

whether such assaults lead to prosecution or conviction;

(B) criminal and purposefully unsafe acts;

(C) alcohol or substance abuse related acts (including by employees of the Department); and

(D) any kind of event involving alleged or suspected abuse of a patient.

(2) In developing and implementing a policy under paragraph (1), the Secretary shall consider the effects of such policy on—

(A) the use by veterans of mental health care and substance abuse treatments; and

(B) the ability of the Department to refer veterans to such care or treatment.

(b) SCOPE.—The policy required by subsection (a) shall cover each of the following:

(1) For purposes of reporting and tracking sexual assault incidents and other safety incidents, definitions of the terms—

(A) “safety incident”;

(B) “sexual assault”; and

(C) “sexual assault incident”.

(2)(A) The development and use of specific risk-assessment tools to examine any risks related to sexual assault that a veteran may pose while being treated at a medical facility of the Department, including clear and consistent guidance on the collection of information related to—

(i) the legal history of the veteran; and

(ii) the medical record of the veteran.

(B) In developing and using tools under subparagraph (A), the Secretary shall consider the effects of using such tools on the use by veterans of health care furnished by the Department.

(3) The mandatory training of employees of the Department on security issues, including awareness, preparedness, precautions, and police assistance.

(4) The mandatory implementation, use, and regular testing of appropriate physical security precautions and equipment, including surveillance camera systems, computer-based panic alarm systems, stationary panic alarms, and electronic portable personal panic alarms.

(5) Clear, consistent, and comprehensive criteria and guidance with respect to an employee of the Department communicating and reporting sexual assault incidents and other safety incidents to—

(A) supervisory personnel of the employee at—

(i) a medical facility of the Department;

(ii) an office of a Veterans Integrated Service Network; and

(iii) the central office of the Veterans Health Administration; and

(B) a law enforcement official of the Department.

(6) Clear and consistent criteria and guidelines with respect to an employee of the Department referring and reporting to the Office of Inspector General of the Department sexual assault incidents and other safety incidents that meet the regulatory criminal threshold prescribed under sections 901 and 902 of this title.

(7) An accountable oversight system within the Veterans Health Administration that includes—

(A) systematic information sharing of reported sexual assault incidents and other safety incidents among officials of the Administration who have programmatic responsibility; and

(B) a centralized reporting, tracking, and monitoring system for such incidents.

(8) Consistent procedures and systems for law enforcement officials of the Department with respect to investigating, tracking, and closing reported sexual assault incidents and other safety incidents.

(9) Clear and consistent guidance for the clinical management of the treatment of sexual assaults that are reported more than 72 hours after the assault.

(c) UPDATES TO POLICY.—The Secretary shall review and revise the policy required by subsection (a) on a periodic basis as the Secretary considers appropriate and in accordance with best practices.

(d) ANNUAL REPORT.—(1) Not later than 60 days after the date on which the Secretary develops the policy required by subsection (a) and not later than October 1 of each year 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 the implementation of the policy.

(2) The report required by paragraph (1) shall include—

(A) the number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;

(B) a detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and

(C) the effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

(Added Pub. L. 112-154, title I, §106(a), Aug. 6, 2012, 126 Stat. 1171.)

§ 1709A. Teleconsultation

(a) TELECONSULTATION.—(1) The Secretary shall carry out an initiative of teleconsultation for the provision of remote mental health and traumatic brain injury assessments in facilities of the Department that are not otherwise able to provide such assessments without contracting with third-party providers or reimbursing providers through a fee basis system.

(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

(3) In carrying out an initiative under paragraph (1), the Secretary shall ensure that facilities of the Department are able to provide a mental health or traumatic brain injury assessment to a veteran through contracting with a

third-party provider or reimbursing a provider through a fee basis system when—

- (A) such facilities are not able to provide such assessment to the veteran without—
- (i) such contracting or reimbursement; or
 - (ii) teleconsultation; and

(B) providing such assessment with such contracting or reimbursement is more clinically appropriate for the veteran than providing such assessment with teleconsultation.

(b) TELECONSULTATION DEFINED.—In this section, the term “teleconsultation” means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

(Added Pub. L. 112–154, title I, § 108(a)(1), Aug. 6, 2012, 126 Stat. 1174.)

§ 1709B. Evaluations of mental health care and suicide prevention programs

(a) EVALUATIONS.—(1) Not less frequently than once during each period specified in paragraph (3), the Secretary shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

(2) Each evaluation conducted under paragraph (1) shall—

(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention, including metrics applicable specifically to women;

(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

(C) identify the cost-effectiveness of each program identified under subparagraph (B);

(D) measure the satisfaction of patients with respect to the care provided under each such program;

(E) propose best practices for caring for individuals who suffer from mental health disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services; and

(F) identify the mental health care and suicide prevention programs conducted by the Secretary that are most effective for women veterans and such programs with the highest satisfaction rates among women veterans.

(3) The periods specified in this paragraph are the following:

(A) The period beginning on the date on which the Secretary awards the contract under paragraph (4) and ending on September 30, 2018.

(B) Each fiscal year beginning on or after October 1, 2018.

(4) Not later than 180 days after the date of the enactment of this section, the Secretary shall seek to enter into a contract with an independent third party unaffiliated with the Department of Veterans Affairs to conduct evaluations under paragraph (1).

(5) The independent third party that is awarded the contract under paragraph (4) shall submit to the Secretary each evaluation conducted under paragraph (1).

(b) ANNUAL SUBMISSION.—Not later than December 1, 2018, and each year 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 that contains the following:

(1) The most recent evaluations submitted to the Secretary under subsection (a)(5) that the Secretary has not previously submitted to such Committees.

(2) Any recommendations the Secretary considers appropriate.

(Added Pub. L. 114–2, § 2(a)(1), Feb. 12, 2015, 129 Stat. 30; amended Pub. L. 114–188, § 2, June 30, 2016, 130 Stat. 611.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (a)(4), is the date of enactment of Pub. L. 114–2, which was approved Feb. 12, 2015.

AMENDMENTS

2016—Subsec. (a)(2)(A). Pub. L. 114–188, § 2(1), inserted before semicolon at end “, including metrics applicable specifically to women”.

Subsec. (a)(2)(F). Pub. L. 114–188, § 2(2)–(4), added subpar. (F).

Statutory Notes and Related Subsidiaries

NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT

Pub. L. 118–210, title I, § 149, Jan. 2, 2025, 138 Stat. 2755, provided that:

“(a) NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Jan. 2, 2025], and not later than September 30 of each year thereafter, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees and publish on a publicly available website of the Department of Veterans Affairs a report to be known as the ‘National Veteran Suicide Prevention Annual Report’.

“(2) EXTENSION.—

“(A) IN GENERAL.—If the Secretary requires an extension of the deadline for a report under subsection (a) [probably should be “paragraph (1)”], the Secretary shall submit to the appropriate congressional committees a written request for such an extension.

“(B) ELEMENTS.—Each written request under paragraph (1) [probably should be “subparagraph (A)”] for an extension for a report shall include the following:

“(i) The rationale for the delay in the submission of the report.

“(ii) An explanation of the need for an extension.

“(iii) A proposed amended date for the submission and publication of the report.

“(3) BRIEFING.—With respect to each report required under paragraph (1), the Secretary shall, before the date on which the Secretary submits such report, provide to the appropriate congressional committees a briefing on such report.

“(4) ELEMENTS.—

“(A) IN GENERAL.—Each report required under paragraph (1) shall include—