

S 785

Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

Congress: 116 (2019–2021, Ended)

Chamber: Senate

Policy Area: Armed Forces and National Security

Introduced: Mar 13, 2019

Current Status: Became Public Law No: 116-171.

Latest Action: Became Public Law No: 116-171. (Oct 17, 2020)

Law: 116-171 (Enacted Oct 17, 2020)

Official Text: <https://www.congress.gov/bill/116th-congress/senate-bill/785>

Sponsor

Name: Sen. Tester, Jon [D-MT]

Party: Democratic • **State:** MT • **Chamber:** Senate

Cosponsors (53 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Baldwin, Tammy [D-WI]	D · WI		Mar 13, 2019
Sen. Blumenthal, Richard [D-CT]	D · CT		Mar 13, 2019
Sen. Booker, Cory A. [D-NJ]	D · NJ		Mar 13, 2019
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Mar 13, 2019
Sen. Duckworth, Tammy [D-IL]	D · IL		Mar 13, 2019
Sen. Durbin, Richard J. [D-IL]	D · IL		Mar 13, 2019
Sen. Feinstein, Dianne [D-CA]	D · CA		Mar 13, 2019
Sen. Harris, Kamala D. [D-CA]	D · CA		Mar 13, 2019
Sen. Hirono, Mazie K. [D-HI]	D · HI		Mar 13, 2019
Sen. Kaine, Tim [D-VA]	D · VA		Mar 13, 2019
Sen. Klobuchar, Amy [D-MN]	D · MN		Mar 13, 2019
Sen. Manchin, Joe, III [D-WV]	D · WV		Mar 13, 2019
Sen. Markey, Edward J. [D-MA]	D · MA		Mar 13, 2019
Sen. Menendez, Robert [D-NJ]	D · NJ		Mar 13, 2019
Sen. Moran, Jerry [R-KS]	R · KS		Mar 13, 2019
Sen. Murphy, Christopher [D-CT]	D · CT		Mar 13, 2019
Sen. Murray, Patty [D-WA]	D · WA		Mar 13, 2019
Sen. Sanders, Bernard [I-VT]	I · VT		Mar 13, 2019
Sen. Sinema, Kyrsten [D-AZ]	D · AZ		Mar 13, 2019
Sen. Smith, Tina [D-MN]	D · MN		Mar 13, 2019
Sen. Stabenow, Debbie [D-MI]	D · MI		Mar 13, 2019
Sen. Udall, Tom [D-NM]	D · NM		Mar 13, 2019
Sen. Warner, Mark R. [D-VA]	D · VA		Mar 13, 2019
Sen. Peters, Gary C. [D-MI]	D · MI		Mar 27, 2019
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Apr 11, 2019
Sen. Merkley, Jeff [D-OR]	D · OR		Apr 30, 2019
Sen. Bennet, Michael F. [D-CO]	D · CO		May 20, 2019
Sen. Sullivan, Dan [R-AK]	R · AK		May 20, 2019
Sen. Hassan, Margaret Wood [D-NH]	D · NH		Jun 4, 2019
Sen. Coons, Christopher A. [D-DE]	D · DE		Jun 5, 2019
Sen. Roberts, Pat [R-KS]	R · KS		Jun 13, 2019
Sen. Shaheen, Jeanne [D-NH]	D · NH		Jun 25, 2019
Sen. Crapo, Mike [R-ID]	R · ID		Jul 10, 2019
Sen. Daines, Steve [R-MT]	R · MT		Jul 10, 2019
Sen. Boozman, John [R-AR]	R · AR		Sep 17, 2019
Sen. Cortez Masto, Catherine [D-NV]	D · NV		Sep 24, 2019
Sen. Cramer, Kevin [R-ND]	R · ND		Sep 26, 2019
Sen. McSally, Martha [R-AZ]	R · AZ		Oct 15, 2019
Sen. Cornyn, John [R-TX]	R · TX		Oct 17, 2019
Sen. Rosen, Jacky [D-NV]	D · NV		Nov 7, 2019
Sen. Jones, Doug [D-AL]	D · AL		Nov 21, 2019

Cosponsor	Party / State	Role	Date Joined
Sen. Collins, Susan M. [R-ME]	R · ME		Dec 16, 2019
Sen. Blackburn, Marsha [R-TN]	R · TN		Jan 28, 2020
Sen. Rounds, Mike [R-SD]	R · SD		Jan 28, 2020
Sen. Hoeven, John [R-ND]	R · ND		Feb 4, 2020
Sen. Risch, James E. [R-ID]	R · ID		Mar 4, 2020
Sen. Wyden, Ron [D-OR]	D · OR		Mar 11, 2020
Sen. Murkowski, Lisa [R-AK]	R · AK		May 13, 2020
Sen. Wicker, Roger F. [R-MS]	R · MS		Jun 10, 2020
Sen. Portman, Rob [R-OH]	R · OH		Jun 18, 2020
Sen. Heinrich, Martin [D-NM]	D · NM		Jul 21, 2020
Sen. Reed, Jack [D-RI]	D · RI		Aug 5, 2020
Sen. Gardner, Cory [R-CO]	R · CO		Aug 6, 2020

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	Senate	Hearings By (full committee)	Sep 9, 2020

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
116 HR 7888	Related bill	Oct 6, 2020: Referred to the Subcommittee on Health.
116 HR 6612	Related bill	Sep 30, 2020: Referred to the Subcommittee on Health.
116 S 4657	Related bill	Sep 23, 2020: Read twice and referred to the Committee on Veterans' Affairs.
116 HR 8212	Related bill	Sep 11, 2020: Referred to the House Committee on Veterans' Affairs.
116 HR 8107	Related bill	Sep 10, 2020: Committee Hearings Held.
116 HR 8108	Related bill	Sep 10, 2020: Committee Hearings Held.
116 HR 8144	Related bill	Sep 10, 2020: Committee Hearings Held.
116 HR 8148	Related bill	Sep 10, 2020: Committee Hearings Held.
116 HR 8149	Related bill	Sep 10, 2020: Committee Hearings Held.
116 HR 8172	Related bill	Sep 4, 2020: Referred to the House Committee on Veterans' Affairs.
116 HR 8173	Related bill	Sep 4, 2020: Referred to the House Committee on Veterans' Affairs.
116 HR 4920	Related bill	Aug 8, 2020: Became Public Law No: 116-155.
116 HR 5867	Related bill	Mar 2, 2020: Referred to the Subcommittee on Health.
116 S 3224	Related bill	Jan 21, 2020: Read twice and referred to the Committee on Veterans' Affairs.
116 S 3210	Related bill	Jan 16, 2020: Read twice and referred to the Committee on Veterans' Affairs.
116 S 3195	Related bill	Jan 15, 2020: Read twice and referred to the Committee on Veterans' Affairs.
116 S 2991	Related bill	Dec 5, 2019: Read twice and referred to the Committee on Veterans' Affairs.
116 HR 5024	Related bill	Dec 2, 2019: Referred to the Subcommittee on Economic Opportunity.
116 HR 5030	Related bill	Dec 2, 2019: Referred to the Subcommittee on Health.
116 HR 2972	Related bill	Sep 11, 2019: Subcommittee Hearings Held.
116 HR 2898	Related bill	Jun 11, 2019: Referred to the Subcommittee on Health.
116 HR 100	Related bill	Apr 30, 2019: Subcommittee Hearings Held.

Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

This bill makes updates related to Department of Veterans Affairs (VA) transition assistance, mental health care, care for women veterans, and telehealth care.

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

(Sec. 101) This section requires the VA to submit a plan for the provision of VA health care to any veteran during the one-year period following the discharge or release from active military, naval, or air service.

(Sec. 102) The Department of Defense (DOD) and the VA must jointly review and report on the records of each former member of the Armed Forces who died by suicide within one year of separation from the Armed Forces during the five-year period preceding the enactment of this bill.

(Sec. 103) The VA must report on the Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment (REACH VET) program to assess, among other elements, the impact of the program on rates of suicide among veterans.

(Sec. 104) This section updates reporting requirements related to the mental and behavioral health care provided by the VA to former members of the Armed Forces with other than honorable discharge.

TITLE II--SUICIDE PREVENTION

(Sec. 201) This section establishes the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, under which the VA must award grants for a period of three years to eligible entities for the provision of suicide prevention services to veterans and their families. A nongovernmental entity must conduct a study on the provision of such grants to evaluate the effectiveness.

In certain circumstances, entities receiving grants must refer eligible individuals for additional care at the VA. If it is clinically appropriate, the VA must provide an individual receiving suicide prevention services through a grant with a mental health care assessment or services. If an individual refuses such care, ongoing clinical services provided by a grantee must be at the expense of the grantee.

(Sec. 202) The VA must complete a study and report on the feasibility and advisability of providing complementary and integrative health treatments, such as acupuncture, at all VA medical facilities.

(Sec. 203) After the Creating Options for Veterans' Expedited Recovery Commission submits its final report, the VA must conduct a three-year pilot program to provide complementary and integrative health services (e.g., animal therapy) to certain veterans from the VA or non-VA entities for the treatment of post-traumatic stress disorder (PTSD), depression, or anxiety. The VA is authorized to extend the duration based on the results of the implementation.

(Sec. 204) The VA must seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to study the effects of opioids and benzodiazepine on all-cause mortality of veterans, including suicide, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention.

The Government Accountability Office (GAO) must conduct a review of the staffing levels for mental health professionals of the VA.

(Sec. 205) This section requires the GAO to report on the VA's efforts to manage veterans at high risk for suicide.

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

(Sec. 301) This section requires the VA to conduct a study on the connection between living at high altitude and the risk of developing depression or dying by suicide among veterans. Depending on the results, a follow-up study may be required to identify biological causes and effective treatments.

(Sec. 302) The VA must develop a clinical provider treatment toolkit and 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.

(Sec. 303) The VA and DOD (through the Assessment and Management of Patients at Risk for Suicide Work Group) must issue an update to the VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide that (1) considers gender-specific factors; and (2) includes guidance with respect to the efficacy of certain alternative therapies, such as meditation and animal therapy.

(Sec. 304) This section requires the VA to complete the development of a clinical practice guideline or guidelines for the treatment of serious mental illness. Under this section, such guidelines must address the treatment of schizophrenia, schizoaffective disorder, and persistent mood disorder (including bipolar disorder I and II).

The VA must establish the Serious Mental Illness Work Group with DOD and the Department of Health and Human Services to develop such clinical practice guideline or guidelines.

Additionally, the VA must complete an assessment of the *2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders* to determine if an update is necessary.

(Sec. 305) The VA must implement the Precision Medicine for Veterans Initiative to identify and validate brain and mental health biomarkers among veterans, with specific consideration for depression, anxiety, PTSD, bipolar disorder, and traumatic brain injury. The VA must develop data privacy and security measures to ensure the information of veterans participating in the initiative is kept private and secure. The VA must also coordinate efforts of the initiative with the Million Veterans Program.

(Sec. 306) This section authorizes the VA to contract with academic institutions or other qualified entities to carry out any statistical analyses and data evaluation as required by law.

TITLE IV--OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

(Sec. 401) The VA must enter into an agreement with a nonfederal government entity that has expertise in conducting and evaluating research-based studies to conduct a study on the effectiveness of the VA's suicide prevention and mental health outreach materials and campaigns.

(Sec. 402) The VA must establish measurable goals to evaluate the effectiveness of the VA's mental health and suicide prevention media outreach campaigns.

(Sec. 403) This section requires the GAO to conduct a management review of the mental health and suicide prevention

services provided by the VA.

(Sec. 404) The GAO must report on the VA's efforts to integrate (1) mental health care into VA primary care clinics, and (2) community-based mental health care (care provided by a non-VA provider but paid for by the VA) into the Veterans Health Administration (VHA).

(Sec. 405) The VA and DOD must report on their mental health programs, including joint programs of the departments. The VA must establish a joint VA/DOD Intrepid Spirit Center to serve active duty members of the Armed Forces, members of the reserve components, and veterans for mutual benefit and growth in treatment and care for PTSD and traumatic brain injury.

TITLE V--IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE

(Sec. 501) The VA must submit a plan to address the staffing of mental health providers at its facilities. Additionally, the VA must develop an occupational series for its licensed professional mental health counselors and marriage and family therapists.

(Sec. 502) This section requires the VA to carry out the Department of Veterans Affairs Readjustment Counseling Service Scholarship Program under the Educational Assistance Program.

(Sec. 503) The GAO must report on the VA's Readjustment Counseling Service. Such report must include, among other elements, an assessment of barriers to care at Vet Centers.

(Sec. 504) This section expands the annual reporting requirement on the activities of the Readjustment Counseling Service to include additional elements.

(Sec. 505) The VA must conduct a survey on the attitudes of veterans toward the VA offering appointments outside the usual operating hours of VA facilities, including via telehealth appointments. The VA must also study the feasibility and advisability of offering appointments outside the usual operating hours

(Sec. 506) The VA must ensure each of its medical centers is staffed with at least one suicide prevention coordinator. In addition, the VA must conduct a study to determine the feasibility and advisability of the realignment and reorganization of suicide prevention coordinators within the Office of Mental Health and Suicide Prevention and the creation of a suicide prevention coordinator program office.

(Sec. 507) This section requires the VA to report on its efforts to implement a suicide prevention program for veterans presenting to an emergency department or urgent care center of the VHA who are assessed to be at risk for suicide and are safe to be discharged home.

TITLE VI--IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

(Sec. 601) This section requires the VA to expand the capabilities of the Women Veterans Call Center by including a text messaging capability.

(Sec. 602) The VA must publish a website providing information for women veterans about the benefits and services available to them.

TITLE VII--OTHER MATTERS

(Sec. 701) This section requires the VA to award grants to entities for the expansion of telehealth capabilities and provision of telehealth services to veterans. An entity seeking to establish a telehealth access point for veterans without grant funding is authorized to enter into an agreement with the VA to establish such access point.

The VA must assess and report on the barriers veterans face in accessing telehealth services.

(Sec. 702) This section authorizes the VA to enter partnerships with nonfederal government entities to provide hyperbaric oxygen treatment to veterans to research the effectiveness of such therapy in treating certain conditions (e.g., PTSD).

The VA must conduct a systematic review of published research literature on off-label use of hyperbaric oxygen therapy to treat PTSD and traumatic brain injury among veterans and nonveterans. Additionally, the VA must conduct a study on all individuals receiving hyperbaric oxygen therapy through the VA's current pilot program to determine the efficacy and effectiveness for treating PTSD and traumatic brain injury.

(Sec. 703) The VA must prescribe specified technical qualifications for appointment as a licensed hearing aid specialist in the VHA. Under this section, at least one licensed hearing aid specialist must be appointed at each VA medical center.

(Sec. 704) This section requires the VA to complete policy revisions within the internal directive titled *Requirements for the Protection of Human Subjects in Research* to allow sponsored clinical research of the VA to use accredited commercial institutional review boards to review VA research proposal protocols.

The VA must (1) identify accredited commercial institutional review boards for use in connection with sponsored clinical research of the VA, and (2) establish a process to modify existing approvals if a board loses its accreditation during an ongoing clinical trial.

(Sec. 705) This section also requires the VA to establish an Office of Research Reviews within the VA's Office of Information and Technology to perform centralized security reviews and complete security processes for approved research sponsored outside the VA, among other purposes.

Actions Timeline

- **Oct 17, 2020:** Signed by President.
- **Oct 17, 2020:** Became Public Law No: 116-171.
- **Oct 6, 2020:** Presented to President.
- **Sep 23, 2020:** Mr. Takano moved to suspend the rules and pass the bill.
- **Sep 23, 2020:** Considered under suspension of the rules. (consideration: CR H4734-4752)
- **Sep 23, 2020:** DEBATE - The House proceeded with forty minutes of debate on S. 785.
- **Sep 23, 2020:** Passed/agreed to in House: On motion to suspend the rules and pass the bill Agreed to by voice vote.
- **Sep 23, 2020:** On motion to suspend the rules and pass the bill Agreed to by voice vote. (text: CR H4734-4749)
- **Sep 23, 2020:** Motion to reconsider laid on the table Agreed to without objection.
- **Sep 9, 2020:** Committee on Veterans' Affairs. Hearings held.
- **Aug 7, 2020:** Message on Senate action sent to the House.
- **Aug 7, 2020:** Received in the House.
- **Aug 7, 2020:** Held at the desk.
- **Aug 5, 2020:** Measure laid before Senate by unanimous consent. (consideration: CR S4921-4935)
- **Aug 5, 2020:** The committee substitute withdrawn by Unanimous Consent. (CR S4935)
- **Aug 5, 2020:** Passed/agreed to in Senate: Passed Senate with an amendment by Voice Vote.(text of amendment in the nature of a substitute: CR S4961-4976)
- **Aug 5, 2020:** Passed Senate with an amendment by Voice Vote. (text of amendment in the nature of a substitute: CR S4961-4976)
- **Jul 27, 2020:** Committee on Veterans' Affairs. Reported by Senator Moran with an amendment in the nature of a substitute. Without written report.
- **Jul 27, 2020:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 498.
- **Jan 29, 2020:** Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **May 22, 2019:** Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 116-179.
- **Mar 13, 2019:** Introduced in Senate
- **Mar 13, 2019:** Read twice and referred to the Committee on Veterans' Affairs.