

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—

“(i) the findings of the national analysis of veteran suicide rates for the latest year for which data is available;

“(ii) an identification of trends, if any, demonstrated by such data; and

“(iii) a comparison of such data to data on veteran suicide rates during preceding years.

“(B) ADDITIONAL ELEMENTS.—Each report under paragraph (1) shall include, for the year covered by the report, the following:

“(i) Suicide rates of veterans disaggregated by age, gender, and race or ethnicity.

“(ii) Trends in suicide rates of veterans compared to engagement of those veterans with health care from the Veterans Health Administration, including an examination of trends in suicide rates or deaths among—

“(I) veterans who have recently received health care from the Veterans Health Administration as compared to veterans who have never received health care from the Veterans Health Administration;

“(II) veterans who are enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, as compared to veterans who have never enrolled in such system;

“(III) veterans who have recently used services from a Vet Center as compared to veterans who have never used such services;

“(IV) to the extent practicable, veterans who have a diagnosis of substance use disorder; and

“(V) other groups of veterans relating to engagement with health care from the Veterans Health Administration, as the Secretary considers practicable.

“(iii) To the extent practicable, trends in suicide rates of veterans compared to engagement of those veterans with benefits from the Veterans Benefits Administration, including an examination of trends in suicide rates or deaths among—

“(I) veterans who are currently using, have previously used, or have never used educational assistance under the laws administered by the Secretary;

“(II) veterans who are currently receiving, have previously received, or have never received services or assistance under chapter 31 of title 38, United States Code;

“(III) with respect to compensation under chapter 11 of such title—

“(aa) veterans who were recipients of such compensation as compared to veterans who never applied for such compensation prior to death;

“(bb) veterans who had a claim denied for such compensation prior to death;

“(cc) veterans who had a pending claim for such compensation at time of death; and

“(dd) veterans who had an entitlement for such compensation reduced prior to death;

“(IV) veterans who are currently receiving or have never received pension under chapter 15 of title 38, United States Code;

“(V) veterans who are currently using, have recently used, or have never used programs or services provided by the Homeless Programs Office of the Department, including an examination of trends in suicide rates or deaths among veterans who made contact with such office but were denied or deemed ineligible for any such program or service;

“(VI) with respect to housing loans guaranteed by the Secretary under chapter 37 of title 38, United States Code, veterans who are current recipients of, were recent recipients of, or have never received such a loan;

“(VII) veterans owing debts to the Department;

“(VIII) veterans who were involved in a veterans treatment court program, whether they graduated successfully or not; and

“(IX) veterans who were successfully contacted, unsuccessfully contacted, or never contacted by the Department through the Solid Start program under section 6320 of title 38, United States Code.

“(C) STRATEGY AND RECOMMENDATIONS.—

“(i) INITIAL REPORT.—The initial report under paragraph (1) shall include a strategy and recommendations developed by the Secretary of Veterans Affairs, in collaboration with the Director of the Centers for Disease Control and Prevention, for—

“(I) improving data collection at the State and local levels to accurately capture suicide deaths of veterans;

“(II) improving the timeliness, efficacy, and standardization of data reporting on suicide deaths of veterans at the Federal level, including by the Centers for Disease Control and Prevention and the Department of Veterans Affairs;

“(III) improving the timeliness of identification and analysis of suicide deaths of veterans by Federal agencies, including the Centers for Disease Control and Prevention, and the Department of Veterans Affairs; and

“(IV) any other necessary process improvements for improving the timeliness, efficacy, and standardization of reporting of data relating to suicide deaths of veterans, particularly with respect to the annual report under this section.

“(ii) SUBSEQUENT REPORTS.—Each report after the initial report under paragraph (1) shall include updates on actions taken to meet the strategy and recommendations developed under subparagraph (A) [probably should be “subparagraph (C)”].

“(5) DEFINITIONS.—In this subsection:

“(A) The term ‘appropriate congressional committees’ means the Committees on Veterans’ Affairs of the Senate and the House of Representatives.

“(B) The term ‘Vet Center’ means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

“(b) INDEPENDENT ASSESSMENT OF NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity described in paragraph (5) to conduct an independent assessment of the National Veteran Suicide Prevention Annual Report required under subsection (a).

“(2) FREQUENCY.—The private sector entity or entities carrying out the assessment required under paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such subsection [probably should be “such paragraph”] and not less frequently than every five years thereafter.

“(3) ELEMENTS.—Each assessment required under paragraph (1) shall analyze the following:

“(A) The methodology used by the Department to track, analyze, categorize, and report suicide deaths and suicide rates among veterans.

“(B) Whether data sources used by the Department to compile data on suicide deaths and suicide rates among veterans are accurately reflecting such data.

“(C) Vulnerabilities in the methodology used by the Department that could lead to inaccurate counting of suicide deaths and suicide rates among veterans.

“(D) The ability of the Department to cross reference suicide deaths and suicide rates among veterans with trends in usage of programs of the Veterans Health Administration or the Veterans Bene-

fits Administration or other programs that could serve as widespread protective factors against suicide.

“(E) Improvements that could be made to ensure the National Veteran Suicide Prevention Annual Report required under subsection (a) is accurate and comprehensive and provides insights for making improvements to the suicide prevention efforts of the Department.

“(4) REPORT ON ASSESSMENT.—

“(A) REPORT ON FINDINGS AND RECOMMENDATIONS.—Not later than 60 days after completing an assessment required by paragraph (1), the private sector entity or entities carrying out the assessment shall submit to the Secretary of Veterans Affairs and the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

“(B) REPORT ON PLANNED IMPROVEMENTS.—Not later than 60 days after receiving a report under paragraph (1) [probably should be “subparagraph (A)”] with respect to an assessment required by paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on how the Department plans to improve the National Veteran Suicide Prevention Annual Report required under subsection (a) based on such assessment.

“(5) PRIVATE SECTOR ENTITY DESCRIBED.—A private sector entity described in this paragraph is a private entity that—

“(A) specializes in analyzing large-scale organizational data collection and analysis efforts, especially with respect to the health care sector; and

“(B) has experience and proven outcomes in optimizing the accuracy and comprehensiveness of data collection and analysis related to suicide.

“(c) REPORT ON ADDITIONAL BENEFITS AND SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS TO PREVENT VETERAN SUICIDE.—

“(1) IN GENERAL.—Not later than three years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and publish on a publicly available website of the Department of Veterans Affairs a report that analyzes which benefits and services under the laws administered by such Secretary, including such benefits and services furnished by the Veterans Benefits Administration, have the greatest impact on the prevention of suicide among veterans, including recommendations for potential expansion of services and benefits to reduce the number of veteran suicides.

“(2) ASSESSMENT OF SOLID START PROGRAM.—The report required by paragraph (1) shall include an analysis of the effectiveness of the Solid Start program under section 6320 of title 38, United States Code, on prevention of suicide among veterans.

“(d) TOOLKIT FOR STATE AND LOCAL CORONERS AND MEDICAL EXAMINERS ON BEST PRACTICES FOR IDENTIFYING AND REPORTING ON SUICIDE DEATHS OF VETERANS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs, in collaboration with the Director of the Centers for Disease Control and Prevention, shall develop a toolkit for State and local coroners and medical examiners that contains best practices for—

“(A) accurately identifying and reporting suicide deaths of veterans, including how to identify veteran status; and

“(B) reporting such deaths to the Centers for Disease Control and Prevention and other applicable entities.

“(2) AVAILABILITY.—Not later than two years after the date of the enactment of this Act, the Secretary shall make the toolkit developed under paragraph (1) available on a publicly available website of the Department of Veterans Affairs.

“(3) OUTREACH.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention, shall conduct outreach to appropriate State and local agencies to promote the availability and use of the toolkit developed under paragraph (1).”

§ 1709C. Assistance for child care for certain veterans receiving health care

(a) PROGRAM REQUIRED.—The Secretary shall carry out a program to provide, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c)(2).

(b) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may be provided to a qualified veteran under this section for receipt of child care only during the period that the qualified veteran—

(1) receives the types of health care services described in subsection (c)(2) at a facility of the Department; and

(2) requires travel to and return from such facility for the receipt of such health care services.

(c) QUALIFIED VETERANS.—For purposes of this section, a qualified veteran is a veteran who—

(1) is the primary caretaker of a child or children; and

(2)(A) receives from the Department—

(i) regular mental health care services;

(ii) intensive mental health care services; or

(iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or

(B) is in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

(d) LOCATIONS.—Not later than five years after the date of the enactment of the Deborah Sampson Act of 2020, the Secretary shall carry out the program at each medical center of the Department.

(e) FORMS OF CHILD CARE ASSISTANCE.—(1) Child care assistance under this section may include the following:

(A) Stipends for the payment of child care offered by a licensed child care center (either directly or through a voucher program) that shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107-67; 115 Stat. 552).

(B) Direct provision of child care at an on-site facility of the Department.

(C) Payments to private child care agencies.

(D) Collaboration with facilities or programs of other Federal agencies.

(E) Such other forms of assistance as the Secretary considers appropriate.

(2) In providing child care assistance under this section, the child care needs of the local area shall be considered and the head of each