

Affairs, and Related Agencies Appropriations Act, 2018; or

(B) 180 days after the date on which the individual was discharged or released from the active military, naval, air, or space service;

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

(3) shall ensure that information about the mental health care services available under this section—

(A) is revised and updated as appropriate;

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

(C) is made available to State veteran agencies and through appropriate public information services; and

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

(f) ANNUAL REPORTS.—(1) Not later than February 15 each year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the mental and behavioral health care services provided under this section.

(2) Each report submitted under paragraph (1) shall include, with respect to the year preceding the submittal of the report, the following:

(A) The number of eligible individuals who were furnished mental or behavioral health care services under this section, disaggregated by the number of men who received such services and the number of women who received such services.

(B) The number of individuals who requested an initial mental health assessment under subsection (a)(1).

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

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

(i) age;

(ii) era of service in the Armed Forces;

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

(iv) geographic location.

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

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

(Added Pub. L. 115-141, div. J, title II, §258(a), Mar. 23, 2018, 132 Stat. 826, §1712I; renumbered §1720I, Pub. L. 115-182, title V, §511, June 6, 2018, 132 Stat. 1481; amended Pub. L. 115-251, title II, §205, Sept. 29, 2018, 132 Stat. 3173; Pub. L. 116-171, title I, §104, Oct. 17, 2020, 134 Stat. 782; Pub. L. 116-283, div. A, title IX, §926(a)(29), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018, referred to in subsec. (e)(1)(A), is the date of enactment of div. J of Pub. L. 115-141, which was approved Mar. 23, 2018.

AMENDMENTS

2021—Subsec. (b)(2). Pub. L. 116-283 substituted “air, or space service” for “or air service” in introductory provisions.

Subsec. (e)(1)(B), (4). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

2020—Subsec. (f)(1). Pub. L. 116-171, §104(1), substituted “Not later than February 15” for “Not less frequently than once”.

Subsec. (f)(2)(C) to (F). Pub. L. 116-171, §104(2), added subpars. (C) to (E) and redesignated former subpar. (C) as (F).

2018—Pub. L. 115-182 renumbered section 1712I of this title as this section.

Subsec. (b)(3). Pub. L. 115-251 substituted “is not enrolled” for “is not otherwise eligible to enroll”.

§ 1720J. Emergent suicide care

(a) EMERGENT SUICIDE CARE.—Pursuant to this section, the Secretary shall—

(1) furnish emergent suicide care to an eligible individual at a medical facility of the Department;

(2) pay for emergent suicide care provided to an eligible individual at a non-Department facility; and

(3) reimburse an eligible individual for emergent suicide care provided to the eligible individual at a non-Department facility.

(b) ELIGIBILITY.—An individual is eligible for emergent suicide care under subsection (a) if the individual is in an acute suicidal crisis and is either of the following:

(1) A veteran (as defined in section 101).

(2) An individual described in section 1720I(b) of this title.

(c) PERIOD OF CARE.—(1) Emergent suicide care provided under subsection (a) shall be furnished to an eligible individual—

(A) through inpatient or crisis residential care, for a period not to exceed 30 days; or

(B) if care under subparagraph (A) is unavailable, or if such care is not clinically appropriate, as outpatient care for a period not to exceed 90 days.

(2) If, upon the expiration of a period under paragraph (1), the Secretary determines that the eligible individual remains in an acute suicidal crisis, the Secretary may extend such period as the Secretary determines appropriate.

(d) NOTIFICATION.—An eligible individual who receives emergent suicide care under subsection (a) at a non-Department facility (or a person acting on behalf of the individual) shall notify the Secretary of such care within seven days of admission to such facility.

(e) OUTREACH.—During any period when an eligible individual is receiving emergent suicide care under subsection (a), the Secretary shall—

(1) ensure that—

(A) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek emergent suicide care at a medical

facility of the Department, the Veterans Crisis Line notifies the Suicide Prevention Coordinator of such medical facility;

(B) in the case of an eligible individual who presents at a medical facility of the Department in an acute suicidal crisis without a recommendation by the Veterans Crisis Line, the Secretary notifies the Suicide Prevention Coordinator;

(C) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek treatment at a non-Department facility, the Veterans Crisis Line notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual; and

(D) in the case of an eligible individual who presents at a non-Department facility in an acute suicidal crisis without a recommendation by the Veterans Crisis Line and for whom the Secretary receives a notification under subsection (d), the Secretary notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual;

(2) determine the eligibility of the eligible individual for other programs and benefits under the laws administered by the Secretary (or shall make such determination as soon as practicable following the period of such emergent suicide care); and

(3) make referrals for care following the period of such emergent suicide care, as the Secretary determines appropriate.

(f) PROHIBITION ON CHARGE.—(1) If the Secretary provides emergent suicide care to an eligible individual under subsection (a), the Secretary—

(A) may not charge the eligible individual for any cost of such emergent suicide care; and

(B) shall pay for any costs of emergency transportation to a facility for such emergent suicide care (as such costs are determined pursuant to section 1725 of this title, to the extent practicable).

(2)(A) In addition to the requirements of paragraph (1), if the Secretary pays for emergent suicide care provided under subsection (a) to an eligible individual at a non-Department facility, the Secretary shall reimburse the facility for the reasonable value of such emergent suicide care.

(B)(i) In carrying out subparagraph (A), the Secretary may determine the amount to reimburse a non-Department facility in a similar manner to the manner in which the Secretary determines reimbursement amounts for that non-Department facility for medical care and services provided under another provision of this chapter.

(ii) The requirements of section 1725(c)(3) of this title shall apply with respect to payments made under subparagraph (A) of this paragraph.

(3) In the case of an eligible individual who receives emergent suicide care under this section and who is entitled to emergent suicide care (or payment for emergent suicide care) under a health-plan contract, the Secretary may recover

the costs of such emergent suicide care provided under this section, other than for such care for a service-connected disability.

(4) In carrying out subsection (d), the Secretary may not charge an eligible individual for any cost of emergent suicide care provided under subsection (a) solely by reason of the Secretary not having been notified of such care pursuant to such subsection.

(g) ANNUAL REPORT.—Not less than once each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on emergent suicide care provided under subsection (a). Each such report shall include, for the year covered by the report—

(1) the number of eligible individuals who received emergent suicide care under subsection (a);

(2) demographic information regarding eligible individuals described in paragraph (1);

(3) the types of care furnished or paid for this section;¹ and

(4) the total cost of providing care under subsection (a).

(h) DEFINITIONS.—In this section:

(1) The term “acute suicidal crisis” means that an individual was determined to be at imminent risk of self-harm by a trained crisis responder or health care provider.

(2) The term “crisis residential care” means crisis stabilization care provided—

(A) in a residential setting; and

(B) in a facility other than a hospital.

(3) The term “crisis stabilization care” includes, with respect to an individual in acute suicidal crisis, care that ensures, to the extent practicable, immediate safety and reduces—

(A) the severity of distress;

(B) the need for urgent care; or

(C) the likelihood that the distress under subparagraph (A) or need under subparagraph (B) will increase during the transfer of that individual from a facility at which the individual has received care for that acute suicidal crisis.

(4) The term “emergent suicide care” means crisis stabilization care provided to an eligible individual—

(A) pursuant to a recommendation of the eligible individual from the Veterans Crisis Line; or

(B) who presents at a medical facility in an acute suicidal crisis.

(5) The term “health-plan contract” has the meaning given such term in section 1725 of this title.

(6) The term “Veterans Crisis Line” means the hotline under section 1720F(h) of this title.

(Added Pub. L. 116-214, title II, § 201(a), Dec. 5, 2020, 134 Stat. 1030.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 116-214, title II, § 201(c), Dec. 5, 2020, 134 Stat. 1033, provided that: “The Secretary shall furnish or pay

¹ So in original. Probably should be “under this section;”.

for emergent suicide care under section 1720J of title 38, United States Code, as added by subsection (a), beginning on the date that is 270 days after the date of the enactment of this Act [Dec. 5, 2020]."

§ 1720K. Grants or contracts to provide mental health support to family caregivers of veterans

(a) **AUTHORITY.**—The Secretary may award grants or contracts to carry out, coordinate, improve, or otherwise enhance mental health counseling, treatment, or support to the family caregivers of veterans participating in the family caregiver program.

(b) **APPLICATION.**—(1) To be eligible for a grant or contract under this section, an entity shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.

(2) Each application submitted under paragraph (1) shall include the following:

(A) A detailed plan for the use of the grant or contract.

(B) A description of the programs or efforts through which the entity will meet the outcome measures developed by the Secretary under subsection (f).

(C) A description of how the entity will distribute grant or contract amounts equitably among areas with varying levels of urbanization.

(D) A plan for how the grant or contract will be used to meet the unique needs of veterans residing in rural areas, Native American, Native Hawaiian, or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

(c) **DISTRIBUTION.**—The Secretary shall seek to ensure that grants and contracts awarded under this section are equitably distributed among entities located in States with varying levels of urbanization.

(d) **PRIORITY.**—The Secretary shall prioritize awarding grants or contracts under this section that will serve the following areas:

(1) Areas with high rates of veterans enrolled in the family caregiver program.

- (2) Areas with high rates of—
- (A) suicide among veterans; or
 - (B) referrals to the Veterans Crisis Line.

(e) **REQUIRED ACTIVITIES.**—Any grant or contract awarded under this section shall be used—

- (1) to expand existing programs, activities, and services;
- (2) to establish new or additional programs, activities, and services; or
- (3) for travel and transportation to facilitate carrying out paragraph (1) or (2).

(f) **OUTCOME MEASURES.**—(1) The Secretary shall develop and provide to each entity that receives a grant or contract under this section written guidance on the following:

- (A) Outcome measures.
- (B) Policies of the Department.

(2) In developing outcome measures under paragraph (1), the Secretary shall consider the following goals:

(A) Increasing the utilization of mental health services among family caregivers of

veterans participating in the family caregiver program.

(B) Reducing barriers to mental health services among family caregivers of veterans participating in such program.

(g) **TRACKING REQUIREMENTS.**—(1) The Secretary shall establish appropriate tracking requirements with respect to the entities receiving a grant or contract under this section.

(2) Not less frequently than annually, the Secretary shall submit to Congress a report on such tracking requirements.

(h) **PERFORMANCE REVIEW.**—The Secretary shall—

(1) review the performance of each entity that receives a grant or contract under this section; and

(2) make information regarding such performance publicly available.

(i) **REMEDIATION PLAN.**—(1) In the case of an entity that receives a grant or contract under this section and does not meet the outcome measures developed by the Secretary under subsection (f), the Secretary shall require the entity to submit to the Secretary a remediation plan under which the entity shall describe how and when it plans to meet such outcome measures.

(2) The Secretary may not award a subsequent grant or contract under this section to an entity described in paragraph (1) unless the Secretary approves the remediation plan submitted by the entity under such paragraph.

(j) **MAXIMUM AMOUNT.**—The amount of a grant or contract awarded under this section may not exceed 10 percent of amounts made available for grants or contracts under this section for the fiscal year in which the grant or contract is awarded.

(k) **SUPPLEMENT, NOT SUPPLANT.**—Any grant or contract awarded under this section shall be used to supplement and not supplant funding that is otherwise available through the Department to provide mental health support among family caregivers of veterans participating in the family caregiver program.

(l) **OUTREACH TO FAMILY CAREGIVERS.**—The Secretary shall include, in the outreach materials regularly provided to a family caregiver who participates in the family caregiver program, notice of mental health support provided by recipients of grants or contracts under this section that are located in the relevant Veterans Integrated Service Network.

(m) **FUNDING.**—(1) Amounts for the activities of the Department under this section shall be budgeted and appropriated through a separate appropriation account.

(2) In the budget justification materials submitted to Congress in support of the budget of the Department for any fiscal year (as submitted with the budget of the President under section 1105(a) of title 31), the Secretary shall include a separate statement of the amount requested to be appropriated for that fiscal year for the account specified in paragraph (1).

(n) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary, for each of fiscal years 2025 and 2026, \$10,000,000 to carry out this section.