With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019

Mr. MORAN. Mr. President, I am pleased to be on the floor this evening, but I am here to discuss a significantly tragic issue that affects way too many Americans all across our country—certainly at home in Kansas—and that is the lack of treatment for mental health conditions and, in many instances, the consequence that comes from that—suicide.

Sadly, veterans in particular face risks for suicide, and, unfortunately, COVID–19 has increased the problem. Veterans have a higher rate of suicide and mental health issues than people who have not served in our armed services.

We know there is not a single explanation or reason for suicide, and there is no single treatment for prevention strategy. One veteran lost to suicide is one too many, and, of course, we all have the obligation to help those who have served our Nation—those who fought bravely for our country—to help fix this tragedy.

Every day that we fail to act is another day we lose another 20 veterans to suicide. They need our help.

I want to highlight one veteran who fought a battle with his mental health condition, CDR John Scott Hannon. Commander Hannon was a decorated Navy SEAL. I met his family through the Senator from Montana, Mr. TESTER. He, like every other veteran, was more than just what his service record would show. His family and friends remember him as a passionate mental health advocate for veterans. He tried to help other veterans who faced the same challenges that he did. They say he had a gentle heart and a fierce belief in taking actions to tackle big challenges.

Sadly, Commander Hannon lost his fight with post-traumatic stress, bipolar disorder, and the effects of a traumatic brain injury. He lost that fight in February 2018. He now lives on in the memories of his friends and family, and when S. 785 becomes law—the namesake of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act—he will be remembered even more—more by other Americans than his family and friends.

I am proud to lead this effort in passage of this legislation, in its development, its creation, in the studies and efforts, the conversations that went on with my colleagues in the Senate, our colleagues in the Veterans' Affairs Committee, the veterans service organizations, and his family. I am proud to lead that effort with the Senator from Montana, the Senator who represents Commander Hannon's family.

For several months now, our committee has been working closely with the Department of Veterans Affairs and the White House to improve upon and advance S. 785. This bill will make necessary investments in suicide prevention. It will improve and support innovative research. It will make improvements and increase the availability of mental health care.

This bill establishes a grant program championed by Mr. BOOZMAN, the Senator from Arkansas. The VA will be required to better collaborate with community organizations across the country, serving veterans.

Senator TESTER, Senator BOOZMAN, and I come from rural States, and it is hard to find the services where they are necessary. If we can allow the Department of Veterans Affairs to deal with local organizations, we have a better chance of fighting suicide.

This legislation represents a team effort. I appreciate Secretary Wilkie, David Ballenger, Cathy Haverstock, and Chris Anderson for their help and commitment in addressing mental health services.

President Trump and his support for veterans is well recognized. The Second Lady, Karen Pence, has also been a long-time advocate for veterans' mental health, and I appreciate our conversations on this important topic. The staff at the White House and at the Domestic Policy Council—Joe Grogan, Brooke Rollins, James Baehr, and Virginia McMillin—deserve recognition as well.

The Senate VA committee is known for its spirit of bipartisanship, and I want to thank my colleagues on both sides of the aisle for their input on this important legislation. Along with the lead sponsor of this legislation, Senator TESTER, and the efforts I mentioned of Senator BOOZMAN, I would recognize Senator SULLIVAN, Senator TILLIS, Senator CASSIDY, Senator ROUNDS, Senator CRAMER—the Presiding Officer this evening—Senator LOEFFLER, Senator BLACKBURN, Senator MCSALLY, and Senator KAINE for their substantive contributions to several primary sections of this bill.

These contributions by our colleagues range from studies on overmedication and suicidality, the effectiveness of hyperbaric oxygen therapy on PTSD and TBI, a pilot program for post-traumatic growth, and many provisions that will provide more direct oversight of the VA to ensure the Department is equipped to better serve veterans.

As a result, this bipartisan legislation has 51 cosponsors, and it received a unanimous 17-to-0 vote in the Senate Committee on Veterans' Affairs earlier this year, and today is the time we will pass this measure out of the Senate.

I am calling on my colleagues on both sides of the aisle to do our part to make certain that every veteran has access to the lifesaving care and support they need. We need to ensure that every VA medical center is equipped with the proper personnel, evidence-based treatment options, and the best research-informed care to fit the needs of each veteran who walks through its doors.

For veterans and servicemembers like CDR John Scott Hannon, we, in Congress, have the opportunity to take action to help them know they don't have to struggle alone. Our legislation will help connect these veterans and servicemembers to more resources and provide them with the tools they need to address the challenges related to their service.

To my colleagues, we have a significant role and responsibility to combat this struggle, and here today we can do our part to make certain that, in their struggles, our veterans are equipped with the care and services they need to be successful, to win. We must take real and urgent action to tackle the challenges together.

ADDITIONAL COSPONSOR TO S. 785

Mr. President, I ask unanimous consent that the Senator from Rhode Island, Mr. REED, be added as a cosponsor to S. 785.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MORAN. Mr. President, I also ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 498, S. 785.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 785) to improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

The PRESIDING OFFICER. Is there objection to proceeding to the measure?

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Veterans' Affairs with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

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

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

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

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

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

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

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

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

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

(c) PROMOTION OF EXPANDED ELIGIBILITY.—

(1) TRANSITION ASSISTANCE PROGRAM.—

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

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

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

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

(a) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly review the records of each former member of the Armed Forces who died by suicide within one year of separation from the Armed Forces during the five-year period preceding the date of the enactment of this Act.

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

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

(2) What risk factors were present with respect to the former member and how those risk factors correlated to the circumstances of the death of the former member.

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

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

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

(6) The employment status, housing status, marital status, age, rank within the Armed Forces (such as enlisted or officer), and branch of service within the Armed Forces of the former member.

(7) If support services, specified by the type of service (such as employment, mental health, etc.), were provided to the former member during their period of separation from the Armed Forces, disaggregated by—

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

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

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

(c) REPORT.—

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

(2) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term ''appropriate committees of Congress'' means—

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

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

SEC. 103. REPORT ON REACH VET PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall 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 REACH VET program.

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

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

(2) An assessment of how limits within the REACH VET program, such as caps on the number of veterans who may be flagged as high risk, are adjusted for differing rates of suicide across the country.

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

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

(c) REACH VET PROGRAM DEFINED.—In this section, the term ''REACH VET program'' means the Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment program of the Department of Veterans Affairs.

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

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

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

(2) in paragraph (2)—

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

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

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

''(D) The demographics of individuals being treated under this section, including—

''(i) age;

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

''(iii) branch of service in the Armed Forces; and

''(iv) geographic location.

''(E) The average number of visits for an individual for mental or behavioral health care under this section.''.

TITLE II—SUICIDE PREVENTION

SEC. 201. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE AND COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES.

(a) PURPOSE.—The purpose of this section is to reduce veteran suicide through a community-based grant program to award grants to eligible entities to provide suicide prevention services to eligible individuals and their family.

(b) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall provide financial assistance to eligible entities approved under this section through the award of grants each fiscal year to such entities to provide and coordinate the provision of suicide prevention services to eligible individuals and their family to reduce the risk of suicide.

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

(c) AWARD OF GRANTS.—

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

(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall establish—

(A) a maximum amount to be awarded under the grant that is not greater than $750,000 per grantee per fiscal year;

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

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

(d) DISTRIBUTION OF FINANCIAL ASSISTANCE AND PREFERENCE.—

(1) DISTRIBUTION.—

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

(i) rural communities;

(ii) Tribal lands;

(iii) territories of the United States;

(iv) medically underserved areas;

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

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

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

(i) to provide services in areas of the United States, including territories of the United States, that have experienced high rates or a high burden of veteran suicide; and

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

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

(2) PREFERENCE.—

(A) IN GENERAL.—The Secretary shall give preference in the provision of financial assistance under this section to eligible entities that have demonstrated the ability to provide or coordinate multiple suicide prevention services using a collective impact model.

(B) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to limit the award of grants under this section only to organizations that provide or coordinate multiple suicide prevention services through a collective impact model.

(e) REQUIREMENTS FOR RECEIPT OF FINANCIAL ASSISTANCE.—

(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving financial assistance under this section to provide suicide prevention services to eligible individuals and their family shall notify the recipients of such services that such services are being paid for, in whole or in part, by the Department.

(2) COORDINATION WITH OTHER SERVICES FROM DEPARTMENT.—Each entity receiving a grant under this section shall—

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

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

(C) if such veteran wishes to so enroll, inform the veteran of the point of contact at the nearest medical center of the Department who can assist the veteran in such enrollment.

(3) MEASUREMENT AND MONITORING.—Each entity receiving a grant under this section shall submit to the Secretary a description of the tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity under this section, including the effect of those services on—

(A) the financial stability of eligible individuals receiving those services;

(B) the mental resiliency and mental outlook of those eligible individuals; and

(C) the social support of those eligible individuals.

(4) REPORTS.—The Secretary—

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

(B) shall specify to each such entity the evaluation criteria and data and information, which shall include a mental health measurement of each eligible individual served, to be submitted in such report; and

(C) may require such entities to submit to the Secretary such additional reports as the Secretary considers appropriate.

(f) APPLICATION FOR FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—An eligible entity seeking financial assistance under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

(2) MATTERS TO BE INCLUDED.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

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

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

(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;

(ii) a description of the arrangements currently in place between the eligible entity and such partners; and

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

(C) Clearly defined objectives for the provision of suicide prevention services.

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

(E) A description of the types of eligible individuals at risk of suicide and their family proposed to be provided suicide prevention services.

(F) An estimate of the number of eligible individuals at risk of suicide and their family proposed to be provided suicide prevention services and the basis for such estimate, including the percentage of those individuals who are not currently receiving care furnished by the Department.

(G) The physical address of the primary location of the eligible entity.

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

(I) Evidence of the experience of the eligible entity (and the proposed partners of the entity) in providing suicide prevention services to individuals at risk of suicide, particularly to eligible individuals at risk of suicide and their family.

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

(i) to coordinate the provision of suicide prevention services with the provision of other services;

(ii) to assess continuously the needs of eligible individuals at risk of suicide and their family for suicide prevention services;

(iii) to coordinate the provision of suicide prevention services with the services of the Department for which the beneficiaries are eligible;

(iv) to continuously seek new sources of assistance to ensure the continuity of suicide prevention services for eligible individuals at risk of suicide and their family as long as the individual is determined to be at risk of suicide; and

(v) to measure, over a long-term period, the improved mental resiliency and mental outlook of the eligible individual served.

(K) An agreement to use the measurement tool provided by the Department for purposes of measuring effectiveness of the programming as described in paragraph (2) of subsection (h).

(L) A description of how the eligible entity plans to assess the effectiveness of the provision of suicide prevention services under this section.

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

(g) TECHNICAL ASSISTANCE.—

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

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

(B) the means of data collection and sharing;

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

(D) the requirements for reporting under subsection (e)(4) on services provided via such financial assistance.

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

(h) ADMINISTRATION OF GRANT PROGRAM.—

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

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

(A) A framework for collecting and sharing information about entities in receipt of financial assistance under this section for purposes of improving the discovery of services available for eligible individuals at risk of suicide and their family, set forth by service type, locality, and eligibility criteria.

(B) The measures to be used by each entity in receipt of financial assistance under this section to determine the effectiveness of the programming being provided by such entity in improving mental resiliency and mental outlook of eligible individuals at risk of suicide and their family.

(C) Metrics for measuring the effectiveness of the provision of financial assistance under this section, including reducing suicide risk among eligible individuals.

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

(A) Veterans service organizations.

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

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

(ii) represent mayors;

(iii) represent first responders;

(iv) represent chiefs of police and sheriffs;

(v) represent governors;

(vi) represent a territory of the United States; or

(vii) represent a Tribal alliance.

(C) National organizations that represent counties.

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

(E) State departments of veterans affairs.

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

(G) Vet Centers.

(H) Organizations, including institutions of higher education, with experience in creating measurement tools for purposes of determining programmatic effectiveness.

(I) The National Alliance on Mental Illness.

(J) The Centers for Disease Control and Prevention.

(K) The Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

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

(M) The PREVENTS task force established under Executive Order 13861 (84 Fed. Reg. 8585; relating to the national roadmap to empower veterans and end suicide) .

(N) Such other organizations as the Secretary considers appropriate.

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

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

(B) the tool or tools and metrics to be used by the Department to measure the effectiveness of the use of financial assistance provided under this section;

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

(D) the method by which the Secretary determines financial responsibility for purposes of paragraph (3) of subsection (m).

(i) INFORMATION ON POTENTIAL BENEFICIARIES.—

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

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

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

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

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

(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of financial assistance under this section.

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

(k) REPORTING AND ASSESSMENT.—

(1) INTERIM REPORT.—

(A) IN GENERAL.—Not later than 18 months after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress a report on the provision of financial assistance under this section.

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

(i) An assessment of the effectiveness of the provision of financial assistance under this section, including—

(I) the effectiveness of community partners in conducting outreach to eligible individuals at risk of suicide and their family and reducing suicide rates for eligible individuals; and

(II) the effectiveness of the measures and metrics developed under subsection (h)(2) at improving coordination of suicide prevention services.

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

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

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

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

(vi) The number of eligible individuals whose mental resiliency and mental outlook received a baseline measurement assessment under this section and the number of such individuals whose mental resiliency and mental outlook will be measured by the Department or a community partner over a period of time.

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

(viii) The number of eligible individuals newly enrolled in the Veterans Health Administration by grant recipients, set forth by grant recipient.

(2) FINAL REPORT.—Not later than three years after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress—

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

(B) a report on—

(i) the effectiveness of the provision of financial assistance under this section, including the effectiveness of community partners in conducting outreach to eligible individuals at risk of suicide and their family and reducing suicide rates for eligible individuals;

(ii) an assessment of the increased capacity of the Department to provide services to eligible individuals at risk of suicide and their family, set forth by State, as a result of the provision of financial assistance under this section; and

(iii) the feasibility and advisability of extending or expanding the provision of financial assistance under this section.

(3) THIRD PARTY ASSESSMENT.—

(A) STUDY OF GRANT PROGRAM.—

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

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

(I) evaluate the effectiveness of grants under this section in addressing the factors that contribute to suicide through the provision of services by eligible entities located in the communities where the eligible individuals receiving those services live; and

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

(B) ASSESSMENT.—

(i) IN GENERAL.—The contract under subparagraph (A) shall require that not later than two

years after the date on which the first grant is awarded under this section, the appropriate entity shall submit to the Secretary an assessment of the provision of grants under this section based on the study conducted pursuant to such contract.

(ii) SUBMITTAL TO CONGRESS.—Upon receipt of the assessment under clause (i), the Secretary shall submit to the appropriate committees of Congress a copy of the assessment.

(C) APPROPRIATE ENTITY.—An appropriate entity described in this subparagraph is a nongovernment entity with experience optimizing and assessing organizations that deliver services.

(l) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—

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

(2) INELIGIBLE.—If an eligible individual refuses to receive services under paragraph (1) or is ineligible for such services, any ongoing clinical services provided by an eligible entity receiving a grant under this section, or a community partner of such entity, shall be at the expense of the entity.

(m) DEFINITIONS.—In this section:

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

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

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

(2) COLLECTIVE IMPACT MODEL.—The term ''collective impact model'' means a partnership between several entities that—

(A) collectively provides multiple suicide prevention services;

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

(C) has a shared measurement system;

(D) engages in continuous communication; and

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

(i) strategic planning;

(ii) project management; and

(iii) supporting partner entities through ongoing—

(I) facilitation;

(II) technology and communications support;

(III) data collection and reporting; and

(IV) administrative support.

(3) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(A) an incorporated private institution or foundation—

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

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

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

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

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

(D) a community-based organization—

(i) that is physically based in the targeted community;

(ii) that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals at risk of suicide and their family are likely to have contact; and

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

(E) a community-based organization—

(i) that is physically based in the targeted community;

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

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

(F) a State or local government that is approved by the Secretary as to financial responsibility.

(4) ELIGIBLE INDIVIDUAL.—The term ''eligible individual'' means—

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

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

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

(D) such other individual as the Secretary considers appropriate.

(5) EMERGENCY MEDICAL CONDITION DEFINED.—The term ''emergency medical condition'' means a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in—

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

(B) serious impairment to bodily functions; or

(C) serious dysfunction of bodily organs.

(6) FAMILY.—The term ''family'' means, with respect to an eligible individual at risk of suicide, any of the following:

(A) A parent.

(B) A spouse.

(C) A child.

(D) A sibling.

(E) A step-family member.

(F) An extended family member.

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

(7) NECESSARY STABILIZING TREATMENT DEFINED.—The term ''necessary stabilizing treatment'' means, with respect to an emergency medical condition, to provide, for not greater than 72 hours, such medical treatment for the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

(8) PEER SPECIALIST.—The term ''peer specialist'' means a person eligible to be appointed as a peer specialist under section 7402(b)(13) of title 38, United States Code.

(9) RISK OF SUICIDE.—The term ''risk of suicide'' means exposure to or the existence of any of the following:

(A) Health risk factors, including the following:

(i) Mental health challenges.

(ii) Substance abuse.

(iii) Serious or chronic health conditions or pain.

(iv) Traumatic brain injury.

(B) Environmental risk factors, including the following:

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

(ii) Prolonged stress.

(iii) Stressful life events.

(iv) Exposure to the suicide of another person or to graphic or sensationalized accounts of suicide.

(v) Unemployment.

(vi) Homelessness.

(vii) Recent loss.

(viii) Legal or financial challenges.

(C) Historical risk factors, including the following:

(i) Previous suicide attempts.

(ii) Family history of suicide.

(iii) History of abuse, neglect, or trauma.

(10) RURAL.—With respect to an area or community, the term ''rural'' has the meaning given that term in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

(11) STATE.—The term ''State'' means each of several States, the District of Columbia, the Northern Mariana Islands, American Samoa, Guam, Puerto Rico, and the United States Virgin Islands.

(12) SUICIDE PREVENTION SERVICES.—

(A) IN GENERAL.—The term ''suicide prevention services'' means services to address the needs of eligible individuals at risk of suicide and their family and includes the following:

(i) Outreach to identify eligible individuals at risk of suicide, with an emphasis on eligible individuals who are at highest risk or who are not receiving health care or other services furnished by the Department.

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

(I) a medical facility of the Department;

(II) a Vet Center; or

(III) a non-Department facility if the eligible individual refuses to or is ineligible for care from the Department or a Vet Center.

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

(iv) Individual and group therapy.

(v) Case management services.

(vi) Peer support services provided by peer specialists.

(vii) Assistance in obtaining any benefit from the Department that the eligible individual at risk of suicide or their family may be eligible to receive, including—

(I) vocational and rehabilitation counseling;

(II) supportive services for homeless veterans;

(III) employment and training services;

(IV) educational assistance; and

(V) health care services.

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

(ix) The provision of emergency mental health treatment to an eligible individual, which may include—

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

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

(III) in the case of an eligible individual who is experiencing an emergency medical condition—

(aa) paying for the provision of necessary stabilizing treatment provided in a hospital or other medical facility; and

(bb) transporting the individual—

(AA) if the individual is eligible for care from the Department, to a medical facility of the Department; or

(BB) if the individual is not eligible for care from the Department, to a medical facility not operated by the Department.

(x) Such other services necessary for improving the resiliency of eligible individuals at risk of suicide and their family as the Secretary considers appropriate, which may include—

(I) assistance with emergent needs relating to—

(aa) daily living services;

(bb) personal financial planning;

(cc) transportation services;

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

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

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

(III) substance use reduction programming;

(IV) individual, group, or family counseling; and

(V) relationship coaching.

(B) EXCLUSION.—The term ''suicide prevention services'' does not include direct cash assistance to eligible individuals or their family.

(13) VET CENTER.—The term ''Vet Center'' has the meaning given that term in section 1712A(h)(1) of title 38, United States Code.

(14) VETERANS CRISIS LINE.—The term ''Veterans Crisis Line'' means the toll-free hotline for veterans established under section 1720F(h) of such title.

(15) VETERANS SERVICE ORGANIZATION.—The term ''veterans service organization'' means any organization recognized by the Secretary of Veterans Affairs for the representation of veterans included as part of the annually updated list at https://www.va.gov/vso/ or a successor website.

SEC. 202. STUDY ON FEASIBILITY AND ADVISABILITY OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING CERTAIN COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete a study on the feasibility and advisability of providing complementary and integrative health treatments described in subsection (c) at all medical facilities of the Department of Veterans Affairs.

(b) INCLUSION OF ASSESSMENT OF REPORT.—The study conducted under subsection (a) shall include an assessment of the final report of the Creating Options for Veterans' Expedited Recovery Commission (commonly referred to as the ''COVER Commission'') established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114-198; 38 U.S.C. 1701 note).

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

(1) Yoga.

(2) Meditation.

(3) Acupuncture.

(4) Chiropractic care.

(5) Other treatments that show sufficient evidence of efficacy at treating mental or physical health conditions, as determined by the Secretary.

(d) REPORT.—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 completed under subsection (a), including—

(1) the results of such study; and

(2) such recommendations regarding the furnishing of complementary and integrative health treatments described in subsection (c) as the Secretary considers appropriate.

SEC. 203. PILOT PROGRAM TO PROVIDE VETERANS ACCESS TO COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES THROUGH ANIMAL THERAPY, AGRITHERAPY, POST-TRAUMATIC GROWTH THERAPY, AND OUTDOOR SPORTS AND RECREATION THERAPY.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide complementary and integrative health services described in subsection (b) to eligible veterans from the Department of Veterans Affairs or through the use of non-Department entities for the treatment of post-traumatic stress disorder, depression, anxiety, or other conditions as determined by the Secretary.

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

(1) Equine therapy.

(2) Other animal therapy.

(3) Agritherapy.

(4) Post-traumatic growth therapy.

(5) Outdoor sports and recreation therapy.

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

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

(2) has received health care under the laws administered by the Secretary during the two-year period preceding the initial participation of the veteran in the pilot program.

(d) DURATION.—

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

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

(e) LOCATIONS.—

(1) IN GENERAL.—The Secretary shall select not fewer than five facilities of the Department at which to carry out the pilot program under this section.

(2) SELECTION CRITERIA.—In selecting facilities under paragraph (1), the Secretary shall ensure that—

(A) the locations are in geographically diverse areas; and

(B) not fewer than three facilities serve veterans in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).

(f) RESEARCH ON EFFECTIVENESS OF TREATMENT.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program in conjunction with academic researchers affiliated with the Department of Veterans Affairs, including through agreements under paragraph (2), in order for those researchers to research the effectiveness of the treatments described in subsection (b).

(2) AGREEMENTS.—Before commencing the pilot program, the Secretary shall seek to enter into agreements with academic researchers to ensure robust data collection and gathering procedures are in place under the pilot program in order to produce peer-reviewed journal articles.

(g) REPORTS.—

(1) INTERIM REPORT.—

(A) IN GENERAL.—Not later than one year after the commencement of the pilot program under this section, 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 progress of the pilot program.

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

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

(ii) The type or types of therapy offered at each facility at which the pilot program is being carried out.

(iii) An assessment of whether participation by a veteran in the pilot program resulted in any changes in clinically relevant endpoints for the veteran with respect to the conditions specified in subsection (a).

(iv) An assessment of the quality of life of veterans participating in the pilot program, including the results of a satisfaction survey of the participants in the pilot program, disaggregated by treatment under subsection (b).

(v) The determination of the Secretary with respect to extending the pilot program under subsection (d)(2).

(vi) Any recommendations of the Secretary with respect to expanding the pilot program.

(2) FINAL REPORT.—Not later than 90 days after the termination of the pilot program under this section, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a final report on the pilot program.

SEC. 204. DEPARTMENT OF VETERANS AFFAIRS INDEPENDENT REVIEWS OF CERTAIN DEATHS OF VETERANS BY SUICIDE AND STAFFING LEVELS OF MENTAL HEALTH PROFESSIONALS.

(a) REVIEW OF DEATHS OF VETERANS BY SUICIDE.—

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

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

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

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

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

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

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

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

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

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

(I) With respect to the treatment of post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the percentage of covered veterans described in subparagraphs (A) through (C) who received a non-medication first-line treatment compared to the percentage of such veterans who received medication only.

(J) With respect to the treatment of covered veterans described in subparagraphs (A) through (C) for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, or other anxiety and depressive disorders, the number of instances in which a non-medication first-line treatment (such as cognitive behavioral therapy) was attempted and determined to be

ineffective for such a veteran, which subsequently led to the prescribing of a medication referred to in subparagraph (E).

(K) A description and example of how the Department determines and continually updates the clinical practice guidelines governing the prescribing of medications.

(L) An analysis of the use by the Department, including protocols or practices at medical facilities of the Department, of systematically measuring pain scores during clinical encounters under the Pain as the 5th Vital Sign Toolkit of the Department and an evaluation of the relationship between the use of such measurements and the number of veterans concurrently on multiple medications prescribed by physicians of the Department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) a description of any impediments to carry out the education, training, and hiring of mental health counselors and marriage and family therapists under section 7302(a) of title 38, United States Code, and strategies for addressing those impediments;

(B) a description of the objectives, goals, and timing of the Department with respect to increasing the representation of such counselors and therapists in the behavioral health workforce of the Department, including—

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

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

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

(D) a description of how the Department—

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

(ii) determines successful staffing ratios for mental health professionals of the Department;

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

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

(c) COMPILATION OF DATA.—

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

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

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

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

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

(e) REPORTS.—Not later than 90 days after the completion by the National Academies of Sciences, Engineering, and Medicine of each of the reviews required under subsections (a) and (b), the Secretary of Veterans Affairs shall—

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

(2) make such report publicly available.

(f) DEFINITIONS.—In this section:

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

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

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

(4) The term ''State'' means each of the States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 205. COMPTROLLER GENERAL REPORT ON MANAGEMENT BY DEPARTMENT OF VETERANS AFFAIRS OF VETERANS AT HIGH RISK FOR SUICIDE.

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

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

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

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

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

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

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

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

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

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

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with Rural Health Resource Centers of the Office of Rural Health of the Department of Veterans Affairs, shall commence the conduct of a study on the connection between living at high altitude and the risk of developing depression or dying by suicide among veterans.

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

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

(d) REPORT.—Not later than 150 days after the completion of the study conducted under subsection (a), 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 results of the study.

(e) FOLLOW-UP STUDY.—

(1) IN GENERAL.—If the Secretary determines through the study conducted under subsection (a) that living at high altitude is a risk factor for developing depression or dying by suicide, the Secretary shall conduct an additional study to identify the following:

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

(B) The most effective treatment or intervention for reducing the risk of developing depression or dying by suicide associated with living at high altitude.

(2) REPORT.—Not later than 150 days after completing the study conducted under paragraph (1), 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 results of the study.

SEC. 302. ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF A CLINICAL PROVIDER TREATMENT TOOLKIT AND ACCOMPANYING TRAINING MATERIALS FOR COMORBIDITIES.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall develop a clinical provider treatment toolkit and accompanying training materials for the evidence-based management of comorbid mental health conditions, comorbid mental health and substance use disorders, and a comorbid mental health condition and chronic pain.

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

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

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

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

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

(B) a substance use disorder; or

(C) chronic pain.

SEC. 303. UPDATE OF CLINICAL PRACTICE GUIDELINES FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE.

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

(1) Enhanced guidance with respect to the following:

(A) Gender-specific risk factors for suicide and suicidal ideation.

(B) Gender-specific treatment efficacy for depression and suicide prevention.

(C) Gender-specific pharmacotherapy efficacy.

(D) Gender-specific psychotherapy efficacy.

(2) Guidance with respect to the efficacy of alternative therapies, other than psychotherapy and pharmacotherapy, including the following:

(A) Yoga therapy.

(B) Meditation therapy.

(C) Equine therapy.

(D) Other animal therapy.

(E) Training and caring for service dogs.

(F) Agritherapy.

(G) Art therapy.

(H) Outdoor sports therapy.

(I) Music therapy.

(J) Any other alternative therapy that the Work Group considers appropriate.

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

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

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

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, shall complete the development of a clinical practice guideline or guidelines for the treatment of serious mental illness, to include the following conditions:

(1) Schizophrenia.

(2) Schizoaffective disorder.

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

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

(b) MATTERS INCLUDED IN GUIDELINES.—The clinical practice guideline or guidelines developed under subsection (a) shall include the following:

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

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

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

(4) An appropriate guideline for the administration of pharmacological therapy, psychological or behavioral therapy, or other therapy for the management of conditions described in subsection (a).

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

(d) WORK GROUP.—

(1) ESTABLISHMENT.—The Secretary of Veterans Affairs, the Secretary of Defense, and the Secretary of Health and Human Services shall create a work group to develop the clinical practice guideline or guidelines under subsection (a) to be known as the ''Serious Mental Illness Work Group'' (in this subsection referred to as the ''Work Group'').

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

(A) Academic institutions that specialize in research for the treatment of conditions described in subsection (a).

(B) The Health Services Research and Development Service of the Department of Veterans Affairs.

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

(D) The National Institute of Mental Health.

(E) The Indian Health Service.

(F) Relevant organizations with expertise in researching, diagnosing, or treating conditions described in subsection (a).

(3) RELATION TO OTHER WORK GROUPS.—The Work Group shall be created and conducted in the same manner as other work groups for the development of clinical practice guidelines for the Department of Veterans Affairs and the Department of Defense.

(e) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in creating the clinical practice guideline or guidelines required under subsection (a) or from ensuring that the final clinical practice guideline or guidelines developed under such subsection and subsequently updated, as appropriate, remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPARTMENT OF VETERANS AFFAIRS TO IDENTIFY AND VALIDATE BRAIN AND MENTAL HEALTH BIOMARKERS.

(a) IN GENERAL.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop and implement an initiative of the Department of Veterans Affairs to identify and validate brain and mental health biomarkers among veterans, with specific consideration for depression, anxiety, post-traumatic stress disorder, bipolar disorder, traumatic brain injury, and such other mental health conditions as the Secretary considers appropriate. Such initiative may be referred to as the ''Precision Medicine for Veterans Initiative''.

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

(c) USE OF DATA.—

(1) PRIVACY AND SECURITY.—In carrying out the initiative under subsection (a), the Secretary shall develop robust data privacy and security measures to ensure that information of veterans participating in the initiative is kept private and secure.

(2) OPEN PLATFORM.—

(A) RESEARCH PURPOSES.—

(i) IN GENERAL.—The Secretary shall make de-identified data collected under the initiative available for research purposes both within and outside of the Department of Veterans Affairs.

(ii) RESEARCH.—The Secretary shall assist the National Institutes of Health and the Department of Energy in the use by the National Institutes of Health or the Department of Energy of data collected under the initiative for research purposes under clause (i).

(B) DATA MAY NOT BE SOLD.—Data collected under the initiative may not be sold.

(3) STANDARDIZATION.—

(A) IN GENERAL.—The Secretary shall ensure that data collected under the initiative is standardized.

(B) CONSULTATION.—The Secretary shall consult with the National Institutes of Health and the Food and Drug Administration to determine the most effective, efficient, and cost-effective way of standardizing data collected under the initiative.

(C) MANNER OF STANDARDIZATION.—Data collected under the initiative shall be standardized in the manner in which it is collected, entered into the database, extracted, and recorded.

(4) MEASURES OF BRAIN FUNCTION OR STRUCTURE.—Any measures of brain function or structure collected under the initiative shall be collected with a device that is approved by the Food and Drug Administration.

(d) INCLUSION OF INITIATIVE IN PROGRAM.—The Secretary shall assess the feasibility and advisability of coordinating efforts of the initiative under subsection (a) with the Million Veterans Program of the Department.

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

(a) IN GENERAL.—Chapter 1 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 119. Contracting for statistical analyses and data evaluation

''(a) IN GENERAL.—The Secretary may enter into a contract or other agreement with an academic institution or other qualified entity, as determined by the Secretary, to carry out statistical analyses and data evaluation as required of the Secretary by law.''.

''(b) RULE OF CONSTRUCTION.—Nothing in this section may be construed to limit the authority of the Secretary to enter into contracts or other agreements for statistical analyses and data evaluation under any other provision of law.''.

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

''119. Contracting for statistical analyses and data evaluation.''.

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.

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

(b) USE OF FOCUS GROUPS.—

(1) IN GENERAL.—The Secretary shall convene not fewer than eight different focus groups to evaluate the effectiveness of the suicide prevention and mental health materials and campaigns as required under subsection (a).

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

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

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

(3) TIMING OF FOCUS GROUPS.—Focus groups convened under paragraph (1) shall be held at a variety of dates and times to ensure an adequate representation of veterans with different work schedules.

(4) NUMBER OF PARTICIPANTS.—Each focus group convened under paragraph (1) shall include not fewer than five and not more than 12 participants.

(5) REPRESENTATION.—Each focus group convened under paragraph (1) shall, to the extent practicable, include veterans of diverse backgrounds, including—

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

(B) women veterans;

(C) minority veterans;

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

(E) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as ''LGBTQ'');

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

(G) individuals transitioning from active duty in the Armed Forces to civilian life.

(c) REPORT.—

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

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

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

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

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

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

(d) REPRESENTATIVE SURVEY.—

(1) IN GENERAL.—Not later than one year after the last focus group meeting under subsection (b), the Secretary shall complete a representative survey of the veteran population that is informed by the focus group data in order to collect information about the effectiveness of the mental health and suicide prevention outreach campaigns conducted by the Department.

(2) VETERANS SURVEYED.—

(A) IN GENERAL.—Veterans surveyed under paragraph (1) shall include veterans described in subsection (b)(5).

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

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

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

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

(1) FOCUS GROUPS.—

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

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

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

(ii) women veterans;

(iii) minority veterans;

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

(v) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as ''LGBTQ'');

(vi) veterans who live in rural or highly rural areas; and

(vii) individuals transitioning from active duty in the Armed Forces to civilian life.

(2) SUBCONTRACTING.—

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

(B) BUDGET LIMITATION.—Not more than two percent of the budget of the Office of Mental Health and Suicide Prevention of the Department for contractors for suicide prevention and mental health media outreach shall go to subcontractors described in subparagraph (A).

(f) RURAL AND HIGHLY RURAL DEFINED.—In this section, with respect to an area, the terms ''rural'' and ''highly rural'' have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

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

(a) ESTABLISHMENT OF GOALS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish goals for the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs, which shall include the establishment of targets, metrics, and action plans to describe and assess those campaigns.

(2) USE OF METRICS.—

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

(B) FACTORS TO CONSIDER.—In using metrics under subparagraph (A), the Secretary shall determine the best methodological approach for each media type and shall consider the following:

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

(I) Impressions.

(II) Reach.

(III) Engagement rate.

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

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

(I) Nielsen ratings.

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

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

(I) Open rate.

(II) Response rate.

(III) Click rate.

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

(C) UPDATE.—The Secretary shall periodically update the metrics under subparagraph (B) as more accurate metrics become available.

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

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

(A) Relevant stakeholders, such as organizations that represent veterans, as determined by the Secretary.

(B) Mental health and suicide prevention experts.

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

(5) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing the goals established under paragraph (1) for the mental health and suicide prevention media outreach campaigns of

the Department, including the metrics and targets for such metrics by which those goals are to be measured under paragraphs (2) and (3).

(6) ANNUAL REPORT.—Not later than one year after the submittal of the report under paragraph (5), and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing—

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

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

(b) REPORT ON USE OF FUNDS BY OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION.—Not later than 180 days after the date of the enactment of this Act, and semiannually thereafter, the Secretary shall submit to the Committee on Appropriations and the Committee on Veterans' Affairs of the Senate and the Committee on Appropriations and the Committee on Veterans' Affairs of the House of Representatives a report containing the expenditures and obligations of the Office of Mental Health and Suicide Prevention of the Veterans Health Administration during the period covered by the report.

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

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

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

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

(2) A description of the management and organizational structure of the Office of Mental Health and Suicide Prevention, including roles and responsibilities for each position.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) INITIAL REPORT.—

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

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

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

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

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

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

(i) How documents and patient information are transferred and the effectiveness of those transfers.

(ii) How care is coordinated when veterans must travel to different facilities of the Department.

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

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

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

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

(b) COMMUNITY CARE INTEGRATION REPORT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) REPORT ON MENTAL HEALTH PROGRAMS.—

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

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

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

(i) Transition assistance programs.

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

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

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

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

(i) Transition assistance programs.

(ii) Clinical and non-clinical mental health initiatives, including the National Intrepid Center of Excellence and the Intrepid Spirit Centers.

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

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

(C) A description of mental health programs jointly operated by the Department of Veterans

Affairs and the Department of Defense, including the following:

(i) Transition assistance programs.

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

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

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

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

(E) Recommendations for novel joint programming of the Department of Veterans Affairs and the Department of Defense to improve the mental health of members of the Armed Forces and veterans.

(b) AUTHORIZATION OF A PUBLIC-PRIVATE PARTNERSHIP TO ESTABLISH A JOINT CENTER OF EXCELLENCE.—

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

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

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

(B) Mental health and suicide prevention research focused on veterans and members of the Armed Forces, including members of the reserve components, to inform treatment and care delivery programs.

(3) LOCATION.—The Center shall be established in a location that—

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

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

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

(c) RURAL AND HIGHLY RURAL DEFINED.—In this section, with respect to an area, the terms ''rural'' and ''highly rural'' have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

TITLE V—IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE

SEC. 501. STAFFING IMPROVEMENT PLAN FOR MENTAL HEALTH PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) STAFFING PLAN.—

(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 Inspector General of the Department 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 plan to address staffing of mental health providers of the Department of Veterans Affairs, including filling any open positions.

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

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

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

(C) A description of any region-specific hiring incentives to be used by the Secretary in consultation with the directors of Veterans Integrated Service Networks and medical centers of the Department.

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

(E) Such recommendations for legislative or administrative action as the Secretary considers necessary to aid in addressing mental health staffing for the Department.

(3) REPORT.—Not later than one year after the submittal of the plan required by paragraph (1), 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 setting forth the number of mental health providers hired by the Department during the one-year period preceding the submittal of the report.

(b) OCCUPATIONAL SERIES FOR CERTAIN MENTAL HEALTH PROVIDERS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Office of Personnel Management, shall develop an occupational series for licensed professional mental health counselors and marriage and family therapists of the Department of Veterans Affairs.

SEC. 502. STAFFING IMPROVEMENT PLAN FOR PEER SPECIALISTS OF DEPARTMENT OF VETERANS AFFAIRS WHO ARE WOMEN.

(a) ASSESSMENT OF CAPACITY.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Inspector General of the Department of Veterans Affairs, shall commence an assessment of the capacity of peer specialists of the Department of Veterans Affairs who are women.

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

(A) The geographical distribution of peer specialists of the Department who are women.

(B) The geographical distribution of women veterans.

(C) The number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention.

(D) The number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters.

(b) REPORT.—Not later than one year after the assessment required by subsection (a) has commenced, 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 detailing the findings of the assessment.

(c) STAFFING IMPROVEMENT PLAN.—

(1) IN GENERAL.—Not later than 180 days after submitting the report under subsection (b), the Secretary, in consultation with the Inspector General, shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan, based on the results of the assessment required by subsection (a), to hire additional qualified peer specialists who are women, with special consideration for areas that lack peer specialists who are women.

(2) ELEMENTS.—The peer specialist positions included in the plan required by paragraph (1)—

(A) shall be non-volunteer, paid positions; and

(B) may be part-time positions.

SEC. 503. ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM.

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

''SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

''§ 7698. Requirement for program

''As part of the Educational Assistance Program, the Secretary shall carry out a scholarship program under this subchapter. The program shall be known as the Department of Veterans Affairs Readjustment Counseling Service Scholarship Program (in this subchapter referred to as the 'Program').

''§ 7699. Eligibility; agreement

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

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

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

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

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

''(A) designated as a medically underserved population under section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)); and

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

''(2) An individual who is a veteran.

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

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

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

''(d) VET CENTER DEFINED.—In this section, the term 'Vet Center' has the meaning given that term in section 1712A(h) of this title.

''§ 7699A. Obligated service

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

''(b) DETERMINATION OF SERVICE COMMENCEMENT DATE.—(1) Not later than 60 days before the service commencement date of a participant, the Secretary shall notify the participant of that service commencement date.

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

''§ 7699B. Breach of agreement: liability

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

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

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

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

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

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

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

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

''(2) In the formula in paragraph (1):

''(A) 'A' is the amount the United States is entitled to recover.

''(B) 'Φ' is the sum of—

''(i) the amounts paid under this subchapter to or on behalf of the participant; and

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

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

''(D) 's' is the number of months of such period served by the participant.

''(d) LIMITATION ON LIABILITY FOR REDUCTIONS-IN-FORCE.—Liability shall not arise under subsection (c) if the participant fails to maintain employment as a Department employee due to a staffing adjustment.

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

(b) CONFORMING AND TECHNICAL AMENDMENTS.—

(1) CONFORMING AMENDMENTS.—

(A) ESTABLISHMENT OF PROGRAM.—Section 7601(a) of such title is amended—

(i) in paragraph (5), by striking ''and'';

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

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

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

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

(i) in subsection (a)(1)—

(I) by striking ''or VI'' and inserting ''VI, or IX''; and

(II) by striking ''subchapter VI'' and inserting ''subchapter VI or IX''; and

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

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

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

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

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

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

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

''SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

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

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

SEC. 504. COMPTROLLER GENERAL REPORT ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

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

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

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

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

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

(B) an assessment of potential costs and increased infrastructure requirements if eligibility is expanded.

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

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

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

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

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

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

SEC. 505. EXPANSION OF REPORTING REQUIREMENTS ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

''(A) trends in demand for care;

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

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

''(D) other capital investment requirements with respect to the Readjustment Counseling Service, including Vet Centers, mobile Vet Centers, and community access points.''.

SEC. 506. STUDIES ON ALTERNATIVE WORK SCHEDULES FOR EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.

(a) STUDY OF VETERANS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a study on the attitudes of eligible veterans toward the Department of Veterans Affairs offering appointments outside the usual operating hours of facilities of the Department, including through the use of telehealth appointments.

(2) ELIGIBLE VETERAN DEFINED.—In this subsection, the term ''eligible veteran'' means a veteran who—

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

(B) received health care from the Department at least once during the two-year period ending on the date of the commencement of the study under paragraph (1).

(b) DEPARTMENT STUDY.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct a study on the feasibility and advisability of offering appointments outside the usual operating hours of facilities of the Department.

(2) STUDY OF EMPLOYEES.—The study required by paragraph (1) shall include a study of the opinions of employees of the Veterans Health Administration, including clinical, nonclinical, and support staff, with respect to offering appointments outside the usual operating hours of facilities of the Department, including through the use of telehealth appointments.

SEC. 507. SUICIDE PREVENTION COORDINATORS.

(a) STAFFING REQUIREMENT.—Beginning not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall ensure that each medical center of

the Department of Veterans Affairs has not less than one suicide prevention coordinator.

(b) STUDY ON REORGANIZATION.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary, in consultation with the Office of Mental Health and Suicide Prevention of the Department, shall commence the conduct of a study to determine the feasibility and advisability of—

(A) the realignment and reorganization of suicide prevention coordinators within the Office of Mental Health and Suicide Prevention; and

(B) the creation of a suicide prevention coordinator program office.

(2) PROGRAM OFFICE REALIGNMENT.—In conducting the study under paragraph (1), the Secretary shall assess the feasibility of advisability of, within the suicide prevention coordinator program office described in paragraph (1)(B), aligning suicide prevention coordinators and suicide prevention case managers within the organizational structure and chart of the Suicide Prevention Program of the Department, with the Director of the Suicide Prevention program having ultimate supervisory oversight and responsibility over the suicide prevention coordinator program office.

(c) REPORT.—Not later than 90 days after the completion of the study under subsection (b), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on such study, including the following:

(1) An assessment of the feasibility and advisability of creating a suicide prevention coordinator program office to oversee and monitor suicide prevention coordinators and suicide prevention case managers across all medical centers of the Department.

(2) A review of current staffing ratios for suicide prevention coordinators and suicide prevention case managers in comparison with current staffing ratios for mental health providers within each medical center of the Department.

(3) A description of the duties and responsibilities for suicide prevention coordinators across the Department to better define, delineate, and standardize qualifications, performance goals, performance duties, and performance outcomes for suicide prevention coordinators and suicide prevention case managers.

SEC. 508. REPORT ON EFFORTS BY DEPARTMENT OF VETERANS AFFAIRS TO IMPLEMENT SAFETY PLANNING IN EMERGENCY DEPARTMENTS.

(a) FINDINGS.—Congress makes the following findings:

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

(2) An innovative project, known as Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (in this subsection referred to as ''SAFE VET''), was designed to help suicidal veterans seen at emergency departments within the Veterans Health Administration and was successfully implemented in five intervention sites beginning in 2010.

(3) A 2018 study found that safety planning intervention under SAFE VET was associated with 45 percent fewer suicidal behaviors in the six-month period following emergency department care and more than double the odds of a veteran engaging in outpatient behavioral health care.

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

(5) Beginning in September 2018, the Veterans Health Administration implemented a suicide prevention program, known as the SPED program, for veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home.

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

(b) REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on the efforts of the Secretary to implement a suicide prevention program for veterans presenting to an emergency department or urgent care center of the Veterans Health Administration who are assessed to be at risk for suicide and are safe to be discharged home, including a safety plan and post-discharge outreach for veterans to facilitate engagement in outpatient mental health care.

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

(A) An assessment of the implementation of the current operational policies and procedures of the SPED program at each medical center of the Department of Veterans Affairs, including an assessment of the following:

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

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

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

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

(II) in the absence of such methodology, a proposed timeline and guidelines for creating a methodology to ensure compliance with the evidence-based model used under the Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (SAFE VET) program of the Department.

(B) An assessment of the implementation of the policies and procedures described in subparagraph (A), including the following:

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

(ii) An assessment of the quality and quantity of post-discharge outreach provided to veterans.

(iii) The post-discharge rate of veteran engagement in outpatient mental health care, including attendance at not fewer than one individual mental health clinic appointment or admission to an inpatient or residential unit.

(iv) The number of veterans who decline safety planning efforts during protocols under the SPED program.

(v) The number of veterans who decline to participate in follow-up efforts within the SPED program.

(C) A description of how SPED primary coordinators are deployed to support such efforts, including the following:

(i) A description of the duties and responsibilities of such coordinators.

(ii) The number and location of such coordinators.

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

(iv) An assessment of the other responsibilities for such coordinators and, if applicable, differences in patient outcomes when such responsibilities are full-time duties as opposed to secondary duties.

(D) An assessment of the feasibility and advisability of expanding the total number and geographic distribution of SPED primary coordinators.

(E) An assessment of the feasibility and advisability of providing services under the SPED program via telehealth channels, including an analysis of opportunities to leverage telehealth to better serve veterans in rural areas.

(F) A description of the status of current capabilities and utilization of tracking mechanisms to monitor compliance, quality, and patient outcomes under the SPED program.

(G) Such recommendations, including specific action items, as the Secretary considers appropriate with respect to how the Department can better implement the SPED program, including recommendations with respect to the following:

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

(ii) Any resourcing requirements necessary to implement the SPED program throughout Veterans Health Administration, including by having a dedicated clinician responsible for administration of such program at each medical center.

(iii) An analysis of current statutory authority and any changes necessary to fully implement the SPED program throughout the Veterans Health Administration.

(iv) A timeline for the implementation of the SPED program through the Veterans Health Administration once full resourcing and an approved training plan are in place.

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

(c) DEFINITIONS.—In this section:

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

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

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

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

(3) SPED PROGRAM.—The term ''SPED program'' means the Safety Planning in Emergency Departments program of the Department of Veterans Affairs established in September 2018 for veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home, which extends the evidence-based intervention for suicide prevention to all emergency departments of the Veterans Health Administration.

TITLE VI—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

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

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

SEC. 602. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

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

(a) IN GENERAL.—The Secretary of Veterans Affairs shall survey the internet websites and

information resources of the Department of Veterans Affairs in effect on the day before the date of the enactment of this Act and publish an internet website that serves as a centralized source for the provision to women veterans of 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 services available in the district in which the veteran is seeking such services, including, with respect to each medical center and community-based outpatient clinic in the applicable Veterans Integrated Service Network—

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

(2) a list of appropriate staff for other benefits available from the Veterans Benefits Administration, the National Cemetery Administration, and such other entities as the Secretary considers appropriate; 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. 604. REPORT ON LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

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

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

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

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

(6) 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.

TITLE VII—OTHER MATTERS

SEC. 701. EXPANDED TELEHEALTH FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall enter into partnerships, and expand existing partnerships, with organizations that represent or serve veterans, nonprofit organizations, private businesses, and other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to veterans through the award of grants under subsection (b).

(b) AWARD OF GRANTS.—

(1) IN GENERAL.—In carrying out partnerships entered into or expanded under this section with entities described in subsection (a), the Secretary shall award grants to those entities.

(2) LOCATIONS.—To the extent practicable, the Secretary shall ensure that grants are awarded to entities that serve veterans in rural and highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).

(3) USE OF GRANTS.—

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

(i) Purchasing or upgrading hardware or software necessary for the provision of secure and private telehealth services.

(ii) Upgrading security protocols for consistency with the security requirements of the Department.

(iii) Training of employees, including payment of those employees for completing that training, with respect to—

(I) military and veteran cultural competence, if the entity is not an organization that represents veterans;

(II) equipment required to provide telehealth services; or

(III) any other unique training needs for the provision of telehealth services to veterans.

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

(I) additions or modifications to windows or walls in an existing room, or other alterations as needed to create a new, private room;

(II) soundproofing of an existing room;

(III) new electrical or internet outlets in an existing room; or

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

(v) Upgrading existing infrastructure to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

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

(B) EXCLUSION.—Grants may not be used for the purchase of new property or for major construction projects, as determined by the Secretary.

(c) AGREEMENT ON TELEHEALTH ACCESS POINTS.—

(1) IN GENERAL.—An entity described in subsection (a) that seeks to establish a telehealth access point for veterans but does not require grant funding under this section to do so may enter into an agreement with the Department for the establishment of such an access point.

(2) ADEQUACY OF FACILITIES.—An entity described in paragraph (1) shall be responsible for ensuring that any access point is adequately private, secure, and accessible for veterans before the access point is established.

(d) ASSESSMENT OF BARRIERS TO ACCESS.—

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

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

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

(B) A description of how the Department plans to address the barriers described in subparagraph (A).

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

(3) REPORT.—Not later than 120 days after the completion of the assessment required by paragraph (1), 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 assessment, including any recommendations for legislative or administrative action based on the results of the assessment.

SEC. 702. PARTNERSHIPS WITH NON-FEDERAL GOVERNMENT ENTITIES TO PROVIDE HYPERBARIC OXYGEN THERAPY TO VETERANS AND STUDIES ON THE USE OF SUCH THERAPY FOR TREATMENT OF POST-TRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY.

(a) PARTNERSHIPS TO PROVIDE HYPERBARIC OXYGEN THERAPY TO VETERANS.—

(1) USE OF PARTNERSHIPS.—The Secretary of Veterans Affairs, in consultation with the Center for Compassionate Innovation within the Office of Community Engagement of the Department of Veterans Affairs, may enter into partnerships with non-Federal Government entities to provide hyperbaric oxygen treatment to veterans to research the effectiveness of such therapy.

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

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

(B) Partnerships to review research on hyperbaric oxygen therapy provided to nonveterans.

(C) Partnerships to create industry working groups to determine standards for research on hyperbaric oxygen therapy.

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

(3) LIMITATION ON FEDERAL FUNDING.—Federal Government funding may be used to coordinate and administer the partnerships under this subsection but may not be used to carry out activities conducted under such partnerships.

(b) REVIEW OF EFFECTIVENESS OF HYPERBARIC OXYGEN THERAPY.—Not later than 90 days after the date of the enactment of this Act, the Secretary, in consultation with the Center for Compassionate Innovation, shall begin using an objective and quantifiable method to review the effectiveness and applicability of hyperbaric oxygen therapy, such as through the use of a device approved or cleared by the Food and Drug Administration that assesses traumatic brain injury by tracking eye movement.

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

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

(2) ELEMENTS.—The review conducted under paragraph (1) shall include the following:

(A) An assessment of the current parameters for research on the use by the Department of Veterans Affairs of hyperbaric oxygen therapy, including—

(i) tests and questionnaires used to determine the efficacy of such therapy; and

(ii) metrics for determining the success of such therapy.

(B) A comparative analysis of tests and questionnaires used to study post-traumatic stress

disorder and traumatic brain injury in other research conducted by the Department of Veterans Affairs, other Federal agencies, and entities outside the Federal Government.

(3) COMPLETION OF REVIEW.—The review conducted under paragraph (1) shall be completed not later than 180 days after the date of the commencement of the review.

(4) REPORT.—Not later than 90 days after the completion of the review conducted under paragraph (1), 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 results of the review.

(d) FOLLOW-UP STUDY.—

(1) IN GENERAL.—Not later than 120 days after the completion of the review conducted under subsection (c), the Secretary, in consultation with the Center for Compassionate Innovation, shall commence the conduct of a study on all individuals receiving hyperbaric oxygen therapy through the current pilot program of the Department for the provision of hyperbaric oxygen therapy to veterans to determine the efficacy and effectiveness of hyperbaric oxygen therapy for the treatment of post-traumatic stress disorder and traumatic brain injury.

(2) ELEMENTS.—The study conducted under paragraph (1) shall include the review and publication of any data and conclusions resulting from research conducted by an authorized provider of hyperbaric oxygen therapy for veterans through the pilot program described in such paragraph.

(3) COMPLETION OF STUDY.—The study conducted under paragraph (1) shall be completed not later than three years after the date of the commencement of the study.

(4) REPORT.—

(A) IN GENERAL.—Not later than 90 days after completing the study conducted under paragraph (1), 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 results of the study.

(B) ELEMENTS.—The report required under subparagraph (A) shall include the recommendation of the Secretary with respect to whether or not hyperbaric oxygen therapy should be made available to all veterans with traumatic brain injury or post-traumatic stress disorder.

SEC. 703. PRESCRIPTION OF TECHNICAL QUALIFICATIONS FOR LICENSED HEARING AID SPECIALISTS AND REQUIREMENT FOR APPOINTMENT OF SUCH SPECIALISTS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe the technical qualifications required under section 7402(a)(14) of title 38, United States Code, to be appointed as a licensed hearing aid specialist under section 7401(3) of such title.

(b) ELEMENTS FOR QUALIFICATIONS.—In prescribing the qualifications for licensed hearing aid specialists under subsection (a), the Secretary shall ensure such qualifications are consistent with the following:

(1) Standards of registered apprenticeship programs for the occupation of hearing aid specialists approved by the Department of Labor in accordance with the Act of August 16, 1937 (commonly known as the ''National Apprenticeship Act'') (50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.).

(2) Standards for licensure of hearing aid specialists that are required by a majority of States.

*(3) Competency in completing core tasks for the occupation of hearing aid specialist as determined by the Occupational Information Network Database (commonly known as ''O*NET'').*

(c) APPOINTMENT.—Not later than September 30, 2022, the Secretary shall appoint not fewer than one licensed hearing aid specialist at each medical center of the Department.

(d) REPORT.—Not later than September 30, 2022, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report—

(1) assessing the progress of the Secretary in appointing licensed hearing aid specialists under subsection (c);

(2) assessing potential conflicts or obstacles that prevent the appointment of licensed hearing aid specialists;

(3) assessing the factors that led to such conflicts or obstacles; and

(4) indicating the medical centers of the Department with vacancies for licensed hearing aid specialists.

SEC. 704. USE BY DEPARTMENT OF VETERANS AFFAIRS OF COMMERCIAL INSTITUTIONAL REVIEW BOARDS IN SPONSORED RESEARCH TRIALS.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete all necessary policy revisions within the directive of the Veterans Health Administration numbered 1200.05 and titled ''Requirements for the Protection of Human Subjects in Research'', to allow sponsored clinical research of the Department of Veterans Affairs to use accredited commercial institutional review boards to review research proposal protocols of the Department.

(b) IDENTIFICATION OF REVIEW BOARDS.—Not later than 90 days after the completion of the policy revisions under subsection (a), the Secretary shall—

(1) identify accredited commercial institutional review boards for use in connection with sponsored clinical research of the Department; and

(2) establish a process to modify existing approvals in the event that a commercial institutional review board loses its accreditation during an ongoing clinical trial.

(c) REPORT.—

(1) IN GENERAL.—Not later than 90 days after the completion of the policy revisions under subsection (a), and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on all approvals of institutional review boards used by the Department, including central institutional review boards and commercial institutional review boards.

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

(A) The name of each clinical trial with respect to which the use of an institutional review board has been approved.

(B) The institutional review board or institutional review boards used in the approval process for each clinical trial.

(C) The amount of time between submission and approval.

SEC. 705. CREATION OF OFFICE OF RESEARCH REVIEWS WITHIN THE OFFICE OF INFORMATION AND TECHNOLOGY OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish within the Office of Information and Technology of the Department of Veterans Affairs an Office of Research Reviews (in this section referred to as the ''Office'').

(b) ELEMENTS.—The Office shall do the following:

(1) Perform centralized security reviews and complete security processes for approved research sponsored outside the Department, with a focus on multi-site clinical trials.

(2) Develop and maintain a list of commercially available software preferred for use in sponsored clinical trials of the Department and ensure such list is maintained as part of the official approved software products list of the Department.

(3) Develop benchmarks for appropriate timelines for security reviews conducted by the Office.

(c) REPORT.—

(1) IN GENERAL.—Not later than one year after the establishment of the Office, the Office 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 activity of the Office.

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

(A) The number of security reviews completed.

(B) The number of personnel assigned for performing the functions described in subsection (b).

Mr. MORAN. Mr. President, I ask unanimous consent that the committee-reported substitute be withdrawn; that the Moran substitute amendment at the desk be considered and agreed to; and that the bill, as amended, be considered read a third time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The committee-reported amendment in the nature of a substitute was withdrawn.

The amendment (No. 2594) in the nature of a substitute was agreed to.

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. MORAN. I know of no further debate on the bill, as amended.

The PRESIDING OFFICER. If there is no further debate, the bill having been read the third time, the question is, Shall the bill pass, as amended?

The bill (S. 785), as amended, was passed.

Mr. MORAN. Thank you for that. I now ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MORAN. I yield to the Senator from Montana for his conversation and discussion about this legislation.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I thank the chairman of the VA Committee, Senator MORAN, for his leadership.

What we have done here today is a very, very good thing. I think the biggest challenge facing the VA today is that we are losing 20 veterans a day to suicide. It has been that way for some time.

People have been looking for solutions—looking for solutions—and the fact is that there is no silver bullet. But what we have done today is give the VA more tools in their toolbox to be able to address this problem of mental health and veteran suicide amongst our veterans.

I thank Chairman MORAN for his comments about CDR John Scott Hannon, after whom this bill is named. As Senator MORAN has pointed out,

this Navy SEAL served our Nation for 23 years. And after combat, Scott returned to Helena, MT, but, unfortunately, the invisible wounds of war followed him right back home.

He was open about his journey to recovery, getting involved in the Montana chapter of the National Alliance on Mental Illness and using animal therapy and programs at Montana Wild. But, unfortunately—and I know his family is watching right now—on February 25, 2018, Scott succumbed to the wounds of war that caused his mental illness.

As Chairman MORAN has pointed out, this bill honors his legacy by supporting the kinds of programs that helped improve Commander Hannon's quality of life by expanding our understanding of mental health conditions and the treatments that may have made diagnosing the conditions easier.

I am not going to go into everything the bill does because Senator MORAN did a fine job on that. All I can say is that we have a great VA Committee in this U.S. Senate. It is a committee that works to get things done in a bipartisan way.

I have had the honor of serving with JOHNNY ISAKSON as chairman and now with Chairman MORAN, and we haven't missed a step. We continue to work together to support our veterans across this country.

There is no better way of supporting our veterans than to pass this bill, which is what we just did in the U.S. Senate about 2 minutes ago.

The bottom line is this: This isn't the final bill we are going to pass out of the U.S. Senate dealing with veterans. We have plenty more. In fact, I think we passed a dozen bills in the VA Committee today, dealing with a myriad of different issues that impact our veterans in this country. The bottom line is that today we can be proud. We can be proud of Senators in the U.S. Senate for doing something that needed to be done that is going to help our veterans and move this country forward.

I am going to close by going where I started, and that is to say thank you, Senator MORAN. Thank you for your leadership. Thank you for your friendship. Thank you for your trust. It is great working with you, and I look forward to doing many more good things before this Congress ends.

Thank you.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MORAN. Mr. President, let me extend the courtesies that were extended to me by the Senator from Montana, Mr. TESTER.

It has been a privilege to work with him on this and many other issues—many of them related to our Nation's service men and women and those who served and are now veterans.

I appreciate that Senator TESTER and I have the ability to work together to resolve differences and find common ground for the benefit of those who have served.

Before I conclude my comments this evening, I would use this as a moment—on behalf of the Presiding Officer, on behalf of Senator TESTER and me, and on behalf of all Members of the U.S. Senate—to express our gratitude to all who have served our country and express our respects and honor for those who are no longer with us, who, because of those battle wounds, have lost their lives to suicide.

We express our condolences and sympathies to their family members and to their friends, and, in each and every instance, we recognize what sacrifice they have made for the benefit of each and every one of us here today and across the country.

I would say to those family members that this legislation—we hope—and the example that their loved ones demonstrated in their lives will be something that will inspire us to do the right thing and care for those who served. So I express my condolence and sympathies to the families, and I thank all who served, and I do so on behalf of all Members of the U.S. Senate.

Finally, I would be remiss if I didn't thank the many dedicated staff members who helped this legislation through to this point: Emily Blair, who is with us on the Senate floor tonight, Tiffanii Woolfolk, Mark Crowley, Asher Allman, Scott Nulty, Pat McGuigan, David Shearman, and Caroline Canfield.

In addition, thank you to Senator TESTER's staff: Sophie Friedl, Dahlia Melendrez, and Tony McClain, the Kansan, as well as the House Veterans' Affairs Committee staff members.

Suicide is preventable, and with the passage of Commander John Scott Hannon Veterans Mental Health Care Improvement Act tonight—here, moments ago—we take a stand to protect the lives of the people who have given us so much in their protection of each and every American.

I yield the floor.

TRIBUTE TO PUTNAM ''PUT'' BLODGETT

Mr. LEAHY. Mr. President, Putnam ''Put'' Blodgett's lifetime of service to the Vermont forest industry deserves special recognition. Put personified the essence, values, and traditions of what makes Vermont special.

Put's family moved to a Bradford, VT, dairy farm during the height of the Great Depression. He attended Dartmouth College and returned home in 1953 to work on the family farm, which he eventually took over and continued to steward with his wife and children. Put left the dairy business for other endeavors but maintained his connection to the family land, working tirelessly to restore and manage its 700-acre wood lot. Always focused on long-term sustainable management, Put placed the acreage in conservation with the Upper Valley Land Trust, preserving the forest for all generations. Put's son now manages the forest, continuing that legacy.

Put and his wife, Marilyn, ran the Challenge Wilderness Camp, teaching children about nature and guiding them on wilderness pursuits. Children would travel from cities to live in an Adirondack shelter, cook over an open fire, learn to canoe, and explore the forest. Put's goal was to assist young people on their journey to adulthood, cultivating their connection with the natural world. Watching our own children and grandchildren play in woods and fields of our farm in Middlesex, VT, Marcelle and I know how crucial it is for children to have the experience in nature that Put and Marilyn provided to so many.

A true leader in Vermont's conservation and forestry community, Put was the longstanding president of Vermont Woodlands Association and oversaw the Tree Farm Program. He was recognized twice as Vermont's Outstanding Tree Farmer of the Year. Our farm in Middlesex has been enrolled in the Tree Farm Program for about 30 years, and I am deeply appreciative of the value the program has brought to my land and to Vermont.

Forest management discussions can be a tense tug-of-war between environmentalism and timber management, but Put didn't see it that way. He understood conservation as a shared priority—a public and private good alike—and he worked to unite divergent stakeholders around this common interest. I looked to Put for advice when writing Vermont wilderness legislation and Put was a founding member of the Vermont Natural Resources Council's Forest Roundtable, an open forum for Vermonters to exchange information and recommend conservation policy. On many occasions, Put helped opposing sides find that elusive common ground on forest management policy.

Putnam Blodgett, as any true forester, worked with a mission to be accomplished on a timeframe much longer than his own life span or a single generation. Put passed away earlier this year, and yet I take comfort knowing that the Green Mountains of Vermont are better for his work here. To the great benefit of my grandchildren and many generations to come, Put's legacy lives in the Northern Forest.

RECOGNIZING THE STAFF OF ECHO, THE LEAHY CENTER FOR LAKE CHAMPLAIN

Mr. LEAHY. Mr. President, as the coronavirus pandemic continues and in some places worsens, every business and public institution faces significant challenges. These entities must make hard choices, adapt quickly, and ultimately find the balance between the safety of their employees and those they serve and their ability to keep their doors open. The leadership and staff of one Vermont nonprofit, ECHO, Leahy Center for Lake Champlain, has been a model of perseverance, creativity, and commitment to serving