program to assist veterans who experience intimate partner violence or sexual assault

This section necessitates that the Secretary carry out a program to assist veterans and former members of the armed forces who have experienced or who are experiencing IPV or sexual assault. This program will be in collaboration with intimate violence shelters or programs, state assault coalitions, and other health or service providers. The Secretary may include in their program training for community-based service providers, assistance for service providers to ensure emergency services—including for members of Indian tribes—and other outreach and assistance deemed necessary. The Secretary may appoint local coordinators.

Sec. 326. Study and task force on veterans experiencing intimate partner violence or sexual assault

This section establishes a national baseline study and responsive task force. The Secretary shall conduct a national baseline study of the scope of the problem of sexual assault and IPV among veterans, their spouses, or their intimate partners. Subsequently, the Secretary—in consultation with the Attorney General and Secretary of Health and Human Services—shall establish a national task force to develop comprehensive national programs that include integrating facilities, services, and benefits of the VA. The task force will consult with representatives from not fewer than three national organizations and not fewer than three state coalitions. Task force duties include: reviewing existing services and policies of VA to develop a national program addressing IPV and sexual assault prevention, response, and treatment, reviewing feasibility of expedited processes regarding housing, temporary benefits in case of emergency, identifying requirements regarding IPV assistance or sexual assault response services that are not being met by VA, making recommendations regarding feasibility of providing direct services for veterans in response to sexual assault, including through the use of a nurse examiner—especially in underserved/re-

mote areas, including Native Americans, reviewing availability of counseling services, and annual reporting gathered information.

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, and existing law in which no change is proposed is shown in roman):

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, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART I—GENERAL PROVISIONS

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CHAPTER 5—AUTHORITY AND DUTIES OF THE SECRETARY

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SUBCHAPTER II—GENERAL AUTHORITIES

521. Assistance to certain rehabilitation activities.

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533. *Anti-harassment and anti-sexual assault policy.*

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SUBCHAPTER II—SPECIFIED FUNCTIONS

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

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

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

(2) *A process for employees and contractors of the Department to respond to reported incidents of harassment and sexual as-*

sault of any non-Department individual within a facility of the Department.

(3) A process for any non-Department individual to report harassment and sexual assault described in paragraph (1), including an option for confidential reporting, and for the Secretary to respond to and address such reports.

(4) Clear mechanisms for non-Department individuals to readily identify to whom and how to report incidents of harassment and sexual assault committed by another non-Department individual.

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

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

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

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

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

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

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

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

(1) at least one individual, in addition to law enforcement, at each facility of the Department (including Vet Centers under section 1712A of this title), with regard to that facility;

(2) at least one individual employed in each Veterans Integrated Service Network, with regards to facilities in that Veterans Integrated Service Network;

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

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

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

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

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

(2) taking appropriate actions under chapter 7 or subchapter V of chapter 74 of this title.

(d) **DATA.**—The Secretary shall ensure that the in-take process for veterans at medical facilities of the Department includes a survey to collect the following information:

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

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

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

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

(A) veterans service organizations;

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

(C) other persons the Secretary determines appropriate.

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

(A) an action plan for addressing changes at the local level to reduce instances of harassment and sexual assault;

(B) standardized media for veterans service organizations and other persons to use in print and on the internet with respect to reducing harassment and sexual assault; and

(C) bystander intervention training for veterans.

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

(1) Results of harassment and sexual assault programming, including the End Harassment program.

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

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

(4) A description of any actions taken by the Secretary during the year preceding the date of the report to stop harassment and sexual assault at facilities of the Department.

(5) *An assessment of the implementation of the training required in subsection (a)(7).*

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

(g) *DEFINITIONS.—In this section:*

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

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

SUBCHAPTER III—ADVISORY COMMITTEES

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§ 542. Advisory Committee on Women Veterans

(a)(1) The Secretary shall establish an advisory committee to be known as the Advisory Committee on Women Veterans (hereinafter in this section referred to as “the Committee”).

(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

(i) representatives of women veterans;

(ii) individuals who are recognized authorities in fields pertinent to the needs of women veterans, including the gender-specific health-care needs of women;

(iii) representatives of both female and male veterans with service-connected disabilities, including at least one female veteran with a service-connected disability and at least one male veteran with a service-connected disability; and

(iv) women veterans who are recently separated from service in the Armed Forces.

(B) The Committee shall include, as ex officio members—

(i) the Secretary of Labor (or a representative of the Secretary of Labor designated by the Secretary after consultation with the Assistant Secretary of Labor for Veterans’ Employment);

(ii) the Secretary of Defense (or a representative of the Secretary of Defense designated by the Secretary of Defense after consultation with the Defense Advisory Committee on Women in the Services); and

(iii) the Under Secretary for Health and the Under Secretary for Benefits, or their designees.

(C) The Secretary may invite representatives of other departments and agencies of the United States to participate in the meetings and other activities of the Committee.

(3) The Secretary shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Secretary, except that a term of service of any such member may not exceed three years. The Secretary may reappoint any such member for additional terms of service.

(b) The Secretary shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits by the Department for women veterans, reports and studies pertaining to women veterans and the needs of women veterans with respect to compensation, health care, rehabilitation, outreach,

and other benefits and programs administered by the Department, including the Center for Women Veterans.

(c)(1) Not later than July 1 of each even-numbered year, the Committee shall submit to the Secretary a report on the programs and activities of the Department that pertain to women veterans. Each such report shall include—

(A) an assessment of the needs of women veterans with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the Department;

(B) a review of the programs and activities of the Department designed to meet such needs; **and**

(C) an assessment of the effects of intimate partner violence on women veterans; and

[(C)] (D) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

(2) The Secretary shall, within 60 days after receiving each report under paragraph (1), submit to the Congress a copy of the report, together with any comments concerning the report that the Secretary considers appropriate.

(3) The Committee may also submit to the Secretary such other reports and recommendations as the Committee considers appropriate.

(4) The Secretary shall submit with each annual report submitted to the Congress pursuant to section 529 of this title a summary of all reports and recommendations of the Committee submitted to the Secretary since the previous annual report of the Secretary submitted pursuant to such section.

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PART II—GENERAL BENEFITS

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

SUBCHAPTER II—GENERAL

1710. Eligibility for hospital, nursing home, and domiciliary care.

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

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1720J. *Medical services for women veterans.*

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

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

(a) PROGRAM.—(1) *Commencing not later than January 1, 2021, the Secretary shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a program to pro-*

vide reintegration and readjustment services described in subsection (b) in group retreat settings to covered individuals, including cohorts of women veterans who are eligible for readjustment counseling services under section 1712A of this title.

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

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

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

(2) Financial counseling.

(3) Occupational counseling.

(4) Information and counseling on stress reduction.

(5) Information and counseling on conflict resolution.

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

(c) BIENNIAL REPORTS.—Not later than December 31, 2022, and each even-numbered year thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the program under subsection (a)(1).

(d) COVERED INDIVIDUAL DEFINED.—In this section, the term “covered individual” means—

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

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

* * * * *

§ 1720D. Counseling and treatment for sexual trauma

(a)(1) The Secretary shall operate a program under which the Secretary provides counseling and appropriate care and services to [veterans] former members of the Armed Forces who the Secretary determines require such counseling and care and services to overcome psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the [veteran] former member of the Armed Forces was serving on [active duty, active duty for training, or inactive duty training] duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10) .

(2)(A) In operating the program required by paragraph (1), the Secretary may, in consultation with the Secretary of Defense, provide counseling and care and services to members of the Armed Forces (including members of the National Guard and Reserves) to overcome psychological trauma described in that paragraph that was suffered by the member while serving on [active duty, active duty for training, or inactive duty training] duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10) .

(B) A member described in subparagraph (A) shall not be required to obtain a referral before receiving counseling and care and services under this paragraph.

(3) In furnishing counseling to an individual under this subsection, the Secretary may provide such counseling pursuant to a contract with a qualified mental health professional if (A) in the judgment of a mental health professional employed by the Department, the receipt of counseling by that individual in facilities of the Department would be clinically inadvisable, or (B) Department facilities are not capable of furnishing such counseling to that individual economically because of geographical inaccessibility.

(b)(1) The Secretary shall give priority to the establishment and operation of the program to provide counseling and care and services under subsection (a). In the case of a **[veteran]** *former member of the Armed Forces* eligible for counseling and care and services under subsection (a), the Secretary shall ensure that the **[veteran]** *former member of the Armed Forces* is furnished counseling and care and services under this section in a way that is coordinated with the furnishing of such care and services under this chapter.

(2) In establishing a program to provide counseling under subsection (a), the Secretary shall—

(A) provide for appropriate training of mental health professionals and such other health care personnel as the Secretary determines necessary to carry out the program effectively;

(B) seek to ensure that such counseling is furnished in a setting that is therapeutically appropriate, taking into account the circumstances that resulted in the need for such counseling; and

(C) provide referral services to assist **[veterans]** *former members of the Armed Forces* who are not eligible for services under this chapter to obtain those from sources outside the Department.

(c) The Secretary shall provide information on the counseling and treatment available under this section. Efforts by the Secretary to provide such information—

(1) shall include availability of a toll-free telephone number (commonly referred to as an 800 number);

(2) shall ensure that information about the counseling and treatment available under this section—

(A) is revised and updated as appropriate;

(B) is made available and visibly posted at appropriate facilities of the Department; and

(C) is made available through appropriate public information services; and

(3) shall include coordination with the Secretary of Defense seeking to ensure that members of the Armed Forces and individuals who are being separated from active military, naval, or air service are provided appropriate information about programs, requirements, and procedures for applying for counseling and treatment under this section.

(d)(1) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services under subsection (a).

(2) In carrying out the program required by paragraph (1), the Secretary shall ensure that—

(A) all mental health professionals described in such paragraph have been trained in a consistent manner; and

(B) training described in such paragraph includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.

(e) Each year, the Secretary shall submit to Congress an annual report on the counseling, care, and services provided pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.

(2) The number of individuals who received counseling and care under subsection (a) from professionals and providers who received training under subsection (d), disaggregated by—

(A) **【veterans】** *former members of the Armed Forces* ;

(B) members of the Armed Forces (including members of the National Guard and Reserves) on active duty; and

(C) for each of subparagraphs (A) and (B)—

(i) men; and

(ii) women.

(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).

(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of individuals requiring treatment and care for sexual trauma and post-traumatic stress disorder.

(5) Such recommendations for improvements in the treatment of individuals with sexual trauma and post-traumatic stress disorder as the Secretary considers appropriate, including specific recommendations for individuals specified in subparagraphs (A), (B), and (C) of paragraph (2).

(6) Such other information as the Secretary considers appropriate.

(f) In this section, the term “sexual harassment” means **【repeated,】** unsolicited verbal or physical contact of a sexual nature which is threatening in character.

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

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

(2) *An individual not described in paragraph (1) who was discharged or released from the Armed Forces under a condition that is not honorable but not—*

(A) *a dishonorable discharge; or*

(B) *a discharge by court-martial.*

* * * * *

§ 1720J. Medical services for women veterans

(a) **ACCESS TO CARE.**—*The Secretary shall ensure that women’s health primary care services are available during regular business hours at every medical center and community based outpatient clinic of the Department.*

(b) *STUDY ON EXTENDED HOURS OF CARE.*—The Secretary shall conduct a study to assess—

(1) the use of extended hours as a means of reducing barriers to care;

(2) the need for extended hours based on interviews with women veterans and employees; and

(3) the best practices and resources required to implement use of extended hours.

(c) *ANNUAL REPORT TO CONGRESS.*—Not later than September 30 of each year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on compliance with subsection (a).

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SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

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§ 1786. Care for newborn children of women veterans receiving maternity care

(a) *IN GENERAL.*—The Secretary may furnish health care services described in subsection (b) and transportation necessary to receive such services to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than **[seven days]** 14 days, except as provided in subsection (e), after the birth of the child if the veteran delivered the child in—

(1) a facility of the Department; **[or]**

(2) another facility pursuant to a Department contract for services relating to such delivery **[.];** or

(3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).

(b) *COVERED HEALTH CARE SERVICES.*—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn child requires, including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child .

(c) *TRANSPORTATION.*—(1) Transportation furnished under subsection (a) to, from, or between care settings to meet the needs of a newborn child includes costs for either or both the newborn child and parents.

(2) Transportation furnished under subsection (a) is transportation by ambulance, including air ambulance, or other appropriate medically staffed modes of transportation—

(A) to another health care facility (including a specialty pediatric hospital) that accepts transfer of the newborn child or otherwise provides post-delivery care services when the treating facility is not capable of furnishing the care or services required; or

(B) to a health care facility in a medical emergency of such nature that a prudent layperson reasonably expects that delay

in seeking immediate medical attention would be hazardous to life or health.

(3) Amounts paid by the Department for transportation under this section shall be derived from the Medical Services appropriations account of the Department.

(d) REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to regulations the Secretary shall prescribe to establish rates of reimbursement and any limitations thereto under this section, the Secretary shall directly reimburse a covered entity for health care services or transportation services provided under this section, unless the cost of the services or transportation is covered by an established agreement or contract. If such an agreement or contract exists, its negotiated payment terms shall apply.

(2)(A) Reimbursement or payment by the Secretary under this section on behalf of an individual to a covered entity shall, unless rejected and refunded by the covered entity within 30 days of receipt, extinguish any liability on the part of the individual for the health care services or transportation covered by such payment.

(B) Neither the absence of a contract or agreement between the Secretary and a covered entity nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirements of subparagraph (A).

(3) In this subsection, the term “covered entity” means any individual, transportation carrier, organization, or other entity that furnished or paid for health care services or transportation under this section.

(e) EXCEPTION.—Pursuant to such regulations as the Secretary shall prescribe to carry out this section, the Secretary may furnish more than 14 days of health care services described in subsection (b), and transportation necessary to receive such services, to a newborn child based on medical necessity if the child is in need of additional care, including a case in which the newborn child has been discharged or released from a hospital and requires readmittance to ensure the health and welfare of the newborn child.

(f) ANNUAL REPORT.—Not later than 60 days after the end of each fiscal year, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the health care services provided under subsection (a) during such fiscal year, including the number of newborn children who received such services during such fiscal year.

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CHAPTER 20—BENEFITS FOR HOMELESS VETERANS

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SUBCHAPTER V—HOUSING ASSISTANCE

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§ 2044. Financial assistance for supportive services for very low-income veteran families in permanent housing

(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—(1) The Secretary shall provide financial assistance to eligible entities approved

under this section to provide and coordinate the provision of supportive services described in subsection (b) for very low-income veteran families occupying permanent housing.

(2) Financial assistance under this section shall consist of grants for each such family for which an approved eligible entity is providing or coordinating the provision of supportive services.

(3)(A) The Secretary shall provide such grants to each eligible entity that is providing or coordinating the provision of supportive services.

(B) The Secretary is authorized to establish intervals of payment for the administration of such grants and establish a maximum amount to be awarded, in accordance with the services being provided and their duration.

(4) In providing financial assistance under paragraph (1), the Secretary shall give preference to entities providing or coordinating the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.

(5) The Secretary shall ensure that, to the extent practicable, financial assistance under this subsection is equitably distributed across geographic regions, including rural communities and tribal lands.

(6) Each entity receiving financial assistance under this section to provide supportive services to a very low-income veteran family shall notify that family that such services are being paid for, in whole or in part, by the Department.

(7) The Secretary may require entities receiving financial assistance under this section to submit a report to the Secretary that describes the projects carried out with such financial assistance.

(b) SUPPORTIVE SERVICES.—The supportive services referred to in subsection (a) are the following:

(1) Services provided by an eligible entity or a subcontractor of an eligible entity that address the needs of very low-income veteran families occupying permanent housing, including—

(A) outreach services;

(B) case management services;

(C) assistance in obtaining any benefits from the Department which the veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services; and

(D) assistance in obtaining and coordinating the provision of other public benefits provided in Federal, State, or local agencies, or any organization defined in subsection (f), including—

(i) health care services (including obtaining health insurance);

(ii) daily living services;

(iii) personal financial planning;

(iv) transportation services;

(v) income support services;

(vi) fiduciary and representative payee services;

(vii) legal services to assist the veteran family with issues that interfere with the family's ability to obtain or retain housing or supportive services;

- (viii) child care;
- (ix) housing counseling; and
- (x) other services necessary for maintaining independent living.

(2) Services described in paragraph (1) that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.

(3) Services described in paragraph (1) for very low-income veteran families who have voluntarily chosen to seek other housing after a period of tenancy in permanent housing, that are provided, for a period of 90 days after such families exit permanent housing or until such families commence receipt of other housing services adequate to meet their current needs, but only to the extent that services under this paragraph are designed to support such families in their choice to transition into housing that is responsive to their individual needs and preferences.

(c) APPLICATION FOR FINANCIAL ASSISTANCE.—(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary to carry out this section.

(2) Each application submitted by an eligible entity under paragraph (1) shall contain—

(A) a description of the supportive services proposed to be provided by the eligible entity and the identified needs for those services;

(B) a description of the types of very low-income veteran families proposed to be provided such services;

(C) an estimate of the number of very low-income veteran families proposed to be provided such services;

(D) evidence of the experience of the eligible entity in providing supportive services to very low-income veteran families; and

(E) a description of the managerial capacity of the eligible entity—

(i) to coordinate the provision of supportive services with the provision of permanent housing by the eligible entity or by other organizations;

(ii) to assess continuously the needs of very low-income veteran families for supportive services;

(iii) to coordinate the provision of supportive services with the services of the Department;

(iv) to tailor supportive services to the needs of very low-income veteran families; and

(v) to seek continuously new sources of assistance to ensure the long-term provision of supportive services to very low-income veteran families.

(3) The Secretary shall establish criteria for the selection of eligible entities to be provided financial assistance under this section.

(d) TECHNICAL ASSISTANCE.—(1) The Secretary shall provide training and technical assistance to participating eligible entities regarding the planning, development, and provision of supportive

services to very low-income veteran families occupying permanent housing, through the Technical Assistance grants program in section 2064 of this title.

(2) The Secretary may provide the training described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit private entities.

(e) FUNDING.—(1) From amounts appropriated to the Department for Medical Services, there shall be available to carry out subsections (a), (b), and (c) amounts as follows:

(A) \$15,000,000 for fiscal year 2009.

(B) \$20,000,000 for fiscal year 2010.

(C) \$25,000,000 for fiscal year 2011.

(D) \$100,000,000 for fiscal year 2012.

(E) \$320,000,000 for each of fiscal years 2015 through 2017.

(F) \$340,000,000 for fiscal year 2018.

(G) \$380,000,000 for each of fiscal years 2019 through 2021.

(2) Not more than \$750,000 may be available under paragraph (1) in any fiscal year to provide technical assistance under subsection (d).

(3) There is authorized to be appropriated \$1,000,000 for each of the fiscal years 2009 through 2012 to carry out the provisions of subsection (d).

(4) *Not less than \$20,000,000 shall be available under paragraph (1)(H) for the provision of financial assistance under subsection (a) to organizations that have a focus on providing assistance to women veterans and their families.*

(f) DEFINITIONS.—In this section:

(1) The term “consumer cooperative” has the meaning given such term in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

(2) The term “eligible entity” means—

(A) a private nonprofit organization; or

(B) a consumer cooperative.

(3) The term “homeless” has the meaning given that term in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

(4) The term “permanent housing” means community-based housing without a designated length of stay.

(5) The term “private nonprofit organization” means any of the following:

(A) Any incorporated private institution or foundation—

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

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

(iii) which is approved by the Secretary as to financial responsibility.

(B) A for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A).

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

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

(6)(A) Subject to subparagraphs (B) and (C), the term “very low-income veteran family” means a veteran family whose income does not exceed 50 percent of the median income for an area specified by the Secretary for purposes of this section, as determined by the Secretary in accordance with this paragraph.

(B) The Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size.

(C) The Secretary may establish an income ceiling higher or lower than 50 percent of the median income for an area if the Secretary determines that such variations are necessary because the area has unusually high or low construction costs, fair market rents (as determined under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)), or family incomes.

(7) The term “veteran family” includes a veteran who is a single person and a family in which the head of household or the spouse of the head of household is a veteran.

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PART V—BOARDS, ADMINISTRATIONS, AND SERVICES

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CHAPTER 73—VETERANS HEALTH ADMINISTRATION—ORGANIZATION AND FUNCTIONS

SUBCHAPTER I—ORGANIZATION

Sec.

7301. Functions of Veterans Health Administration: in general.

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7310. *Office of Women’s Health.*

7310A. Annual reports on women’s health.

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SUBCHAPTER I—ORGANIZATION

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§ 7306. Office of the Under Secretary for Health

(a) The Office of the Under Secretary for Health shall consist of the following:

(1) The Deputy Under Secretary for Health, who shall be the principal assistant of the Under Secretary for Health and who shall be a qualified doctor of medicine.

(2) The Associate Deputy Under Secretary for Health, who shall be an assistant to the Under Secretary for Health and the Deputy Under Secretary for Health and who shall be a qualified doctor of medicine.

(3) Not to exceed eight Assistant Under Secretaries for Health.

(4) Such Medical Directors as may be appointed to suit the needs of the Department, who shall be either a qualified doctor of medicine or a qualified doctor of dental surgery or dental medicine.

(5) A Director of Nursing Service, who shall be a qualified registered nurse and who shall be responsible to, and report directly to, the Under Secretary for Health for the operation of the Nursing Service.

(6) A Director of Pharmacy Service, a Director of Dietetic Service, a Director of Podiatric Service, and a Director of Optometric Service, who shall be responsible to the Under Secretary for Health for the operation of their respective Services.

(7) Such directors of such other professional or auxiliary services as may be appointed to suit the needs of the Department, who shall be responsible to the Under Secretary for Health for the operation of their respective services.

(8) The Director of the National Center for Preventive Health, who shall be responsible to the Under Secretary for Health for the operation of the Center.

(9) The Director of Physician Assistant Services, who shall—

(A) serve in a full-time capacity at the Central Office of the Department;

(B) be a qualified physician assistant; and

(C) be responsible and report directly to the Chief Patient Care Services Officer of the Veterans Health Administration on all matters relating to the education and training, employment, appropriate use, and optimal participation of physician assistants within the programs and initiatives of the Administration.

(10) *The Director of Women's Health.*

[(10)] (11) Such other personnel as may be authorized by this chapter.

(b) Of the Assistant Under Secretaries for Health appointed under subsection (a)(3)—

(1) not more than two may be persons qualified in the administration of health services who are not doctors of medicine, dental surgery, or dental medicines;

(2) one shall be a qualified doctor of dental surgery or dental medicine who shall be directly responsible to the Under Secretary for Health for the operation of the Dental Service; and

(3) one shall be a qualified physician trained in, or having suitable extensive experience in, geriatrics who shall be responsible to the Under Secretary for Health for evaluating all research, educational, and clinical health-care programs carried out in the Administration in the field of geriatrics and who shall serve as the principal advisor to the Under Secretary for Health with respect to such programs.

(c) Appointments under subsection (a) shall be made by the Secretary. In the case of appointments under paragraphs (1), (2), (3), (4), and (8) of that subsection, such appointments shall be made upon the recommendation of the Under Secretary for Health.

(d) Except as provided in subsection (e)—

(1) any appointment under this section shall be for a period of four years, with reappointment permissible for successive like periods,

(2) any such appointment or reappointment may be extended by the Secretary for a period not in excess of three years, and

(3) any person so appointed or reappointed or whose appointment or reappointment is extended shall be subject to removal by the Secretary for cause.

(e)(1) The Secretary may designate a member of the Chaplain Service of the Department as Director, Chaplain Service, for a period of two years, subject to removal by the Secretary for cause. Resignation under this subsection may be made for successive like periods or for any period not exceeding two years.

(2) A person designated as Director, Chaplain Service, shall at the end of such person's period of service as Director revert to the position, grade, and status which such person held immediately before being designated Director, Chaplain Service, and all service as Director, Chaplain Service, shall be creditable as service in the former position.

(f) In organizing the Office and appointing persons to positions in the Office, the Under Secretary shall ensure that—

(1) the Office is staffed so as to provide the Under Secretary, through a designated clinician in the appropriate discipline in each instance, with expertise and direct policy guidance on—

(A) unique programs operated by the Administration to provide for the specialized treatment and rehabilitation of disabled veterans (including blind rehabilitation, care of spinal cord dysfunction, mental illness, and long-term care); and

(B) the programs established under section 1712A of this title; and

(2) with respect to the programs established under section 1712A of this title, a clinician with appropriate expertise in those programs is responsible to the Under Secretary for the management of those programs.

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§ 7310. Office of Women's Health

(a) *ESTABLISHMENT.*—(1) *The Under Secretary for Health shall establish and operate in the Veterans Health Administration the Office of Women's Health (hereinafter in this section referred to as the "Office"). The Office shall be located at the Central Office of the Department of Veterans Affairs.*

(2) *The head of the Office is the Director of Women's Health (hereinafter in this section referred to as the "Director"). The Director shall report to the Under Secretary for Health.*

(3) *The Under Secretary for Health shall provide the Office with such staff and other support as may be necessary for the Office to carry out effectively its functions under this section.*

(4) *The Under Secretary for Health may reorganize existing offices within the Veterans Health Administration as of the date of the enactment of this section in order to avoid duplication with the functions of the Office.*

(b) *PURPOSE.*—*The functions of the Office include the following:*

(1) *To provide a central office for monitoring and encouraging the activities of the Veterans Health Administration with respect to the provision, evaluation, and improvement of women veterans' health care services in the Department.*

(2) *To develop and implement standards of care for the provision of health care for women veterans in the Department.*

(3) *To monitor and identify deficiencies in standards of care for the provision of health care for women veterans in the Department, to provide technical assistance to medical facilities of the Department to address and remedy deficiencies, and to perform oversight of implementation of standards of care for women veterans' health care in the Department.*

(4) *To monitor and identify deficiencies in standards of care for the provision of health care for women veterans provided through the community pursuant to this title, and to provide recommendations to the appropriate office to address and remedy any deficiencies.*

(5) *To oversee distribution of resources and information related to women veterans' health programming under this title.*

(6) *To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect the health care of women veterans.*

(7) *To provide, as part of the annual budgeting process, recommendations with respect to the amount of funds to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amount of funds either reflect or exceed the proportion of veterans enrolled in the patient enrollment system under section 1705 of this title who are women.*

(8) *To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system to ensure that resource allocations under such system reflect the health care needs of women veterans.*

(9) *To carry out such other duties as the Under Secretary for Health may require.*

(c) *RECOMMENDATIONS.—If the Under Secretary for Health determines not to implement any recommendation made by the Director with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation. Each such notification shall include the following:*

(1) *The reasoning of the Under Secretary for Health in making such determination.*

(2) *An alternative, if one is selected, to such recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.*

(d) *STANDARDS OF CARE.—In this section, the standards of care for the provision of health care for women veterans in the Department shall include, at a minimum, the following:*

(1) *Requirement for—*

(A) at least one designated women's health primary care provider at each medical center whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

(B) at least one designated women's health primary care provider at each community-based outpatient clinic of the Department who may serve female patients as a percentage of the total duties of the provider.

(2) Other requirements as determined by the Under Secretary for Health.

(e) **OUTREACH.**—The Director shall ensure that—

(1) not less frequently than biannually, each medical facility of the Department holds a public forum for women veterans that occurs outside of regular business hours; and

(2) not less frequently than quarterly, each medical facility of the Department convenes a focus group of women veterans that includes a discussion of harassment occurring at such facility.

(f) **DEFINITIONS.**—In this section:

(1) The term “appropriate congressional committees” has the meaning given that term in section 7310A of this title.

(2) The term “facility of the Department” has the meaning given the term in section 1701(3).

(3) The term “Veterans Equitable Resource Allocation system” means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (Public Law 104–204; 110 Stat. 2929).

§ 7310A. Annual reports on women's health

(a) **ANNUAL REPORTS.**—Not later than December 1 of each year, the Director of Women's Health shall submit to the appropriate congressional committees a report containing the matters under subsections (b) through (g).

(b) **OFFICE OF WOMEN'S HEALTH.**—Each report under subsection (a) shall include a description of—

(1) actions taken by the Office of Women's Health in the preceding fiscal year to improve the Department's provision of health care to women veterans;

(2) any identified deficiencies related to the Department's provision of health care to women veterans and the standards of care established in section 7310 of this title, and the Department's plan to address such deficiencies;

(3) the funding and personnel provided to the Office and whether additional funding or personnel are needed to meet the requirements of such section; and

(4) other information that would be of interest to the appropriate congressional committees with respect to oversight of the Department's provision of health care to women veterans.

(c) **ACCESS TO GENDER-SPECIFIC SERVICES.**—Each report under subsection (a) shall include an analysis of the access of women veterans to gender-specific services under contracts, agreements, or other arrangements with non-Department medical providers entered into by the Secretary for the provision of hospital care or medical services to veterans. Such analysis shall include data and perform-

ance measures for the availability of gender specific services, including—

- (1) the average wait time between the veteran's preferred appointment date and the date on which the appointment is completed;
- (2) the average driving time required for veterans to attend appointments; and
- (3) reasons why appointments could not be scheduled with non-Department medical providers.

(d) *LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE.*—Each report under subsection (a) shall include an analysis of the use by women veterans of health care from the Department, including the following information:

- (1) The number of women veterans who reside in each State.
- (2) The number of women veterans in each State who are enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) this title.
- (3) Of the women veterans who are so enrolled, the number who have received health care under the laws administered by the Secretary at least one time during the one-year period preceding the submittal of the report.
- (4) The number of women veterans who have been seen at each medical facility of the Department during such year.
- (5) The number of appointments that women veterans have had at each such facility during such year.
- (6) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of increase in patient population of women veterans as measured by the increase in unique women veteran patient use.
- (7) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of decrease in patient population of women veterans as measured by the decrease in unique women veterans patient use.

(e) *MODELS OF CARE.*—Each report under subsection (a) shall include an analysis of the use by the Department of general primary care clinics, separate but shared spaces, and women's health centers as models of providing health care to women veterans. Such analysis shall include the following:

- (1) The number of facilities of the Department that fall into each such model, disaggregated by Veterans Integrated Service Network and State.
- (2) A description of the criteria used by the Department to determine which such model is most appropriate for each facility of the Department.
- (3) An assessment of how the Department decides to make investments to modify facilities to a different model.
- (4) A description of what, if any, plans the Department has to modify facilities from general primary care clinics to another model.
- (5) An assessment of whether any facilities could be modified to a separate but shared space for a women's health center within planned investments under the strategic capital investment planning process of the Department.

(6) *An assessment of whether any facilities could be modified to a separate or shared space, or women's health center with minor modifications to existing plans under the strategic capital investment planning process of the Department.*

(7) *An assessment of whether the Department has a goal for how many facilities should fall into each such model.*

(f) *STAFFING.—Each report under subsection (a) shall include an analysis of the staffing of the Department relating to the treatment of women, including the following, disaggregated by Veterans Integrated Service Network and State (except with respect to paragraph (4)):*

(1) *The number of women's health centers.*

(2) *The number of patient aligned care teams of the Department relating to women's health.*

(3) *The number of full- and part-time gynecologists of the Department.*

(4) *The number of designated women's health care providers of the Department, disaggregated by facility of the Department.*

(5) *The number of health care providers of the Department who have completed a mini-residency for women's health care through Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report, and the number that plan to participate in such a mini-residency during the one-year period following such date.*

(6) *The number of designated women's health care providers of the Department who have sufficient female patients to retain their competencies and proficiencies.*

(g) *ACCESSIBILITY AND TREATMENT OPTIONS.—Each report under subsection (a) shall include an analysis of the accessibility and treatment options for women veterans, including the following:*

(1) *An assessment of wheelchair accessibility of women's health centers of the Department, including, with respect to each such facility, an assessment of such accessibility for each kind of treatment provided at the center, including with respect to radiology and mammography, that addresses all relevant factors, including door sizes, hoists, and equipment.*

(2) *The options for women veterans to access female mental health providers and primary care providers.*

(3) *The options for women veterans at medical facilities of the Department with respect to clothing sizes, including for gowns, drawstring pants, and pajamas.*

(h) *DEFINITIONS.—In this section:*

(1) *The term "appropriate congressional committees" means—*

(A) *the Committees on Veterans' Affairs of the House of Representatives and the Senate; and*

(B) *the Committees on Appropriations of the House of Representatives and the Senate.*

(2) *The term "gender-specific services" means mammography, obstetric care, gynecological care, and such other services as the Secretary determines appropriate.*

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