

days after Oct. 21, 1976, to take all appropriate steps to ensure that each individual eligible for new or expanded services as a result of amendments made by Veterans Omnibus Health Care Act of 1976 (Pub. L. 94-581) was personally notified about his or her eligibility and the way to secure care and services and directed Administrator to send copies of all notification forms to appropriate House and Senate committees, along with a description of how the forms were distributed.

§ 1712A. Eligibility for readjustment counseling and related mental health services

(a)(1)(A) Upon the request of any individual referred to in subparagraph (C), the Secretary shall furnish counseling, including by furnishing counseling through a Vet Center, to the individual—

(i) in the case of an individual referred to in clauses (i) through (vii) of subparagraph (C), to assist the individual in readjusting to civilian life; and

(ii) in the case of an individual referred to in clause (viii) of such subparagraph who is a family member of a veteran or member described in such clause—

(I) in the case of a member who is deployed in a theater of combat operations or an area at a time during which hostilities are occurring in that area, during such deployment to assist such individual in coping with such deployment;

(II) in the case of a veteran or member who is readjusting to civilian life, to the degree that counseling furnished to such individual is found to aid in the readjustment of such veteran or member to civilian life; and

(III) in the case of a veteran or member who died by suicide, to the degree that counseling furnished to such individual is found to aid in coping with the effects of such suicide.

(B)(i) Counseling furnished to an individual under subparagraph (A) may include a comprehensive individual assessment of the individual's psychological, social, and other characteristics to ascertain whether—

(I) in the case of an individual referred to in clauses (i) through (vii) of subparagraph (C), such individual has difficulties associated with readjusting to civilian life; and

(II) in the case of an individual referred to in clause (viii) of such subparagraph, such individual has difficulties associated with—

(aa) coping with the deployment of a member described in subclause (I) of such clause;

(bb) readjustment to civilian life of a veteran or member described in subclause (II) of such clause; or

(cc) coping with the effects of a suicide described in subclause (III) of such clause.

(ii)(I) Except as provided in subclauses (IV) and (V), counseling furnished to an individual under subparagraph (A) may include reintegration and readjustment services described in subclause (II) furnished in group retreat settings.

(II) Reintegration and readjustment services described in this subclause are the following:

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

(bb) Financial counseling.

(cc) Occupational counseling.

(dd) Information and counseling on stress reduction.

(ee) Information and counseling on conflict resolution.

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

(III) In furnishing reintegration and readjustment services under subclause (I), the Secretary shall offer women the opportunity to receive such services in group retreat settings in which the only participants are women.

(IV) An individual described in subparagraph (C)(v) may receive reintegration and readjustment services under subclause (I) of this clause only if the individual receives such services with a family member described in subclause (I) or (II) of such subparagraph.

(V) In each of fiscal years 2021 through 2025, the maximum number of individuals to whom integration and readjustment services may be furnished in group retreat settings under this subclause (I) shall not exceed 1,200 individuals.

(C) Subparagraph (A) applies to the following individuals:

(i) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served on active duty in a theater of combat operations or an area at a time during which hostilities occurred in that area.

(ii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who provided direct emergency medical or mental health care, or mortuary services to the casualties of combat operations or hostilities, but who at the time was located outside the theater of combat operations or area of hostilities.

(iii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who engaged in combat with an enemy of the United States or against an opposing military force in a theater of combat operations or an area at a time during which hostilities occurred in that area by remotely controlling an unmanned aerial vehicle, notwithstanding whether the physical location of such veteran or member during such combat was within such theater of combat operations or area.

(iv) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served—

(I) on active service in response to a national emergency or major disaster declared by the President; or

(II) in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State.

(v) Any individual who participated in a drug interdiction operation as a member of the Coast Guard, regardless of the location of that operation.

(vi) Any individual who received counseling under this section before the date of the enactment of the National Defense Authorization Act for Fiscal Year 2013.

(vii) Any veteran or member of the Armed Forces pursuing a course of education using covered educational assistance benefits.

(viii) Any individual who is a family member of any—

(I) member of the Armed Forces, including a member of a reserve component of the Armed Forces, who is serving on active duty in a theater of combat operations or in an area at a time during which hostilities are occurring in that area;

(II) veteran or member of the Armed Forces described in this subparagraph; or

(III) veteran or member of the Armed Forces who died by suicide.

(D)(i) The Secretary, in consultation with the Secretary of Defense, may furnish to any member of the reserve components of the Armed Forces who has a behavioral health condition or psychological trauma, counseling under subparagraph (A)(i), which may include a comprehensive individual assessment under subparagraph (B)(i).

(ii) A member of the reserve components of the Armed Forces described in clause (i) shall not be required to obtain a referral before being furnished counseling or an assessment under this subparagraph.

(2)(A) Upon request of an individual described in paragraph (1)(C), the Secretary shall provide the individual a comprehensive individual assessment as described in paragraph (1)(B)(i) as soon as practicable after receiving the request, but not later than 30 days after receiving the request.

(B) Upon the request of an individual described in paragraph (1)(C), the Secretary shall furnish the individual reintegration and readjustment services in group retreat settings under paragraph (1)(B)(ii) if the Secretary determines the experience will be therapeutically appropriate.

(b)(1) If, on the basis of the assessment furnished to an individual under subsection (a) of this section, a licensed or certified mental health care provider employed by the Department (or, in areas where no such licensed or certified mental health care provider is available, a licensed or certified mental health care provider carrying out such function under a contract or fee arrangement with the Secretary) determines that the provision of mental health services to such individual is necessary to facilitate the successful readjustment of the individual to civilian life, such individual shall, within the limits of Department facilities, be furnished such services on an outpatient basis. For the purposes of furnishing such mental health services, the counseling furnished under subsection (a) of this section shall be considered to have been furnished by the Department as a part of hospital care. Any hospital care and other medical services considered necessary on the basis of the assessment furnished under subsection (a) of this section shall be furnished only in accordance with the eligibility criteria otherwise set forth in this chapter (including the eligibility criteria set forth in section 1784 of this title).

(2) Mental health services furnished under paragraph (1) of this subsection may, if determined to be essential to the effective treatment and readjustment of the individual, include such consultation, counseling, training, services, and expenses as are described in sections 1782 and 1783 of this title.

(c) Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, air, or space service but who is not otherwise eligible for such counseling, the Secretary shall—

(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, air, or space service, and to the Department, for review of such individual's discharge or release from such service.

(d) The Under Secretary for Health may provide for such training of professional, paraprofessional, and lay personnel as is necessary to carry out this section effectively, and, in carrying out this section, may utilize the services of paraprofessionals, individuals who are volunteers working without compensation, and individuals who are veteran-students (as described in section 3485 of this title) in initial intake and screening activities.

(e)(1) In furnishing counseling and related mental health services under subsections (a) and (b) of this section, the Secretary shall have available the same authority to enter into contracts or agreements with private facilities that is available to the Secretary in furnishing medical services to veterans suffering from total service-connected disabilities.

(2) Before furnishing counseling or related mental health services described in subsections (a) and (b) of this section through a contract facility, as authorized by this subsection, the Secretary shall approve (in accordance with criteria which the Secretary shall prescribe by regulation) the quality and effectiveness of the program operated by such facility for the purpose for which the counseling or services are to be furnished.

(3) The authority of the Secretary to enter into contracts under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

(f) The Secretary, in cooperation with the Secretary of Defense, shall take such action as the Secretary considers appropriate to notify veterans who may be eligible for assistance under this section of such potential eligibility.

(g) In carrying out this section and in furtherance of the Secretary's responsibility to carry out outreach activities under chapter 63 of this title, the Secretary may provide for and facilitate the participation of personnel employed by the Secretary to provide services under this section in recreational programs that are—

(1) designed to encourage the readjustment of veterans described in subsection (a)(1)(C); and

(2) operated by any organization named in or approved under section 5902 of this title.

(h) For the purposes of this section:

(1) The term “Vet Center” means a facility which is operated by the Department for the provision of services under this section and which is situated apart from Department general health care facilities.

(2) The term “Department general health-care facility” means a health-care facility which is operated by the Department for the furnishing of health-care services under this chapter, not limited to services provided through the program established under this section.

(3) The term “family member”, with respect to a veteran or member of the Armed Forces, means an individual who—

(A) is a member of the family of the veteran or member, including—

- (i) a parent;
- (ii) a spouse;
- (iii) a child;
- (iv) a step-family member; and
- (v) an extended family member; or

(B) lives with the veteran or member but is not a member of the family of the veteran or member.

(4) The term “active service” has the meaning given that term in section 101 of title 10.

(5) The term “civil disorder” has the meaning given that term in section 232 of title 18.

(6) The term “covered educational assistance benefits” means educational assistance benefits provided pursuant to—

- (A) chapter 30, 31, 32, or 33 of this title;
- (B) chapter 1606 or 1607 of title 10;
- (C) section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 38 U.S.C. 3001 note); or
- (D) section 8006 of the American Rescue Plan Act of 2021 (Public Law 117–2; 38 U.S.C. 3001 note prec.).

(Added Pub. L. 96–22, title I, §103(a)(1), June 13, 1979, 93 Stat. 48, §612A; amended Pub. L. 96–128, title V, §501(b), Nov. 28, 1979, 93 Stat. 987; Pub. L. 97–72, title I, §104(a)(1), (b), Nov. 3, 1981, 95 Stat. 1049; Pub. L. 98–160, title I, §101, Nov. 21, 1983, 97 Stat. 993; Pub. L. 99–166, title I, §§105, 106, Dec. 3, 1985, 99 Stat. 944, 945; Pub. L. 99–272, title XIX, §§19011(d)(4), 19012(c)(3), Apr. 7, 1986, 100 Stat. 379, 382; Pub. L. 99–576, title II, §204, title VII, §702(6), Oct. 28, 1986, 100 Stat. 3255, 3302; Pub. L. 100–322, title I, §107(a)–(e), May 20, 1988, 102 Stat. 494–496; Pub. L. 100–687, div. B, title XV, §1501(a), Nov. 18, 1988, 102 Stat. 4132; Pub. L. 102–25, title III, §334(d), Apr. 6, 1991, 105 Stat. 89; Pub. L. 102–54, §14(b)(11), June 13, 1991, 105 Stat. 283; renumbered §1712A and amended Pub. L. 102–83, §§4(a)(3), (4), (b)(1), (2)(E), (6), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404–406; Pub. L. 102–405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 104–262, title I, §101(d)(5), title III, §331, Oct. 9, 1996, 110 Stat. 3180, 3197; Pub. L. 106–117, title II, §205(a), Nov. 30, 1999, 113 Stat. 1563; Pub. L. 107–135, title II, §208(e)(3)(A), Jan. 23, 2002, 115 Stat. 2463; Pub. L. 110–181, div. A, title XVII, §1708(b), Jan. 28, 2008, 122 Stat. 494; Pub. L. 110–387, title IX, §901(a)(1), Oct. 10, 2008, 122 Stat.

4142; Pub. L. 111–163, title IV, §402, May 5, 2010, 124 Stat. 1156; Pub. L. 112–239, div. A, title VII, §727, Jan. 2, 2013, 126 Stat. 1809; Pub. L. 115–182, title I, §144(a)(1)(B), June 6, 2018, 132 Stat. 1430; Pub. L. 116–176, §2, Oct. 20, 2020, 134 Stat. 849; Pub. L. 116–283, div. A, title VII, §762(a), (b), title IX, §926(a)(23), Jan. 1, 2021, 134 Stat. 3724, 3725, 3830; Pub. L. 116–315, title V, §5104, Jan. 5, 2021, 134 Stat. 5027; Pub. L. 117–328, div. V, title IV, §§402(a), 403(a), Dec. 29, 2022, 136 Stat. 5511.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the National Defense Authorization Act for Fiscal Year 2013, referred to in subsec. (a)(1)(C)(vi), is the date of enactment of Pub. L. 112–239, which was approved Jan. 2, 2013.

AMENDMENTS

Subsec. (a)(1)(A). Pub. L. 117–328, §402(a), substituted “clauses (i) through (vii)” for “clauses (i) through (vi)” in cl. (i) and “in clause (viii)” for “in clause (vii)” in cl. (ii).

Subsec. (a)(1)(A)(ii)(III). Pub. L. 117–328, §403(a)(1), added subcl. (III).

Subsec. (a)(1)(B)(i). Pub. L. 117–328, §402(a), substituted “clauses (i) through (vii)” for “clauses (i) through (vi)” in subcl. (I) and “in clause (viii)” for “in clause (vii)” in subcl. (II).

Subsec. (a)(1)(B)(i)(II)(cc). Pub. L. 117–328, §403(a)(2), added item (cc).

Subsec. (a)(1)(C)(vii). Pub. L. 117–328, §402(a)(3)(B), added cl. (vii). Former cl. (vii) redesignated (viii).

Subsec. (a)(1)(C)(viii). Pub. L. 117–328, §402(a)(3)(A), redesignated cl. (vii) as (viii).

Subsec. (a)(1)(C)(viii)(III). Pub. L. 117–328, §403(a)(3), which directed addition of subcl. (III) to cl. (vii), was executed by adding subcl. (III) to cl. (viii), to reflect the probable intent of Congress and the intervening amendment by Pub. L. 117–328, §402(a)(3)(A). See above.

Subsec. (h)(6). Pub. L. 117–328, §402(a)(4), added par. (6).

2021—Subsec. (a)(1)(B). Pub. L. 116–315, §5104(a), designated existing provisions as cl. (i), redesignated former cls. (i) and (ii) as subcls. (I) and (II), respectively, redesignated former subcls. (I) and (II) of cl. (ii) as items (aa) and (bb), respectively, of subcl. (II), and added cl. (ii).

Subsec. (a)(1)(D). Pub. L. 116–283, §762(a), added subpar. (D).

Subsec. (a)(2). Pub. L. 116–315, §5104(b), designated existing provisions as subpar. (A), substituted “paragraph (1)(B)(i)” for “paragraph (1)(B)”, and added subpar. (B).

Subsec. (b)(1). Pub. L. 116–283, §762(b)(1), inserted “to an individual” after “If, on the basis of the assessment furnished” and substituted “individual” for “veteran” wherever appearing.

Subsec. (b)(2). Pub. L. 116–283, §762(b)(2), substituted “individual” for “veteran”.

Subsec. (c). Pub. L. 116–283, §926(a)(23), substituted “air, or space service” for “or air service” in introductory provisions and par. (2).

2020—Subsec. (a)(1)(A), (B). Pub. L. 116–176, §2(1), (2), substituted “clauses (i) through (vi)” for “clauses (i) through (iv)” and “in clause (vii)” for “in clause (v)”.

Subsec. (a)(1)(C)(iv) to (vii). Pub. L. 116–176, §2(3), added cls. (iv) and (v) and redesignated former cls. (iv) and (v) as (vi) and (vii), respectively.

Subsec. (h)(4), (5). Pub. L. 116–176, §2(4), added pars. (4) and (5).

2018—Subsec. (e)(1). Pub. L. 115–182 inserted “or agreements” after “contracts” and struck out “(under sections 1703(a)(2) and 1710(a)(1)(B) of this title)” after “available to the Secretary”.

2013—Subsec. (a)(1)(A). Pub. L. 112–239, §727(1)(A)(i), substituted “Upon the request of any individual referred to in subparagraph (C), the Secretary shall fur-

nish counseling, including by furnishing counseling through a Vet Center, to the individual—” for “Upon the request of any veteran referred to in subparagraph (B), the Secretary shall furnish counseling to the veteran to assist the veteran in readjusting to civilian life. Such counseling may include a general mental and psychological assessment of the veteran to ascertain whether such veteran has mental or psychological problems associated with readjustment to civilian life.” and added cls. (i) and (ii).

Subsec. (a)(1)(B), (C). Pub. L. 112-239, §727(1)(A)(ii), added subpars. (B) and (C) and struck out former subpar. (B) which described veterans to whom subpar. (A) applied.

Subsec. (a)(2), (3). Pub. L. 112-239, §727(1)(B)–(D), redesignated par. (3) as (2), substituted “an individual described in paragraph (1)(C)” for “a veteran described in paragraph (1)(B)(iii)” and “the individual a comprehensive individual assessment as described in paragraph (1)(B)” for “the veteran a preliminary general mental health assessment”, and struck out former par. (2) which provided for counseling to certain veterans who had been in combat situations.

Subsec. (b)(1). Pub. L. 112-239, §727(2), substituted “licensed or certified mental health care provider” for “physician or psychologist” wherever appearing.

Subsec. (g). Pub. L. 112-239, §727(4), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (g)(1). Pub. L. 112-239, §727(3)(A), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “The term ‘center’ means a facility which is operated by the Department for the provision of services under this section and which (A) is situated apart from Department general health-care facilities, or (B) was so situated but has been relocated to a Department general health-care facility.”

Subsec. (g)(3). Pub. L. 112-239, §727(3)(B), added par. (3).

Subsec. (h). Pub. L. 112-239, §727(4), redesignated subsec. (g) as (h).

2010—Subsecs. (c) to (g). Pub. L. 111-163 added subsec. (c) and redesignated former subsecs. (c) to (f) as (d) to (g), respectively.

2008—Subsec. (a)(1)(B)(iii). Pub. L. 110-181, §1708(b)(1), added cl. (iii).

Subsec. (a)(3). Pub. L. 110-181, §1708(b)(2), added par. (3).

Subsecs. (c) to (e). Pub. L. 110-387, §901(a)(1)(B), redesignated subsecs. (d) to (f) as (c) to (e), respectively.

Subsec. (f). Pub. L. 110-387, §901(a)(1)(B), (C), redesignated subsec. (i) as (f) and struck out “(including a Resource Center designated under subsection (h)(3)(A) of this section)” after “means a facility” in par. (1). Former subsec. (f) redesignated (e).

Subsec. (g). Pub. L. 110-387, §901(a)(1)(A), struck out subsec. (g) which related to criteria for the closure or relocation of a center for readjustment counseling and related mental health services in existence on Jan. 1, 1988, and the submission of reports by the Secretary on the effectiveness of such services provided to Vietnam veterans and on a national plan for all centers in existence on Jan. 1, 1988.

Subsec. (i). Pub. L. 110-387, §901(a)(1)(B), redesignated subsec. (i) as (f).

2002—Subsec. (b). Pub. L. 107-135 substituted “section 1784” for “section 1711(b)” in par. (1) and “sections 1782 and 1783” for “section 1701(6)(B)” in par. (2).

1999—Subsec. (a)(1)(B)(ii). Pub. L. 106-117 substituted “January 1, 2004” for “January 1, 2000”.

1996—Subsec. (a). Pub. L. 104-262, §331(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows:

“(a)(1) Upon the request of any veteran who served on active duty during the Vietnam era, the Secretary shall, within the limits of Department facilities, furnish counseling to such veteran to assist such veteran in readjusting to civilian life. Such counseling shall include a general mental and psychological assessment to ascertain whether such veteran has mental or psychological problems associated with readjustment to civilian life.

“(2)(A) The Secretary shall furnish counseling as described in paragraph (1), upon request, to any veteran who served on active duty after May 7, 1975, in an area at a time during which hostilities occurred in such area.

“(B) For the purposes of subparagraph (A) of this paragraph, the term ‘hostilities’ means an armed conflict in which members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary in consultation with the Secretary of Defense.”

Subsec. (b)(1). Pub. L. 104-262, §101(d)(5)(A), struck out “under the conditions specified in section 1712(a)(5)(B) of this title” after “furnished such services on an outpatient basis”.

Subsec. (c). Pub. L. 104-262, §331(b), struck out subsec. (c) which read as follows: “Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, or air service but who is not eligible for such counseling, the Secretary shall—

“(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

“(2) if pertinent, advise such individual of such individual’s rights to apply to the appropriate military, naval, or air service and the Department for review of such individual’s discharge or release from such service.”

Subsec. (e)(1). Pub. L. 104-262, §101(d)(5)(B), substituted “sections 1703(a)(2) and 1710(a)(1)(B)” for “sections 1712(a)(1)(B) and 1703(a)(2)”.

1992—Subsecs. (d), (g)(3)(A). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

1991—Pub. L. 102-83, §5(a), renumbered section 612A of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in par. (1).

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in par. (1).

Pub. L. 102-25 designated existing provisions as par. (1) and added par. (2).

Subsec. (b)(1). Pub. L. 102-83, §5(c)(1), substituted “1712(a)(5)(B)” for “612(a)(5)(B)” and “1711(b)” for “611(b)”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Pub. L. 102-54 substituted “section 612(a)(5)(B)” for “paragraph (1)(A)(ii) of section 612(f)”.

Subsec. (b)(2). Pub. L. 102-83, §5(c)(1), substituted “1701(6)(B)” for “601(6)(B)”.

Subsec. (c). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in pars. (1) and (2).

Subsec. (d). Pub. L. 102-83, §5(c)(1), substituted “3485” for “1685”.

Subsec. (e). Pub. L. 102-83, §5(c)(1), substituted “1712(a)(1)(B) and 1703(a)(2)” for “612(a)(1)(B) and 603(a)(2)” in par. (1).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (f). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Subsec. (g). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” and “Secretary’s” for “Administrator’s” wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Subsec. (h). Pub. L. 102-83, §4(b)(6), struck out subsec. (h) which related to carrying out a pilot program to provide and coordinate services to meet the readjustment needs of veterans on active duty during the Vietnam era.

Subsec. (i). Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

1988—Subsec. (g)(1). Pub. L. 100-322, §107(a), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “During the 24-month period ending on September 30, 1989, the Administrator shall take appropriate steps to ensure—

“(A) the orderly, gradual transition, by October 1, 1989, of that part of the program established under this section for the provision of readjustment counseling services by Veterans’ Administration personnel from a program providing such services primarily through centers located in facilities situated apart from the health-care facilities operated by the Veterans’ Administration for the provision of other health-care services under other provisions of this chapter to a program providing readjustment counseling services primarily through such health-care facilities; and

“(B) the continued availability after such date of readjustment counseling and related mental health services under this section to veterans eligible for the provision of such counseling and services who request such counseling.”

Subsec. (g)(1)(A). Pub. L. 100-687, §1501(a)(1), substituted “Except as provided in subparagraph (C) of this paragraph, the” for “The”.

Subsec. (g)(1)(C). Pub. L. 100-687, §1501(a)(2), added subpar. (C).

Subsec. (g)(2)(A). Pub. L. 100-322, §107(b), substituted “April 1, 1988” for “April 1, 1987” and struck out “(or, if the study is not then completed, whatever information from it is then available)” after “(Public Law 98-160)”.

Subsec. (g)(2)(B)(i). Pub. L. 100-322, §107(e)(1)(A), substituted “in centers is needed” for “in a program providing such services through facilities situated apart from Veterans’ Administration health-care facilities is needed”.

Subsec. (g)(2)(B)(ii). Pub. L. 100-322, §107(e)(1)(B), substituted “this subsection” for “paragraph (1) of this subsection”.

Subsec. (g)(3) to (5). Pub. L. 100-322, §107(c), added pars. (3) to (5) and struck out former pars. (3) and (4) which read as follows:

“(3) Not later than July 1, 1987, the Administrator shall submit to such committees a report containing a description of the plans made and timetable for carrying out paragraph (1) of this subsection. Such report shall be prepared taking into consideration the results of the study referred to in paragraph (2)(A) of this subsection (or, if the study is not then completed, whatever information from it is then available).

“(4) Not later than February 1, 1989, the Administrator shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the experience under as much of the transition as was carried out pursuant to paragraph (1) of this subsection before September 30, 1988, including such recommendations for legislative and administrative action as the Administrator considers appropriate in light of such experience.”

Subsec. (h)(3)(B). Pub. L. 100-322, §107(e)(2)(A), substituted “referred to as ‘Resource Centers’” for “referred to as ‘Centers’”.

Subsec. (h)(4), (5). Pub. L. 100-322, §107(e)(2)(B), substituted “Resource Center” for “Center” wherever appearing.

Subsec. (i). Pub. L. 100-322, §107(d), added subsec. (i). 1986—Subsec. (b)(1). Pub. L. 99-272, §1901(d)(4)(A), substituted “paragraph (1)(A)(ii)” for “clause (1)(B)”.

Subsec. (e)(1). Pub. L. 99-272, §1901(c)(3), substituted “603(a)(2)” for “601(4)(C)(ii)”.

Pub. L. 99-272, §1901(d)(4)(B), substituted “612(a)(1)(B)” for “612(f)(2)”.

Subsec. (g)(1). Pub. L. 99-576, §204(a), substituted “the 24-month period ending on September 30, 1989” for “the twelve-month period ending on September 30, 1988” in introductory provision, and substituted “orderly, grad-

ual transition by October 1, 1989” for “orderly transition, by October 1, 1988” in subpar. (A).

Subsec. (g)(2)(A). Pub. L. 99-576, §204(b)(1), inserted “(Pub. L. 98-160) (or, if the study is not then completed, whatever information from it is then available)” after “the Veterans’ Health Care Amendments of 1983”.

Subsec. (g)(3). Pub. L. 99-576, §204(b)(2), inserted at end “Such report shall be prepared taking into consideration the results of the study referred to in paragraph (2)(A) of this subsection (or, if the study is not then completed, whatever information from it is then available).”

Subsec. (g)(4). Pub. L. 99-576, §204(c), added par. (4).

Subsec. (h)(3)(A)(i). Pub. L. 99-576, §702(6), substituted “December 3, 1985,” for “the date of the enactment of this section”.

1985—Subsec. (g)(1)(B). Pub. L. 99-166, §106, which directed the substitution of “who request such counseling” for “who requested counseling before such date”, was executed by making the substitution for the phrase “who requested such counseling before such date” to reflect the probable intent of Congress.

Subsec. (h). Pub. L. 99-166, §105, added subsec. (h).

1983—Subsec. (a). Pub. L. 98-160, §101(a), struck out “if such veteran requests such counseling within two years after the date of such veteran’s discharge or release from active duty, or by September 30, 1984, whichever is later” after “to assist such veteran in readjusting to civilian life”.

Subsec. (g)(1). Pub. L. 98-160, §101(b)(1), substituted “September 30, 1988” for “September 30, 1984” in provisions preceding subpar. (A).

Subsec. (g)(1)(A). Pub. L. 98-160, §101(b)(1), substituted “October 1, 1988” for “October 1, 1984”.

Subsec. (g)(2). Pub. L. 98-160, §101(b)(2), amended par. (2) generally, designating existing provisions as subpar. (A), substituting “Not later than April 1, 1987, the Administrator shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the Administrator’s evaluation of the effectiveness in helping to meet the readjustment needs of veterans who served on active duty during the Vietnam era of the readjustment counseling and mental health services provided pursuant to this section (and of outreach efforts with respect to such counseling and services). Such report shall give particular attention, in light of the results of the study required by section 102 of the Veterans’ Health Care Amendments of 1983, to the provision of such counseling and services to veterans with post-traumatic stress disorder and to the diagnosis and treatment of such disorder” for “Not later than April 1, 1984, the Administrator shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on the plans made and actions taken to carry out this subsection”, and adding subpar. (B).

Subsec. (g)(3). Pub. L. 98-160, §101(b)(2), added par. (3).

1981—Subsec. (a). Pub. L. 97-72, §104(a)(1), substituted “or by September 30, 1984” for “or two years after the effective date of this section”.

Subsec. (g). Pub. L. 97-72, §104(b), added subsec. (g).

1979—Subsec. (d). Pub. L. 96-128 substituted “title)” for “title),”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2022 AMENDMENT

Pub. L. 117-328, div. V, title IV, §403(b), Dec. 29, 2022, 136 Stat. 5512, provided that: “The amendments made by subsection (a) [amending this section] shall apply with respect to family members of a member or veteran who died by suicide before, on, or after the date of the enactment of this Act [Dec. 29, 2022].”

EFFECTIVE DATE OF 2021 AMENDMENT

Pub. L. 116-283, div. A, title VII, §762(c), Jan. 1, 2021, 134 Stat. 3725, provided that: “The amendments made by this section [amending this section] shall take effect on the date that is one year after the date of the enactment of this Act [Jan. 1, 2021].”

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115–182 effective on the date described in section 101(b) of Pub. L. 115–182, see section 144(b) of Pub. L. 115–182, set out as a note under section 1712 of this title.

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by section 19011(d)(4) of Pub. L. 99–272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99–272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1981 AMENDMENT

Pub. L. 97–72, title I, § 104(a)(2), Nov. 3, 1981, 95 Stat. 1049, provided that: “The amendment made by paragraph (1) [amending this section] shall take effect as of October 1, 1981.”

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96–128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96–128, set out as a note under section 1114 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1979, see section 107 of Pub. L. 96–22, set out as an Effective Date of 1979 Amendment note under section 1701 of this title.

MENTAL HEALTH AND SUICIDE PREVENTION OUTREACH TO MINORITY VETERANS AND AMERICAN INDIAN AND ALASKA NATIVE VETERANS

Pub. L. 117–328, div. V, title I, § 101(a)–(c), Dec. 29, 2022, 136 Stat. 5498, 5499, provided that:

“(a) STAFFING REQUIREMENT.—Beginning not later than 90 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs has no fewer than one full-time employee whose responsibility is serving as a minority veteran coordinator.

“(b) TRAINING.—Not later than 180 days after the date of the enactment of this Act, the Secretary, in consultation with the Indian Health Service and the Director of the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs, shall ensure that all minority veteran coordinators receive training in delivery of mental health and suicide prevention services culturally appropriate for American Indian and Alaska Native veterans, especially with respect to the identified populations and tribes within the coordinators’ catchment areas.

“(c) COORDINATION WITH SUICIDE PREVENTION COORDINATORS.—Not later than 180 days after the date of the enactment of this Act, the Secretary, in consultation with the Director of the Office of Mental Health and Suicide Prevention, shall ensure that the suicide prevention coordinator and minority veteran coordinator of each medical center of the Department have developed and disseminated to the director of the medical center a written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the catchment area of the medical center. Each such plan shall include for each tribe covered by the plan—

“(1) contact information for tribal leadership and the tribal health facility or Indian Health Service facility serving that tribe;

“(2) a schedule for and list of outreach plans (including addressing any barriers to accessing Department mental health care);

“(3) documentation of any conversation with tribal leaders that may guide culturally appropriate delivery of mental health care to American Indian or Alaska Native veterans;

“(4) documentation of any progress in incorporating traditional healing practices into mental health and suicide prevention protocols and options

available for veterans who are members of such tribe; and

“(5) documentation of any coordination among the Department, the Indian Health Service, urban Indian health organizations, and the Substance Abuse and Mental Health Services Administration for the purpose of improving suicide prevention efforts tailored to veterans who are members of such tribe and the provision of culturally competent mental health care to such veterans.”

EXPANSION OF VET CENTER WORKFORCE

Pub. L. 117–328, div. V, title I, § 102, Dec. 29, 2022, 136 Stat. 5500, provided that:

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022] and subject to the availability of appropriations, the Secretary of Veterans Affairs shall hire an additional 50 full-time equivalent employees for Vet Centers to bolster the workforce of Vet Centers and to provide expanded mental health care to veterans, members of the Armed Forces, and their families through outreach, community access points, outstations, and Vet Centers.

“(b) 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.”

DESIGNATION OF BUDDY CHECK WEEK BY SECRETARY OF VETERANS AFFAIRS

Pub. L. 117–328, div. V, title III, § 301, Dec. 29, 2022, 136 Stat. 5505, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall designate one week each year to organize outreach events and educate veterans on how to conduct peer wellness checks, which shall be known as ‘Buddy Check Week’.

“(b) EDUCATIONAL OPPORTUNITIES.—

“(1) IN GENERAL.—During Buddy Check Week, the Secretary, in consultation with organizations that represent veterans, nonprofits that serve veterans, mental health experts, members of the Armed Forces, and such other entities and individuals as the Secretary considers appropriate, shall collaborate with organizations that represent veterans to provide educational opportunities for veterans to learn how to conduct peer wellness checks.

“(2) TRAINING MATTERS.—As part of the educational opportunities provided under paragraph (1), the Secretary shall provide the following:

“(A) A script for veterans to use to conduct peer wellness checks that includes information on appropriate referrals to resources veterans might need.

“(B) Online and in-person training, as appropriate, on how to conduct a peer wellness check.

“(C) Opportunities for members of organizations that represent veterans to learn how to train individuals to conduct peer wellness checks.

“(D) Training for veterans participating in Buddy Check Week on how to transfer a phone call directly to the Veterans Crisis Line.

“(E) Resiliency training for veterans participating in Buddy Check Week on handling a veteran in crisis.

“(3) ONLINE MATERIALS.—All training materials provided under the educational opportunities under paragraph (1) shall be made publicly available on a website of the Department of Veterans Affairs.

“(c) OUTREACH.—The Secretary, in collaboration with organizations that represent veterans, may conduct outreach regarding educational opportunities under subsection (b) at—

“(1) public events where many veterans are expected to congregate;

“(2) meetings of organizations that represent veterans;

“(3) facilities of the Department; and

“(4) such other locations as the Secretary, in collaboration with organizations that represent veterans, considers appropriate.

“(d) VETERANS CRISIS LINE PLAN.—

“(1) IN GENERAL.—The Secretary shall ensure that a plan exists for handling the potential increase in the number of calls into the Veterans Crisis Line that may occur during Buddy Check Week.

“(2) SUBMITTAL OF PLAN.—The head of the Veterans Crisis Line shall submit to the Secretary a plan for how to handle excess calls during Buddy Check Week, which may include the following:

“(A) Additional hours for staff.

“(B) The use of a backup call center.

“(C) Any other plan to ensure that calls from veterans in crisis are being answered in a timely manner by an individual trained at the same level as a Veterans Crisis Line responder.

“(e) DEFINITIONS.—In this section:

“(1) The term ‘organization that represents veterans’ means an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

“(2) The term ‘veteran’ has the meaning given that term in section 101 of such title.

“(3) The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans provided by the Secretary under section 1720F(h) of such title.”

EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT

Pub. L. 117–21, §§ 2, 4, June 30, 2021, 135 Stat. 292, 293, provided that:

“SEC. 2. EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) EXPANSION.—The Secretary of Veterans Affairs shall establish and maintain three new centers of the RANGE Program.

“(b) LOCATIONS.—The centers established under subsection (a) shall be located in areas determined by the Secretary based on—

“(1) the need for additional mental health care for rural veterans in such areas; and

“(2) interest expressed by personnel at facilities of the Department in such areas.

“(c) TIMELINE.—The Secretary shall establish the centers under subsection (a) during fiscal year 2022.

“(d) FUNDING.—There is authorized to be appropriated \$1,200,000 for each of fiscal years 2022 through 2024 to carry out this section.

“SEC. 4. DEFINITIONS.

“In this Act [enacting this note, provisions set out as a note under section 101 of this title, and provisions not classified to the Code]:

“(1) The term ‘covered mental health care’ means mental health care that is more intensive than traditional outpatient therapy.

“(2) The term ‘PRR center’ means a psychosocial rehabilitation and recovery center of the Department of Veterans Affairs.

“(3) The term ‘RANGE Program’ means the Rural Access Network for Growth Enhancement Program of the Department of Veterans Affairs.

“(4) The term ‘rural veteran’ means a veteran who lives in a rural or highly rural area (including such an area in a Tribal or insular area), as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture.”

PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING READJUSTMENT COUNSELING AND RELATED MENTAL HEALTH SERVICES

Pub. L. 116–315, title V, § 5107(b), Jan. 5, 2021, 134 Stat. 5031, provided that:

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to paragraph (2), assistance to qualified veterans described in paragraph (3) to obtain child care so that such veterans can re-

ceive readjustment counseling and related mental health services.

“(2) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may be provided to a qualified veteran under the pilot program for receipt of child care only during the period that the qualified veteran receives readjustment counseling and related health care services at a Vet Center.

“(3) QUALIFIED VETERANS.—For purposes of this subsection, a qualified veteran is a veteran who—

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

“(B)(i) receives from the Department regular readjustment counseling and related mental health services; or

“(ii) is in need of regular readjustment counseling and related mental health services from the Department, and but for lack of child care services, would receive such counseling and services from the Department.

“(4) LOCATIONS.—The Secretary shall carry out the pilot program in not fewer than three Readjustment Counseling Service Regions selected by the Secretary for purposes of the pilot program.

“(5) FORMS OF CHILD CARE ASSISTANCE.—

“(A) IN GENERAL.—Child care assistance under the pilot program may include the following:

“(i) 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) [now 40 U.S.C. 590(g)].

“(ii) Payments to private child care agencies.

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

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

“(B) LOCAL AREA.—In providing child care assistance under the pilot program, the child care needs of the local area shall be considered and the head of each Vet Center may select the type of care that is most appropriate or feasible for such Vet Center.

“(C) USE OF STIPEND.—In the case that child care assistance under the pilot program is provided as a stipend under subparagraph (A)(i), such stipend shall cover the full cost of such child care.

“(6) DURATION.—The pilot program shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

“(7) REPORT.—

“(A) IN GENERAL.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

“(B) ELEMENTS.—The report required by subparagraph (A) shall include the findings and conclusions of the Secretary regarding the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“(8) VET CENTER DEFINED.—In this subsection, the term ‘Vet Center’ has the meaning given that term in section 1712A(h) of title 38, United States Code.”

PILOT PROGRAM TO PROVIDE VETERANS ACCESS TO COMPLEMENTARY AND INTEGRATIVE HEALTH PROGRAMS THROUGH ANIMAL THERAPY, AGRITHERAPY, SPORTS AND RECREATION THERAPY, ART THERAPY, AND POSTTRAUMATIC GROWTH PROGRAMS

Pub. L. 116–171, title II, § 203, Oct. 17, 2020, 134 Stat. 796, provided that:

“(a) IN GENERAL.—Not later than 180 days after the date on which 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) submits its final report under subsection (e)(2) of such sec-

tion, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide complementary and integrative health programs 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) PROGRAMS DESCRIBED.—Complementary and integrative health programs described in this subsection may, taking into consideration the report described in subsection (a), consist of the following:

- “(1) Equine therapy.
- “(2) Other animal therapy.
- “(3) Agritherapy.
- “(4) Sports and recreation therapy.
- “(5) Art therapy.
- “(6) Posttraumatic growth programs.

“(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) 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 program 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.”

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

Pub. L. 116–171, title III, §302, Oct. 17, 2020, 134 Stat. 801, provided that:

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [Oct. 17, 2020], 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.”

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

Pub. L. 116–171, title III, §304, Oct. 17, 2020, 134 Stat. 802, provided that:

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [Oct. 17, 2020], 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 [Oct. 17, 2020], 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.”

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

Pub. L. 116-171, title III, §305, Oct. 17, 2020, 134 Stat. 804, provided that:

“(a) IN GENERAL.—Beginning not later than 18 months after the date of the enactment of this Act [Oct. 17, 2020], 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 Insti-

tutes of Health with respect to large-scale collection of standardized data and open data sharing.

“(c) METHODS.—The initiative under subsection (a) shall include brain structure and function measurements, such as functional magnetic resonance imaging and electroencephalogram, and shall coordinate with additional biological methods of analysis utilized in the Million Veterans Program of the Department of Veterans Affairs.

“(d) 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, consistent with section 552a of title 5, United States Code (commonly known as the ‘Privacy Act of 1974’), and regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191] (parts 160, 162, and 164 of title 45, Code of Federal Regulations, or successor regulations) to ensure that information of veterans participating in the initiative is kept private and secure.

“(2) CONSULTATION WITH THE NATIONAL INSTITUTES OF SCIENCE AND TECHNOLOGY.—The Secretary may consult with the National Institute of Science and Technology in developing the data privacy and security measures described in paragraph (1).

“(3) ACCESS STANDARDS.—The Secretary shall provide access to information under the initiative consistent with the standards described in section 552a(d)(1) of title 5, United States Code, and section 164.524 of title 45, Code of Federal Regulations, or successor regulations.

“(4) OPEN PLATFORM.—

“(A) AVAILABILITY OF DATA.—The Secretary shall make de-identified data collected under the initiative available for research purposes to Federal agencies.

“(B) CONTRACT.—The Secretary shall contract with nongovernment entities that comply with requisite data security measures to make available for research purposes de-identified data collected under the initiative.

“(C) ASSISTANCE.—The Secretary shall provide assistance to a Federal agency conducting research using data collected under the initiative at the request of that agency.

“(D) PROHIBITION ON TRANSFER OF DATA.—Federal agencies may not disclose, transmit, share, sell, license, or otherwise transfer data collected under the initiative to any nongovernment entity other than as allowed under subparagraph (B).

“(5) 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.—In consultation with the National Institute for Science and Technology, data collected under the initiative shall be standardized in the manner in which it is collected, entered into the database, extracted, and recorded.

“(6) 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.

“(7) DE-IDENTIFIED DATA DEFINED.—In this subsection, the term ‘de-identified data’ means, with respect to data held by the Department of Veterans Affairs, that the Department—

“(A) alters, anonymizes, or aggregates the data so that there is a reasonable basis for expecting that the data could not be linked as a practical matter to a specific individual;

“(B) publicly commits to refrain from attempting to re-identify the data with a specific individual,

and adopts controls to prevent such identification; and

“(C) causes the data to be covered by a contractual or other legally enforceable prohibition on each entity to which the Department discloses the data from attempting to use the data to identify a specific individual and requires the same of all onward disclosures.

“(e) INCLUSION OF INITIATIVE IN PROGRAM.—The Secretary shall coordinate efforts of the initiative under subsection (a) with the Million Veterans Program of the Department.”

SHORT-TERM AGREEMENTS OR CONTRACTS WITH TELECOMMUNICATIONS PROVIDERS TO EXPAND TELEMENTAL HEALTH SERVICES FOR ISOLATED VETERANS DURING A PUBLIC HEALTH EMERGENCY

Pub. L. 116-136, div. B, title X, §20004, Mar. 27, 2020, 134 Stat. 585, provided that:

“(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of Veterans Affairs may enter into short-term agreements or contracts with telecommunications companies to provide temporary, complimentary or subsidized, fixed and mobile broadband services for the purposes of providing expanded mental health services to isolated veterans through telehealth or VA Video Connect during a public health emergency.

“(b) ELIGIBILITY.—

“(1) IN GENERAL.—The Secretary may expand eligibility for services described in subsection (a) from the Department of Veterans Affairs to include veterans already receiving care from the Department who may not be eligible for mental health services or other health care services delivered through telehealth or VA Video Connect.

“(2) PRIORITY.—For purposes of expanding eligibility under paragraph (1), the Secretary shall prioritize—

“(A) veterans who are in unserved and underserved areas;

“(B) veterans who reside in rural and highly rural areas, as defined in the Rural-Urban Commuting Areas coding system of the Department of Agriculture;

“(C) low-income veterans; and

“(D) any other veterans that the Secretary considers to be at a higher risk for suicide and mental health concerns during isolation periods due to a public health emergency.

“(c) DEFINITIONS.—In this section:

“(1) TELEHEALTH.—

“(A) IN GENERAL.—The term ‘telehealth’ means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

“(B) TECHNOLOGIES.—For purposes of subparagraph (A), telecommunications technologies include videoconferencing, the internet, streaming media, and terrestrial and wireless communications.

“(2) VA VIDEO CONNECT.—The term ‘VA Video Connect’ means the program of the Department of Veterans Affairs to connect veterans with their health care team from anywhere, using encryption to ensure a secure and private session.”

[For definition of “public health emergency” as used in section 20004 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

PUBLICATION OF INTERNET WEBSITE TO PROVIDE INFORMATION REGARDING MENTAL HEALTH CARE SERVICES

Pub. L. 114-2, §3, Feb. 12, 2015, 129 Stat. 31, provided that:

“(a) IN GENERAL.—Using funds made available to the Secretary of Veterans Affairs to publish the Internet

websites of the Department of Veterans Affairs, the Secretary shall survey the existing Internet websites and information resources of the Department to publish an Internet website that serves as a centralized source to provide veterans with information regarding all of the mental health care services provided by the Secretary.

“(b) ELEMENTS.—The Internet website published under subsection (a) shall provide to veterans information regarding all of the mental health care services available in the Veteran Integrated Service Network that the veteran is seeking such services, including, with respect to each medical center, Vet Center (as defined in section 1712A of title 38, United States Code), and community-based outpatient center in the Veterans Integrated Service Network—

“(1) the name and contact information of each social work office;

“(2) the name and contact information of each mental health clinic;

“(3) a list of appropriate staff; and

“(4) any other information the Secretary determines appropriate.

“(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the Internet website under subsection (a) is updated not less 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 published under subsection (a).”

PILOT PROGRAM ON COMMUNITY OUTREACH

Pub. L. 114-2, §5, Feb. 12, 2015, 129 Stat. 34, as amended by Pub. L. 114-92, div. A, title V, §563, Nov. 25, 2015, 129 Stat. 829; Pub. L. 114-328, div. A, title X, §1081(c)(1), Dec. 23, 2016, 130 Stat. 2419, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a pilot program to assist veterans transitioning from serving on active duty and to improve the access of veterans to mental health services.

“(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not less than five Veterans Integrated Service Networks that have a large population of veterans who—

“(1) served in the reserve components of the Armed Forces; or

“(2) are transitioning into communities with an established population of veterans after having recently separated from the Armed Forces.

“(c) FUNCTIONS.—The pilot program at each Veterans Integrated Service Network described in subsection (b) shall include the following:

“(1) A community oriented veteran peer support network, carried out in partnership with an appropriate entity with experience in peer support programs, that—

“(A) establishes peer support training guidelines;

“(B) develops a network of veteran peer support counselors to meet the demands of the communities in the Veterans Integrated Service Network;

“(C) conducts training of veteran peer support counselors;

“(D) with respect to one medical center selected by the Secretary in each such Veterans Integrated Service Network, has—

“(i) a designated peer support specialist who acts as a liaison to the community oriented veteran peer network; and

“(ii) a certified mental health professional designated as the community oriented veteran peer network mentor; and

“(E) is readily available to veterans, including pursuant to the Veterans Integrated Service Network cooperating and working with State and local governments and appropriate entities.

“(2) A community outreach team for each medical center selected by the Secretary pursuant to paragraph (1)(D) that—

“(A) assists veterans transitioning into communities;

“(B) establishes a veteran transition advisory group to facilitate outreach activities;

“(C) includes the participation of appropriate community organizations, State and local governments, colleges and universities, chambers of commerce and other local business organizations, and organizations that provide legal aid or advice;

“(D) coordinates with the Veterans Integrated Service Network regarding the Veterans Integrated Service Network carrying out an annual mental health summit to assess the status of veteran mental health care in the community and to develop new or innovative means to provide mental health services to veterans; and

“(E) conducts outreach to individuals transitioning from serving on active duty in the Armed Forces who are participating in the Transition Assistance Program of the Department of Defense or other similar transition programs to inform such individuals of the community oriented veteran peer support network under paragraph (1) and other support programs and opportunities that are available to such individuals.

“(d) REPORTS.—

“(1) INITIAL REPORT.—Not later than 18 months after the date on which the pilot program under subsection (a) commences, 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 pilot program. With respect to each Veterans Integrated Service Network described in subsection (b), the report shall include—

“(A) a full description of the peer support model implemented under the pilot program, participation data, and data pertaining to past and current mental health related hospitalizations and fatalities;

“(B) recommendations on implementing peer support networks throughout the Department;

“(C) whether the mental health resources made available under the pilot program for members of the reserve components of the Armed Forces is effective;

“(D) a full description of the activities and effectiveness of community outreach coordinating teams under the pilot program, including partnerships that have been established with appropriate entities; and

“(E) the number of veterans who—

“(i) received outreach from the Department of Veterans Affairs while serving on active duty as a member of the Armed Forces; and

“(ii) participated in a peer support program under the pilot program for veterans transitioning from serving on active duty.

“(2) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (e), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1).

“(e) CONSTRUCTION.—This section may not be construed to authorize the Secretary to hire additional employees of the Department to carry out the pilot program under subsection (a).

“(f) TERMINATION.—The authority of the Secretary to carry out the pilot program under subsection (a) shall terminate on the date that is 3 years after the date on which the pilot program commences.”

[Pub. L. 114-328, div. A, title X, §1081(c), Dec. 23, 2016, 130 Stat. 2419, provided that the amendment made by section 1081(c)(1) to section 563 of Pub. L. 114-92, which amended section 5 of Pub. L. 114-2, set out above, is ef-

fective as of Nov. 25, 2015, and as if included in Pub. L. 114-92 as enacted.]

PARTICIPATION OF MEMBERS OF THE ARMED FORCES IN PEER SUPPORT COUNSELING PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 112-239, div. A, title VII, §724, Jan. 2, 2013, 126 Stat. 1805, provided that:

“(a) PARTICIPATION.—

“(1) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly enter into a memorandum of understanding providing for members of the Armed Forces described in subsection (b) to volunteer or be considered for employment as peer counselors under the following:

“(A) The peer support counseling program carried out by the Secretary of Veterans Affairs under subsection (j) of section 1720F of title 38, United States Code, as part of the comprehensive program for suicide prevention among veterans under subsection (a) of such section.

“(B) The peer support counseling program carried out by the Secretary of Veterans Affairs under section 304(a)(1) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1150; 38 U.S.C. 1712A note).

“(2) TRAINING.—Any member participating in a peer support counseling program under paragraph (1) shall receive the training for peer counselors under section 1720F(j)(2) of title 38, United States Code, or section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, as applicable, before performing peer support counseling duties under such program.

“(b) COVERED MEMBERS.—Members of the Armed Forces described in this subsection are the following:

“(1) Members of the reserve components of the Armed Forces who are demobilizing after deployment in a theater of combat operations, including, in particular, members who participated in combat against the enemy while so deployed.

“(2) Members of the regular components of the Armed Forces separating from active duty who have been deployed in a theater of combat operations in which such members participated in combat against the enemy.”

TRANSPARENCY IN MENTAL HEALTH CARE SERVICES PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 112-239, div. A, title VII, §726, Jan. 2, 2013, 126 Stat. 1806, provided that:

“(a) MEASUREMENT OF MENTAL HEALTH CARE SERVICES.—

“(1) IN GENERAL.—Not later than December 31, 2013, the Secretary of Veterans Affairs shall develop and implement a comprehensive set of measures to assess mental health care services furnished by the Department of Veterans Affairs.

“(2) ELEMENTS.—The measures developed and implemented under paragraph (1) shall provide an accurate and comprehensive assessment of the following:

“(A) The timeliness of the furnishing of mental health care by the Department.

“(B) The satisfaction of patients who receive mental health care services furnished by the Department.

“(C) The capacity of the Department to furnish mental health care.

“(D) The availability and furnishing of evidence-based therapies by the Department.

“(b) GUIDELINES FOR STAFFING MENTAL HEALTH CARE SERVICES.—Not later than December 31, 2013, the Secretary shall develop and implement guidelines for the staffing of general and specialty mental health care services, including at community-based outpatient clinics. Such guidelines shall include productivity standards for providers of mental health care.

“(c) STUDY COMMITTEE.—

“(1) IN GENERAL.—The Secretary shall seek to enter into a contract with the National Academy of Sciences to create a study committee—

“(A) to consult with the Secretary on the Secretary’s development and implementation of the measures and guidelines required by subsections (a) and (b); and

“(B) to conduct an assessment and provide an analysis and recommendations on the state of Department mental health services.

“(2) FUNCTIONS.—In entering into the contract described in paragraph (1), the Secretary shall, with respect to paragraph (1)(B), include in such contract a provision for the study committee—

“(A) to conduct a comprehensive assessment of barriers to access to mental health care by veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn;

“(B) to assess the quality of the mental health care being provided to such veterans (including the extent to which veterans are afforded choices with respect to modes of treatment) through site visits to facilities of the Veterans Health Administration (including at least one site visit in each Veterans Integrated Service Network), evaluating studies of patient outcomes, and other appropriate means;

“(C) to assess whether, and the extent to which, veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn are being offered a full range of necessary mental health services at Department health care facilities, including early intervention services for hazardous drinking, relationship problems, and other behaviors that create a risk for the development of a chronic mental health condition;

“(D) to conduct surveys or have access to Department-administered surveys of—

“(i) providers of Department mental health services;

“(ii) veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn who are receiving mental health care furnished by the Department; and

“(iii) eligible veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn who are not using Department health care services to assess those barriers described in subparagraph (A); and

“(E) to provide to the Secretary, on the basis of its assessments as delineated in subparagraphs (A) through (C), specific, detailed recommendations—

“(i) for overcoming barriers, and improving access, to timely, effective mental health care at Department health care facilities (or, where Department facilities cannot provide such care, through contract arrangements under existing law); and

“(ii) to improve the effectiveness and efficiency of mental health services furnished by the Secretary.

“(3) PARTICIPATION BY FORMER OFFICIALS AND EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.—The Secretary shall ensure that any contract entered into under paragraph (1) provides for inclusion on any subcommittee which participates in conducting the assessments and formulating the recommendations provided for in paragraph (2) at least one former official of the Veterans Health Administration and at least two former employees of the Veterans Health Administration who were providers of mental health care.

“(4) PERIODIC REPORTS TO SECRETARY.—In entering into the contract described in paragraph (1), the Secretary shall, with respect to paragraph (1)(A), include in such contract a provision for the submittal to the Secretary of periodic reports and provision of other consultation to the Secretary by the study committee to assist the Secretary in carrying out subsections (a) and (b).

“(5) REPORTS TO CONGRESS.—Not later than 30 days after receiving a report under paragraph (4), the Sec-

retary 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 plans of the Secretary to implement such recommendations submitted to the Secretary by the study committee as the Secretary considers appropriate. Such report shall include a description of each recommendation submitted to the Secretary that the Secretary does not plan to carry out and an explanation of why the Secretary does not plan to carry out such recommendation.

“(d) PUBLICATION.—

“(1) IN GENERAL.—The Secretary shall make available to the public on an Internet website of the Department the following:

“(A) The measures and guidelines developed and implemented under this section.

“(B) An assessment of the performance of the Department using such measures and guidelines.

“(2) QUARTERLY UPDATES.—The Secretary shall update the measures, guidelines, and assessment made available to the public under paragraph (1) not less frequently than quarterly.

“(e) SEMIANNUAL REPORTS.—

“(1) IN GENERAL.—Not later than June 30, 2013, and not less frequently than twice each year thereafter, the Secretary shall submit to the committees of Congress specified in subsection (c)(5) a report on the Secretary’s progress in developing and implementing the measures and guidelines required by this section.

“(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following:

“(A) A description of the development and implementation of the measures required by subsection (a) and the guidelines required by subsection (b).

“(B) A description of the progress made by the Secretary in developing and implementing such measures and guidelines.

“(C) An assessment of the mental health care services furnished by the Department, using the measures developed and implemented under subsection (a).

“(D) An assessment of the effectiveness of the guidelines developed and implemented under subsection (b).

“(E) Such recommendations for legislative or administrative action as the Secretary may have to improve the effectiveness and efficiency of the mental health care services furnished under laws administered by the Secretary.

“(f) IMPLEMENTATION REPORT.—

“(1) IN GENERAL.—Not later than 30 days before the date on which the Secretary begins implementing the measures and guidelines required by this section, the Secretary shall submit to the committees of Congress specified in subsection (c)(5) a report on the Secretary’s planned implementation of such measures and guidelines.

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

“(A) A detailed description of the measures and guidelines that the Secretary plans to implement under this section.

“(B) A description of the rationale for each measure and guideline the Secretary plans to implement under this section.

“(C) A discussion of each measure and guideline that the Secretary considered under this section but chose not to implement.

“(D) The number of current vacancies in mental health care provider positions in the Department.

“(E) An assessment of how many additional positions are needed to meet current or expected demand for mental health services furnished by the Department.”

PILOT PROGRAM ON COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE

Pub. L. 111-163, title II, §203, May 5, 2010, 124 Stat. 1143, as amended by Pub. L. 113-175, title I, §102, Sept.

26, 2014, 128 Stat. 1902; Pub. L. 114–58, title I, § 109, Sept. 30, 2015, 129 Stat. 533; Pub. L. 114–228, title I, § 107, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115–62, title I, § 108, Sept. 29, 2017, 131 Stat. 1162; Pub. L. 115–251, title I, § 108, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116–159, div. E, title I, § 5106, Oct. 1, 2020, 134 Stat. 748, provided that:

“(a) PILOT PROGRAM REQUIRED.—

“(1) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act [May 5, 2010], the Secretary of Veterans Affairs shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a pilot program to evaluate the feasibility and advisability of providing reintegration and readjustment services described in subsection (b) in group retreat settings to women veterans who are recently separated from service in the Armed Forces after a prolonged deployment.

“(2) PARTICIPATION AT ELECTION OF VETERAN.—The participation of a veteran in the pilot program under this section shall be at the election of the veteran.

“(b) COVERED SERVICES.—The services provided to a woman veteran under the pilot program shall include the following:

“(1) Information on reintegration into the veteran's family, employment, and community.

“(2) Financial counseling.

“(3) Occupational counseling.

“(4) Information and counseling on stress reduction.

“(5) Information and counseling on conflict resolution.

“(6) Such other information and counseling as the Secretary considers appropriate to assist a woman veteran under the pilot program in reintegration into the veteran's family, employment, and community.

“(c) LOCATIONS.—The Secretary shall carry out the pilot program at not fewer than three locations selected by the Secretary for purposes of the pilot program.

“(d) TERMINATION.—The authority to carry out a pilot program under this section shall terminate on September 30, 2022.

“(e) REPORT.—Not later than March 31, 2018, the Secretary shall submit to Congress a report on the pilot program. The report shall contain the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for each of fiscal years 2010, 2011, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022, \$2,000,000 to carry out the pilot program.”

PROGRAM ON READJUSTMENT AND MENTAL HEALTH CARE SERVICES FOR VETERANS WHO SERVED IN OPERATION ENDURING FREEDOM AND OPERATION IRAQI FREEDOM

Pub. L. 111–163, title III, § 304, May 5, 2010, 124 Stat. 1150, as amended by Pub. L. 112–239, div. A, title VII, § 730(b)(1), Jan. 2, 2013, 126 Stat. 1814, provided that:

“(a) PROGRAM REQUIRED.—Not later than 180 days after the date of the enactment of this Act [May 5, 2010], the Secretary of Veterans Affairs shall establish a program to provide—

“(1) to veterans of Operation Enduring Freedom and Operation Iraqi Freedom, particularly veterans who served in such operations while in the National Guard and the Reserves—

“(A) peer outreach services;

“(B) peer support services;

“(C) readjustment counseling and services described in section 1712A of title 38, United States Code; and

“(D) mental health services; and

“(2) to members of the immediate family of veterans described in paragraph (1), during the 3-year period beginning on the date of the return of such vet-

erans from deployment in Operation Enduring Freedom or Operation Iraqi Freedom, education, support, counseling, and mental health services to assist in—

“(A) the readjustment of such veterans to civilian life;

“(B) in the case such veterans have an injury or illness incurred during such deployment, the recovery of such veterans from such injury or illness; and

“(C) the readjustment of the family following the return of such veterans.

“(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS AND OTHER QUALIFIED ENTITIES.—In carrying out the program required by subsection (a), the Secretary may contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity—

“(1) to the extent practicable, to use telehealth services for the delivery of services required by subsection (a);

“(2) to the extent practicable, to employ veterans trained under subsection (c) in the provision of services covered by that subsection;

“(3) to participate in the training program conducted in accordance with subsection (d);

“(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services required by subsection (a);

“(5) for each veteran for whom a community mental health center or other qualified entity provides mental health services under such contract, to provide the Department with such clinical summary information as the Secretary shall require;

“(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the submittal of such report—

“(A) the number of the veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and

“(B) demographic information for such services, diagnoses, and courses of treatment; and

“(7) to meet such other requirements as the Secretary shall require.

“(c) TRAINING OF VETERANS FOR PROVISION OF PEER-OUTREACH AND PEER-SUPPORT SERVICES.—In carrying out the program required by subsection (a), the Secretary shall contract with a national not-for-profit mental health organization to carry out a national program of training for veterans described in subsection (a) to provide the services described in subparagraphs (A) and (B) of paragraph (1) of such subsection.

“(d) TRAINING OF CLINICIANS FOR PROVISION OF SERVICES.—The Secretary shall conduct a training program for clinicians of community mental health centers or entities that have contracts with the Secretary under subsection (b) to ensure that such clinicians can provide the services required by subsection (a) in a manner that—

“(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Enduring Freedom or Operation Iraqi Freedom (including their combat and military training experiences); and

“(2) uses best practices and technologies.

“(e) PROVISION OF PEER OUTREACH AND PEER SUPPORT SERVICES AT DEPARTMENT MEDICAL CENTERS.—The Secretary shall carry out the services required by subparagraphs (A) and (B) of subsection (a)(1) at each Department medical center.

“(f) VET CENTER DEFINED.—In this section, 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.”

[Pub. L. 112-239, div. A, title VII, § 730(b)(2), Jan. 2, 2013, 126 Stat. 1814, provided that: “The Secretary of Veterans Affairs shall commence carrying out the services required by subparagraphs (A) and (B) of subsection (a)(1) of such section [section 304 of Pub. L. 111-163, set out above] at each Department of Veterans Affairs medical center, as required by subsection (e) of such section (as added by paragraph (1)), not later than 270 days after the date of the enactment of this Act [Jan. 2, 2013].”]

ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATION ENDURING FREEDOM OR OPERATION IRAQI FREEDOM FOR COUNSELING AND SERVICES THROUGH READJUSTMENT COUNSELING SERVICE

Pub. L. 111-163, title IV, § 401, May 5, 2010, 124 Stat. 1156, provided that:

“(a) **IN GENERAL.**—Any member of the Armed Forces, including a member of the National Guard or Reserve, who serves on active duty in the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom is eligible for readjustment counseling and related mental health services under section 1712A of title 38, United States Code, through the Readjustment Counseling Service of the Veterans Health Administration.

“(b) **NO REQUIREMENT FOR CURRENT ACTIVE DUTY SERVICE.**—A member of the Armed Forces who meets the requirements for eligibility for counseling and services under subsection (a) is entitled to counseling and services under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under that subsection.

“(c) **REGULATIONS.**—The eligibility of members of the Armed Forces for counseling and services under subsection (a) shall be subject to such regulations as the Secretary of Defense and the Secretary of Veterans Affairs shall jointly prescribe for purposes of this section.

“(d) **SUBJECT TO AVAILABILITY OF APPROPRIATIONS.**—The provision of counseling and services under subsection (a) shall be subject to the availability of appropriations for such purpose.”

PILOT PROGRAM ON PEER OUTREACH AND SUPPORT FOR VETERANS AND USE OF COMMUNITY MENTAL HEALTH CENTERS AND INDIAN HEALTH SERVICE FACILITIES

Pub. L. 110-387, title I, § 107, Oct. 10, 2008, 122 Stat. 4116, provided that:

“(a) **PILOT PROGRAM REQUIRED.**—Commencing not later than 180 days after the date of the enactment of this Act [Oct. 10, 2008], the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility [sic] and advisability of providing to veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and, in particular, veterans who served in such operations as a member of the National Guard or Reserve, the following:

“(1) Peer outreach services.

“(2) Peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness.

“(3) Readjustment counseling services described in section 1712A of title 38, United States Code.

“(4) Other mental health services.

“(b) **PROVISION OF CERTAIN SERVICES.**—In providing services described in paragraphs (3) and (4) of subsection (a) under the pilot program to veterans who reside in rural areas and do not have adequate access through the Department of Veterans Affairs to the services described in such paragraphs, the Secretary shall, acting through the Office of Mental Health Services and the Office of Rural Health, provide such services as follows:

“(1) Through community mental health centers under contracts or other agreements if entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for the provision of such services for purposes of the pilot program.

“(2) Through the Indian Health Service, or an Indian tribe or tribal organization that has entered into an agreement with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.], if a memorandum of understanding is entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for purposes of the pilot program.

“(3) Through other appropriate entities under contracts or other agreements entered into by the Secretary of Veterans Affairs for the provision of such services for purposes of the pilot program.

“(c) **DURATION.**—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

“(d) **PROGRAM LOCATIONS.**—

“(1) **IN GENERAL.**—The pilot program shall be carried out within areas selected by the Secretary for the purpose of the pilot program in at least three Veterans Integrated Service Networks (VISNs).

“(2) **RURAL GEOGRAPHIC LOCATIONS.**—The locations selected shall be in rural geographic locations that, as determined by the Secretary, lack access to comprehensive mental health services through the Department of Veterans Affairs.

“(3) **QUALIFIED PROVIDERS.**—In selecting locations for the pilot program, the Secretary shall select locations in which an adequate number of licensed mental health care providers with credentials equivalent to those of Department mental health care providers are available in Indian Health Service facilities, community mental health centers, and other entities for participation in the pilot program.

“(e) **PARTICIPATION IN PROGRAM.**—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall—

“(1) provide the services described in paragraphs (3) and (4) of subsection (a) to eligible veterans, including, to the extent practicable, telehealth services that link the center or facility with Department of Veterans Affairs clinicians;

“(2) use the clinical practice guidelines of the Veterans Health Administration or the Department of Defense in the provision of such services; and

“(3) meet such other requirements as the Secretary shall require.

“(f) **COMPLIANCE WITH DEPARTMENT PROTOCOLS.**—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall comply with—

“(1) applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services as part of the pilot program; and

“(2) access and quality standards of the Department relevant to the provision of services as part of the pilot program.

“(g) **PROVISION OF CLINICAL INFORMATION.**—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall, in a timely fashion, provide the Secretary with such clinical information on each veteran for whom such health center or facility provides mental health services under the pilot program as the Secretary shall require.

“(h) **TRAINING.**—

“(1) **TRAINING OF VETERANS.**—As part of the pilot program, the Secretary shall carry out a program of training for veterans described in subsection (a) to provide the services described in paragraphs (1) and (2) of such subsection.

“(2) **TRAINING OF CLINICIANS.**—

“(A) **IN GENERAL.**—The Secretary shall conduct a training program for clinicians of community mental health centers, Indian Health Service facilities, or other entities participating in the pilot program under subsection (b) to ensure that such clinicians

can provide the services described in paragraphs (3) and (4) of subsection (a) in a manner that accounts for factors that are unique to the experiences of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences).

“(B) PARTICIPATION IN TRAINING.—Personnel of each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall participate in the training program conducted pursuant to subparagraph (A).

“(i) ANNUAL REPORTS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall submit to the Secretary on an annual basis a report containing, with respect to the provision of services under subsection (b) and for the last full calendar year ending before the submission of such report—

“(1) the number of—

“(A) veterans served; and

“(B) courses of treatment provided; and

“(2) demographic information for such services, diagnoses, and courses of treatment.

“(j) PROGRAM EVALUATION.—

“(1) IN GENERAL.—The Secretary shall, through Department of Veterans Affairs Mental Health Services investigators and in collaboration with relevant program offices of the Department, design and implement a strategy for evaluating the pilot program.

“(2) ELEMENTS.—The strategy implemented under paragraph (1) shall assess the impact that contracting with community mental health centers, the Indian Health Service, and other entities participating in the pilot program under subsection (b) has on the following:

“(A) Access to mental health care by veterans in need of such care.

“(B) The use of telehealth services by veterans for mental health care needs.

“(C) The quality of mental health care and substance use disorder treatment services provided to veterans in need of such care and services.

“(D) The coordination of mental health care and other medical services provided to veterans.

“(k) DEFINITIONS.—In this section:

“(1) The term ‘community mental health center’ has the meaning given such term in section 410.2 of title 42, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act [Oct. 10, 2008]).

“(2) The term ‘eligible veteran’ means a veteran in need of mental health services who—

“(A) is enrolled in the Department of Veterans Affairs health care system; and

“(B) has received a referral from a health professional of the Veterans Health Administration to a community mental health center, a facility of the Indian Health Service, or other entity for purposes of the pilot program.

“(3) The term ‘Indian Health Service’ means the organization established by section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)).

“(l) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.”

RESEARCH PROGRAM ON COMORBID POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS

Pub. L. 110-387, title II, §201, Oct. 10, 2008, 122 Stat. 4119, provided that:

“(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Development, carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder.

“(b) DISCHARGE THROUGH NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER.—The research pro-

gram required by subsection (a) shall be carried out by the National Center for Posttraumatic Stress Disorder.

In carrying out the program, the Center shall—

“(1) develop protocols and goals with respect to research under the program; and

“(2) coordinate research, data collection, and data dissemination under the program.

“(c) RESEARCH.—The program of research required by subsection (a) shall address the following:

“(1) Comorbid post-traumatic stress disorder and substance use disorder.

“(2) The systematic integration of treatment for post-traumatic stress disorder with treatment for substance use disorder.

“(3) The development of protocols to evaluate care of veterans with comorbid post-traumatic stress disorder and substance use disorder.

“(d) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2012, \$2,000,000 to carry out this section.

“(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall be made available to the National Center on Posttraumatic Stress Disorder for the purpose specified in that paragraph.

“(3) SUPPLEMENT NOT SUPPLANT.—Any amount made available to the National Center on Posttraumatic Stress Disorder for a fiscal year under paragraph (2) is in addition to any other amounts made available to the National Center on Posttraumatic Stress Disorder for such year under any other provision of law.”

PILOT PROGRAM ON PROVISION OF READJUSTMENT AND TRANSITION ASSISTANCE TO VETERANS AND THEIR FAMILIES IN COOPERATION WITH VET CENTERS

Pub. L. 110-387, title III, §302, Oct. 10, 2008, 122 Stat. 4120, provided that:

“(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out, through a non-Department of Veterans Affairs entity, a pilot program to assess the feasibility [sic] and advisability of providing readjustment and transition assistance described in subsection (b) to veterans and their families in cooperation with centers under section 1712A of title 38, United States Code (commonly referred to as ‘Vet Centers’).

“(b) READJUSTMENT AND TRANSITION ASSISTANCE.—Readjustment and transition assistance described in this subsection is assistance as follows:

“(1) Readjustment and transition assistance that is preemptive, proactive, and principle-centered.

“(2) Assistance and training for veterans and their families in coping with the challenges associated with making the transition from military to civilian life.

“(c) NON-DEPARTMENT OF VETERANS AFFAIRS ENTITY.—

“(1) IN GENERAL.—The Secretary shall carry out the pilot program through any for-profit or non-profit organization selected by the Secretary for purposes of the pilot program that has demonstrated expertise and experience in the provision of assistance and training described in subsection (b).

“(2) CONTRACT OR AGREEMENT.—The Secretary shall carry out the pilot program through a non-Department entity described in paragraph (1) pursuant to a contract or other agreement entered into by the Secretary and the entity for purposes of the pilot program.

“(d) COMMENCEMENT OF PILOT PROGRAM.—The pilot program shall commence not later than 180 days after the date of the enactment of this Act [Oct. 10, 2008].

“(e) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program, and may be carried out for additional one-year periods thereafter.

“(f) LOCATION OF PILOT PROGRAM.—

“(1) IN GENERAL.—The Secretary shall provide assistance under the pilot program in cooperation with

10 centers described in subsection (a) designated by the Secretary for purposes of the pilot program.

“(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to provide a balanced geographical representation of such centers throughout the United States, including the District of Columbia, the Commonwealth of Puerto Rico, tribal lands, and other territories and possessions of the United States.

“(g) PARTICIPATION OF CENTERS.—A center described in subsection (a) that is designated under subsection (f) for participation in the pilot program shall participate in the pilot program by promoting awareness of the assistance and training available to veterans and their families through—

“(1) the facilities and other resources of such center;

“(2) the non-Department of Veterans Affairs entity selected pursuant to subsection (c); and

“(3) other appropriate mechanisms.

“(h) ADDITIONAL SUPPORT.—In carrying out the pilot program, the Secretary may enter into contracts or other agreements, in addition to the contract or agreement described in subsection (c), with such other non-Department of Veterans Affairs entities meeting the requirements of subsection (c) as the Secretary considers appropriate for purposes of the pilot program.

“(i) REPORT ON PILOT PROGRAM.—

“(1) REPORT REQUIRED.—Not later than three years after the date of the enactment of this Act [Oct. 10, 2008], the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

“(2) ELEMENTS.—Each report under paragraph (1) shall include the following:

“(A) A description of the activities under the pilot program as of the date of such report, including the number of veterans and families provided assistance under the pilot program and the scope and nature of the assistance so provided.

“(B) A current assessment of the effectiveness of the pilot program.

“(C) Any recommendations that the Secretary considers appropriate for the extension or expansion of the pilot program.

“(3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the term ‘congressional veterans affairs committees’ means—

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

“(B) the Committees on Veterans’ Affairs and Appropriations of the House of Representatives.

“(j) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2011 \$1,000,000 to carry out this section.

“(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall remain available until expended.”

IMPROVEMENT AND EXPANSION OF MENTAL HEALTH SERVICES

Pub. L. 109-461, title II, §203, Dec. 22, 2006, 120 Stat. 3410, provided that:

“(a) REQUIRED CAPACITY FOR COMMUNITY-BASED OUTPATIENT CLINICS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that each community-based outpatient clinic of the Department of Veterans Affairs has the capacity to provide, or monitor the provision of, mental health services to enrolled veterans who, as determined by the Secretary, are in need of such services.

“(2) SETTINGS.—In carrying out paragraph (1), the Secretary shall ensure that mental health services are provided through—

“(A) a community-based outpatient clinic of the Department by an employee of the Department;

“(B) referral to another facility of the Department;

“(C) contract with an appropriate mental health professional in the community; or

“(D) telemental health services.

“(b) CLINICAL TRAINING AND PROTOCOLS.—

“(1) COLLABORATION.—The National Center on Post-Traumatic Stress Disorder of the Department of Veterans Affairs shall collaborate with the Secretary of Defense—

“(A) to enhance the clinical skills of military clinicians on matters relating to post-traumatic stress disorder through training, treatment protocols, web-based interventions, and the development of evidence-based interventions; and

“(B) to promote pre-deployment resilience and post-deployment readjustment among members of the Armed Forces serving in Operation Iraqi Freedom and Operation Enduring Freedom.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for the Department of Veterans Affairs for fiscal year 2007 \$2,000,000 to carry out this subsection.

“(c) MENTAL HEALTH OUTREACH.—The Secretary of Veterans Affairs shall—

“(1) develop additional educational materials on post-traumatic stress disorder; and

“(2) undertake additional efforts to educate veterans about post-traumatic stress disorder.

“(d) REVIEW OF PTSD CLINICAL GUIDELINES.—The Secretary of Veterans Affairs shall—

“(1) review the clinical guidelines of the Department of Veterans Affairs on post-traumatic stress disorder and all appropriate protocols related to post-traumatic stress disorder;

“(2) revise such guidelines and protocols as the Secretary considers appropriate to ensure that clinicians are able to effectively distinguish between diagnoses with similar symptoms that may manifest as post-traumatic stress disorder, including traumatic brain injury; and

“(3) develop performance measures for the treatment of post-traumatic stress disorder among veterans.”

EXPANSION OF TELEHEALTH SERVICES

Pub. L. 109-461, title II, §205, Dec. 22, 2006, 120 Stat. 3411, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall increase the number of facilities of the Readjustment Counseling Service that are capable of providing health services and counseling through telehealth linkages with facilities of the Veterans Health Administration.

“(b) PLAN.—Not later than July 1, 2007, 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 plan to implement the requirement in subsection (a). The plan shall specify which facilities of the Readjustment Counseling Service will have the capabilities described in subsection (a) as of the end of each of fiscal years 2007, 2008, and 2009.”

EXPANSION OF OUTREACH ACTIVITIES OF VET CENTERS

Pub. L. 109-461, title II, §215, Dec. 22, 2006, 120 Stat. 3424, provided that:

“(a) ADDITIONAL OUTREACH WORKERS.—The Secretary of Veterans Affairs shall employ not fewer than 100 veterans for the purpose of providing outreach to veterans on the availability of readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

“(b) CONSTRUCTION WITH CURRENT OUTREACH PROGRAM.—The veterans employed under subsection (a) are in addition to any veterans employed by the Secretary for the purpose described in that subsection under the February 2004 program of the Department of Veterans Affairs to provide outreach described in that subsection.

“(c) ASSIGNMENT TO VET CENTERS.—The Secretary may assign any veteran employed under subsection (a)

to any center for the provision of readjustment counseling and related mental health services under section 1712A of title 38, United States Code, that the Secretary considers appropriate in order to meet the purpose described in that subsection.

“(d) INAPPLICABILITY AND TERMINATION OF LIMITATION ON DURATION OF EMPLOYMENT.—Any limitation on the duration of employment of veterans under the program described in subsection (b) is hereby terminated and shall not apply to veterans employed under such program or under this section.

“(e) EMPLOYMENT STATUS.—Veterans employed under subsection (a) shall be employed in career conditional status, which is the employment status in which veterans are employed under the program described in subsection (b).”

STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS

Pub. L. 106-419, title II, §212, Nov. 1, 2000, 114 Stat. 1843, provided that:

“(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act [Nov. 1, 2000], the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

“(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98-160) [set out as a note below]. Such follow-up study shall use the data base and sample of the previous study.

“(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

“(1) the long-term course of post-traumatic stress disorder;

“(2) any long-term medical consequences of post-traumatic stress disorder;

“(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

“(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

“(d) REPORT.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004.”

SPECIALIZED MENTAL HEALTH SERVICES

Pub. L. 106-117, title I, §116, Nov. 30, 1999, 113 Stat. 1559, as amended by Pub. L. 108-170, title I, §108, Dec. 6, 2003, 117 Stat. 2046, provided that:

“(a) IMPROVEMENT TO SPECIALIZED MENTAL HEALTH SERVICES.—The Secretary [of Veterans Affairs], in furtherance of the responsibilities of the Secretary under section 1706(b) of title 38, United States Code, shall carry out a program to expand and improve the provision of specialized mental health services to veterans. The Secretary shall establish the program in consultation with the Committee on Care of Severely Chronically Mentally Ill Veterans established pursuant to section 7321 of title 38, United States Code.

“(b) COVERED PROGRAMS.—For purposes of this section, the term ‘specialized mental health services’ includes programs relating to—

“(1) the treatment of post-traumatic stress disorder; and

“(2) substance use disorders.

“(c) FUNDING.—(1) In carrying out the program described in subsection (a), the Secretary shall identify, from funds available to the Department [of Veterans Affairs] for medical care, an amount of not less than \$25,000,000 in each of fiscal years 2004, 2005, and 2006 to be available to carry out the program and to be allo-

cated to facilities of the Department pursuant to subsection (d).

“(2) In identifying available amounts pursuant to paragraph (1), the Secretary shall ensure that, after the allocation of those funds under subsection (d), the total expenditure for programs relating to (A) the treatment of post-traumatic stress disorder, and (B) substance use disorders is not less than \$25,000,000 in excess of the baseline amount.

“(3)(A) For purposes of paragraph (2), the baseline amount is the amount of the total expenditures on such programs for the most recent fiscal year for which final expenditure amounts are known, adjusted to reflect any subsequent increase in applicable costs to deliver such services in the Veterans Health Administration, as determined by the Committee on Care of Severely Chronically Mentally Ill Veterans.

“(B) For purposes of this paragraph, in fiscal years 2004, 2005, and 2006, the fiscal year used to determine the baseline amount shall be fiscal year 2003.

“(d) ALLOCATION OF FUNDS TO DEPARTMENT FACILITIES.—(1) In each of fiscal years 2004, 2005, and 2006, the Secretary shall allocate funds identified pursuant to subsection (c)(1) to individual medical facilities of the Department as the Secretary determines appropriate based upon proposals submitted by those facilities for the use of those funds for improvements to specialized mental health services.

“(2) In allocating funds to facilities in a fiscal year under paragraph (1), the Secretary shall ensure that—

“(A) not less than \$10,000,000 is allocated by direct grants to programs that are identified by the Mental Health Strategic Health Care Group and the Committee on Care of Severely Chronically Mentally Ill Veterans;

“(B) not less than \$5,000,000 is allocated for programs on post-traumatic stress disorder; and

“(C) not less than \$5,000,000 is allocated for programs on substance use disorder.

“(3) The Secretary shall provide that the funds to be allocated under this section during each of fiscal years 2004, 2005, and 2006 are funds for a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

“(e) REPORT.—Not later than 12 months after the date of the enactment of this Act [Nov. 30, 1999], the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report describing the implementation of this section. The Secretary shall include in the report information on the allocation of funds to facilities of the Department under the program and a description of the improvements made with those funds to specialized mental health services for veterans.”

MARRIAGE AND FAMILY COUNSELING FOR PERSIAN GULF WAR VETERANS

Pub. L. 102-405, title I, §121, Oct. 9, 1992, 106 Stat. 1978, provided that:

“(a) REQUIREMENT.—Subject to the availability of funds appropriated pursuant to the authorization in subsection (g), the Secretary shall conduct a program to furnish to the persons referred to in subsection (b) the marriage and family counseling services referred to in subsection (c). The authority to conduct the program shall expire on September 30, 1994.

“(b) PERSONS ELIGIBLE FOR COUNSELING.—The persons eligible to receive marriage and family counseling services under the program are—

“(1) veterans who were awarded a campaign medal for active-duty service during the Persian Gulf War and the spouses and children of such veterans; and

“(2) veterans who are or were members of the reserve components who were called or ordered to active duty during the Persian Gulf War and the spouses and children of such members.

“(c) COUNSELING SERVICES.—Under the program, the Secretary may provide marriage and family counseling that the Secretary determines, based on an assessment by a mental-health professional employed by the De-

partment and designated by the Secretary (or, in an area where no such professional is available, a mental-health professional designated by the Secretary and performing services under a contract or fee arrangement with the Secretary), is necessary for the amelioration of psychological, marital, or familial difficulties that result from the active duty service referred to in subsection (b)(1) or (2).

“(d) MANNER OF FURNISHING SERVICES.—(1) Marriage and family counseling services shall be furnished under the program—

“(A) by personnel of the Department of Veterans Affairs who are qualified to provide such counseling services;

“(B) by appropriately certified marriage and family counselors employed by the Department; and

“(C) by qualified mental health professionals pursuant to contracts with the Department, when Department facilities are not capable of furnishing economical medical services because of geographical inaccessibility or are not capable of furnishing the services required.

“(2) The Secretary shall establish the qualifications required of personnel under subparagraphs (A) and (C) of paragraph (1) and shall prescribe the training, experience, and certification required of appropriately certified marriage and family counselors under subparagraph (B) of such paragraph.

“(3) The Secretary may employ licensed or certified marriage and family counselors to provide counseling under paragraph (1)(B) and may classify the positions in which they are employed at levels determined appropriate by the Secretary, taking into consideration the training, experience, and licensure or certification required of such counselors.

“(e) CONTRACT COUNSELING SERVICES.—(1) Subject to paragraphs (2) and (4), a mental health professional referred to in subsection (d)(1)(C) may furnish marriage and family counseling services to a person under the program as follows:

“(A) For a period of not more than 15 days beginning on the date of the commencement of the furnishing of such services to the person.

“(B) For a 90-day period beginning on such date if—

“(i) the mental health professional submits to the Secretary a treatment plan with respect to the person not later than 15 days after such date; and

“(ii) the treatment plan and the assessment made under subsection (c) are approved by an appropriate mental health professional of the Department designated for that purpose by the Under Secretary for Health.

“(C) For an additional 90-day period beginning on the date of the expiration of the 90-day period referred to in subparagraph (B) (or any subsequent 90-day period) if—

“(i) not more than 30 days before the expiration of the 90-day period referred to in subparagraph (B) (or any subsequent 90-day period), the mental health professional submits to the Secretary a revised treatment plan containing a justification of the need of the person for additional counseling services; and

“(ii) the plan is approved in accordance with the provisions of subparagraph (B)(ii).

“(2)(A) A mental health professional referred to in paragraph (1) who assesses the need of any person for services for the purposes of subsection (c) may not furnish counseling services to that person.

“(B) The Secretary may waive the prohibition referred to in subparagraph (A) for locations (as determined by the Secretary) in which the Secretary is unable to obtain the assessment referred to in that subparagraph from a mental health professional other than the mental health professional with whom the Secretary enters into contracts under subsection (d)(1)(C) for the furnishing of counseling services.

“(3) The Secretary shall reimburse mental health professionals for the reasonable cost (as determined by the Secretary) of furnishing counseling services under

paragraph (1). In the event of the disapproval of a treatment plan of a person submitted by a mental health professional under paragraph (1)(B)(i), the Secretary shall reimburse the mental health professional for the reasonable cost (as so determined) of furnishing counseling services to the person for the period beginning on the date of the commencement of such services and ending on the date of the disapproval.

“(4) The Secretary may authorize the furnishing of counseling in an individual case for a period shorter than the 90-day period specified in subparagraph (B) or (C) of paragraph (1) and, upon further consideration, extend the shorter period to the full 90 days.

“(5)(A) For the purposes of this subsection, the term ‘treatment plan’, with respect to a person entitled to counseling services under the program, must include—

“(i) an assessment by the mental health professional submitting the plan of the counseling needs of the person described in the plan on the date of the submittal of the plan; and

“(ii) a description of the counseling services to be furnished to the person by the mental health professional during the 90-day period covered by the plan, including the number of counseling sessions proposed as part of such services.

“(B) The Secretary shall prescribe an appropriate form for the treatment plan.

“(f) COST RECOVERY.—For the purposes of section 1729 of title 38, United States Code, marriage and family counseling services furnished under the program shall be deemed to be care and services furnished by the Department under chapter 17 of such title, and the United States shall be entitled to recover or collect the reasonable cost of such services in accordance with that section.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$10,000,000 for each of fiscal years 1993 and 1994 to carry out this section.

“(h) REPORT.—Not later than July 1, 1994, the Secretary shall submit to Congress a report on the program conducted pursuant to this section. The report shall contain information regarding the persons furnished counseling services under the program, including—

“(1) the number of such persons, stated as a total number and separately for each eligibility status referred to in subsection (b);

“(2) the age and gender of such persons;

“(3) the manner in which such persons were furnished such services under the program; and

“(4) the number of counseling sessions furnished to such persons.

“(i) DEFINITIONS.—For the purposes of this section, the terms ‘veteran’, ‘child’, ‘active duty’, ‘reserve component’, ‘spouse’, and ‘Persian Gulf War’ have the meanings given such terms in paragraphs 101(2), (4), (21), (27), (31), and (33) of section 101 of title 38, United States Code, respectively.”

POST-TRAUMATIC STRESS DISORDER PROGRAM PLANNING

Pub. L. 102-405, title I, § 123, Oct. 9, 1992, 106 Stat. 1981, provided that:

“(a) PLAN.—The Secretary shall develop a plan—

“(1) to ensure, to the maximum extent practicable, that veterans suffering from post-traumatic stress disorder related to active duty are provided appropriate treatment and rehabilitative services for that condition in a timely manner;

“(2) to expand and improve the services available for veterans suffering from post-traumatic stress disorder related to active duty;

“(3) to eliminate waiting lists for inpatient treatment and other modes of treatment for post-traumatic stress disorder;

“(4) to enhance outreach activities carried out to inform combat-area veterans of the availability of treatment for post-traumatic stress disorder; and

“(5) to ensure, to the extent practicable, that there are Department post-traumatic stress disorder treat-

ment units in locations that are readily accessible to veterans residing in rural areas of the United States.

“(b) CONSIDERATIONS.—In developing the plan referred to in subsection (a), the Secretary shall consider—

“(1) the numbers of veterans suffering from post-traumatic stress disorder related to active duty, as indicated by relevant studies, scientific and clinical reports, and other pertinent information;

“(2) the numbers of veterans who would likely seek post-traumatic stress disorder treatment from the Department if waiting times for treatment were eliminated and outreach activities to combat-area veterans with post-traumatic stress disorder were enhanced;

“(3) the current and projected capacity of the Department to provide appropriate treatment and rehabilitative services for post-traumatic stress disorder;

“(4) the level and geographic accessibility of inpatient and outpatient care available through the Department for veterans suffering from post-traumatic stress disorder across the United States;

“(5) the desirability of providing that inpatient and outpatient post-traumatic stress disorder care be furnished in facilities of the Department that are physically independent of general psychiatric wards of the medical facilities of the Department;

“(6) the treatment needs of veterans suffering from post-traumatic stress disorder who are women, of such veterans who are ethnic minorities (including Native Americans, Native Hawaiians, Asian-Pacific Islanders, and Native Alaskans), and of such veterans who suffer from substance abuse problems in addition to post-traumatic stress disorder; and

“(7) the recommendations of the Special Committee on Post-Traumatic-Stress Disorder with respect to (A) specialized inpatient and outpatient programs of the Department for the treatment of post-traumatic stress disorder, and (B) with respect to the establishment of educational programs that are designed for each of the various levels of education, training, and experience of the various mental health professionals involved in the treatment of veterans suffering from post-traumatic stress disorder.

“(c) REPORT.—Not later than six months after the date of the enactment of this Act [Oct. 9, 1992], the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the plan developed pursuant to subsection (a). The report shall include specific information relating to the consideration given to the matters described in subsection (b).

“(d) DEFINITIONS.—For the purposes of this section:

“(1) The term ‘active duty’ has the meaning given that term in section 101(21) of title 38, United States Code.

“(2) The term ‘veteran’ has the meaning given that term in section 101(2) of such title.

“(3) The term ‘combat-area veteran’ means a veteran who served on active duty in an area at a time during which hostilities (as defined in [former] section 1712A(a)(2)(B) of such title) occurred in such area.”

UPDATES OF REPORTS ON POST-TRAUMATIC STRESS DISORDER

Pub. L. 102-405, title I, § 122(b), Oct. 9, 1992, 106 Stat. 1981, directed Special Committee on Post-Traumatic-Stress Disorder, not later than Oct. 1, 1992, and Oct. 1, 1993, to concurrently submit to Secretary and Committees on Veterans' Affairs of Senate and House of Representatives a report containing information updating the reports submitted to the Secretary under section 110(e) of the Veterans' Health Care Act of 1984, together with any additional information the Special Committee considers appropriate regarding the overall efforts of the Department of Veterans Affairs to meet the needs of veterans with post-traumatic stress disorder and other psychological problems in readjusting to civilian life, and directed Secretary, not later than 90 days after receiving each of the reports to submit to

the committees any comments concerning the report that the Secretary considered appropriate. Similar provisions were contained in Pub. L. 101-237, title II, § 201(e), Dec. 18, 1989, 103 Stat. 2066, as amended by Pub. L. 101-366, title II, § 204, Aug. 15, 1990, 104 Stat. 439.

AUTHORIZATION FOR RELOCATION OF CERTAIN FACILITIES

Pub. L. 100-687, div. B, title XV, § 1501(b), Nov. 18, 1988, 102 Stat. 4132, related to relocation of 17 Veterans' Administration Readjustment Counseling Service Vet Centers from their locations away from general Veterans' Administration health-care facilities to other such locations.

PROHIBITION OF DELEGATION OF DUTIES

Pub. L. 100-322, title I, § 107(f), May 20, 1988, 102 Stat. 496, as amended by Pub. L. 100-527, § 10(4), Oct. 25, 1988, 102 Stat. 2641; Pub. L. 102-40, § 2(b), May 7, 1991, 105 Stat. 187; Pub. L. 102-83, § 5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that: “The Chief Medical Director [now Under Secretary for Health] of the Department of Veterans Affairs may not delegate the function of making recommendations under [former] section 1712A(g)(3)(A) of title 38, United States Code, as amended by subsection (c).”

POST-TRAUMATIC-STRESS DISORDER; DIAGNOSIS AND TREATMENT; EDUCATION AND TRAINING OF HEALTH-CARE PERSONNEL; COORDINATION WITH READJUSTMENT COUNSELING; SPECIAL COMMITTEE; NATIONAL CENTER; COMPILATION AND PUBLICATION OF RESEARCH RESULTS; REPORTS TO CONGRESSIONAL COMMITTEES

Pub. L. 98-528, title I, § 110, Oct. 19, 1984, 98 Stat. 2691, as amended by Pub. L. 106-117, title II, § 206, Nov. 30, 1999, 113 Stat. 1563; Pub. L. 108-170, title IV, § 405(e), Dec. 6, 2003, 117 Stat. 2063; Pub. L. 110-387, § 202, Oct. 10, 2008, 122 Stat. 4120; Pub. L. 112-260, title II, § 204, Jan. 10, 2013, 126 Stat. 2424, provided that:

“(a)(1) The Under Secretary for Health of the Department of Veterans Affairs may designate special programs within the Veterans Health Administration for the diagnosis and treatment of post-traumatic-stress disorder (hereinafter in this section referred to as ‘PTSD’).

“(2) The Under Secretary for Health shall direct (A) that (in addition to providing diagnostic and treatment services for PTSD) Department programs designated under paragraph (1) (hereinafter in this section referred to as ‘designated PTSD programs’) carry out activities to promote the education and training of health-care personnel (including health-care personnel not working for the Department or the Federal Government) in the causes, diagnosis, and treatment of PTSD, and (B) that (when appropriate) the provision of treatment services under such program be coordinated with the provision of readjustment counseling services under section 1712A of title 38, United States Code.

“(b)(1) The Under Secretary for Health shall establish in the Veterans Health Administration a Special Committee on Post-Traumatic-Stress Disorder (hereinafter in this section referred to as the ‘Special Committee’). The Under Secretary for Health shall appoint qualified employees of the Veterans Health Administration to serve on the Special Committee.

“(2) The Special Committee shall assess, and carry out a continuing assessment of, the capacity of the Department to provide diagnostic and treatment services for PTSD to veterans eligible for health care furnished by the Department.

“(3) The Special Committee shall also advise the Under Secretary for Health regarding the development of policies, the provision of guidance, and the coordination of services for the diagnosis and treatment of PTSD (A) in designated PTSD programs, (B) in inpatient psychiatric programs and outpatient mental health programs other than designated PTSD programs, and (C) in readjustment counseling programs of the Department.

“(4) The Special Committee shall also make recommendations to the Under Secretary for Health for guidance with respect to PTSD regarding—

“(A) appropriate diagnostic and treatment methods;

“(B) referral for and coordination of followup care;

“(C) the evaluation of PTSD treatment programs;

“(D) the conduct of research concerning such diagnosis and treatment (taking into account the provisions of subsection (c));

“(E) special programs of education and training for employees of the Veterans Health Administration and the Veterans Benefits Administration (also taking into account such provisions);

“(F) the appropriate allocation of resources for all such activities; and

“(G) any specific steps that should be taken to improve such diagnosis and treatment and to correct any deficiencies in the operations of designated PTSD programs.

“(c) The Under Secretary for Health shall establish and operate in the Veterans Health Administration a National Center on Post-Traumatic-Stress Disorder. The National Center (1) shall carry out and promote the training of health care and related personnel in, and research into, the causes and diagnosis of PTSD and the treatment of veterans for PTSD, and (2) shall serve as a resource center for, and promote and seek to coordinate the exchange of information regarding, all research and training activities carried out by the Department, and by other Federal and non-Federal entities, with respect to PTSD.

“(d) The Under Secretary for Health shall regularly compile and publish the results of research that has been conducted relating to PTSD.

“(e)(1) Not later than March 1, 2000, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section. The report shall include the following:

“(A) A list of the members of the Special Committee.

“(B) A list of all designated PTSD programs and other programs providing treatment for PTSD, together with a description of the resources that have been allocated for the development and operation of each such program, a description of the education and training that has been provided for Department health-care personnel in such programs and elsewhere within the Department in the diagnosis and treatment of PTSD, and specification of the funding that has been allocated to each such program and elsewhere within the Department to support research relating to PTSD.

“(C) The assessment of the Under Secretary for Health of the Department, after consultation with the Special Committee, regarding the capability of the Department to meet the needs for inpatient and outpatient PTSD diagnosis and treatment (both through designated PTSD programs and otherwise) of veterans who served in the Republic of Vietnam during the Vietnam era, former prisoners of war, and other veterans eligible for health care from the Department and the efficacy of the treatment so provided, as well as a description of the results of any evaluations that have been made of PTSD treatment programs.

“(D) The plans of the Special Committee for further assessments of the capability of the Department to diagnose and treat veterans with PTSD.

“(E) The recommendations made by the Special Committee to the Under Secretary for Health and the views of the Under Secretary for Health on such recommendations.

“(F) A summary of the results of research conducted by the Department relating to PTSD.

“(G) A description of the steps taken, plans made (and a timetable for their execution), and resources to be applied to implement subsections (b) and (c).

“(H) The assessment of the Administrator [now Secretary] of the capacity of the Department to meet

in all geographic areas of the United States the needs described in subparagraph (C) and any plans and timetable for increasing that capacity (including the costs of such action).

“(2) Not later than February 1, 2001, and May 1 of each year through 2016, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing information updating the reports submitted under this subsection since the enactment of the Veterans' Millennium Health Care and Benefits Act [Nov. 30, 1999].”

STUDY OF POST-TRAUMATIC STRESS DISORDER AND OTHER POST-WAR PSYCHOLOGICAL PROBLEMS

Pub. L. 98-160, title I, §102, Nov. 21, 1983, 97 Stat. 994, as amended by Pub. L. 99-576, title II, §216, Oct. 28, 1986, 100 Stat. 3259, directed Administrator of Veterans' Affairs to provide for the conducting of a comprehensive study of prevalence and incidence in population of Vietnam veterans of post-traumatic stress disorder and other psychological problems of readjusting to civilian life and effects of such problems on such veterans and directed Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives not later than Oct. 1, 1986, a report on results of study.

READJUSTMENT COUNSELING AND RELATED MENTAL HEALTH SERVICES FOR VETERANS OF WAR DECLARED AFTER JUNE 13, 1979

Pub. L. 96-22, title I, §103(b), June 13, 1979, 93 Stat. 50, as amended by Pub. L. 102-83, §§5(c)(2), 6(d), Aug. 6, 1991, 105 Stat. 406, 407, provided that: “In the event of a declaration of war by the Congress after June 13, 1979, the Secretary of Veterans Affairs, not later than six months after the date of such declaration, shall determine and recommend to the Congress whether eligibility for the readjustment counseling and related mental health services provided for in section 1712A [formerly 612A] of title 38, United States Code (as added by subsection (a) of this section) should be extended to the veterans of such war.”

Executive Documents

EX. ORD. NO. 13822. SUPPORTING OUR VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE

Ex. Ord. No. 13822, Jan. 9, 2018, 83 F.R. 1513, provided: By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

SECTION 1. Policy. It is the policy of the United States to support the health and well-being of uniformed service members and veterans. After serving our Nation, veterans deserve long, fulfilling civilian lives. Accordingly, our Government must improve mental healthcare and access to suicide prevention resources available to veterans, particularly during the critical 1-year period following the transition from uniformed service to civilian life. Most veterans' experience in uniform increases their resilience and broadens the skills they bring to the civilian workforce. Unfortunately, in some cases within the first year following transition, some veterans can have difficulties reintegrating into civilian life after their military experiences and some tragically take their own lives. Veterans, in their first year of separation from uniformed service, experience suicide rates approximately two times higher than the overall veteran suicide rate. To help prevent these tragedies, all veterans should have seamless access to high-quality mental healthcare and suicide prevention resources as they transition, with an emphasis on the 1-year period following separation.

SEC. 2. Implementation. (a) In furtherance of the policy described in section 1 of this order, I hereby direct the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security to collaborate to address the complex challenges faced by our transitioning uniformed service members and veterans.

(b) Within 60 days of the date of this order, the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security shall submit to the President, through the Assistant to the President for Domestic Policy, a Joint Action Plan that describes concrete actions to provide, to the extent consistent with law, seamless access to mental health treatment and suicide prevention resources for transitioning uniformed service members in the year following discharge, separation, or retirement.

(c) Within 180 days of the date of this order, the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security shall submit to the President, through the Assistant to the President for Domestic Policy, a status report on the implementation of the Joint Action Plan and how the proposed reforms have been effective in improving mental health treatment for all transitioning uniformed service members and veterans. The report shall include:

(i) preliminary progress of reforms implemented by the Joint Action Plan;

(ii) any additional reforms that could help further address the problems that obstruct veterans' access to resources and continuous mental healthcare treatment, including any suggestions for legislative and regulatory reforms; and

(iii) a timeline describing next steps and the results anticipated from continued and additional reforms.

SEC. 3. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP.

§ 1712B. Counseling for former prisoners of war

The Secretary may establish a program under which, upon the request of a veteran who is a former prisoner of war, the Secretary, within the limits of Department facilities, furnishes counseling to such veteran to assist such veteran in overcoming the psychological effects of the veteran's detention or internment as a prisoner of war.

(Added Pub. L. 99-166, title I, §107(a), Dec. 3, 1985, 99 Stat. 945, §612B; renumbered §1712B and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 612B of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

§ 1712C. Dental insurance plan for veterans and survivors and dependents of veterans

(a) IN GENERAL.—The Secretary shall establish and administer a dental insurance plan for veterans and survivors and dependents of veterans described in subsection (b).

(b) COVERED VETERANS AND SURVIVORS AND DEPENDENTS.—The veterans and survivors and dependents of veterans described in this subsection are as follows:

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

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

(c) ADMINISTRATION.—The Secretary shall contract with a dental insurer to administer the dental insurance plan under this section.

(d) BENEFITS.—The dental insurance plan under this section shall provide such benefits for dental care and treatment as the Secretary considers appropriate for the dental insurance plan, including diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

(e) ENROLLMENT.—(1) Enrollment in the dental insurance plan under this section shall be voluntary.

(2) Enrollment in the dental insurance plan shall be for such minimum period as the Secretary shall prescribe for purposes of this section.

(f) PREMIUMS.—(1) Premiums for coverage under the dental insurance plan under this section shall be in such amount or amounts as the Secretary shall prescribe to cover all costs associated with carrying out this section.

(2) The Secretary shall adjust the premiums payable under this section for coverage under the dental insurance plan on an annual basis. Each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

(3) Each individual covered by the dental insurance plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayments.

(g) VOLUNTARY DISENROLLMENT.—(1) With respect to enrollment in the dental insurance plan under this section, the Secretary shall—

(A) permit the voluntary disenrollment of an individual in the dental insurance plan if the disenrollment occurs during the 30-day period beginning on the date of the enrollment of the individual in the dental insurance plan; and

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection, but only to the extent such disenrollment does not jeopardize the fiscal integrity of the dental insurance plan.

(2) The circumstances prescribed under paragraph (1)(B) shall include the following:

(A) If an individual enrolled in the dental insurance plan relocates to a location outside the jurisdiction of the dental insurance plan that prevents use of the benefits under the dental insurance plan.

(B) If an individual enrolled in the dental insurance plan is prevented by a serious medical condition from being able to obtain benefits under the dental insurance plan.

(C) Such other circumstances as the Secretary shall prescribe for purposes of this subsection.