



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

October 30, 2012

Motion 13759

Proposed No. 2012-0377.1

**Sponsors Ferguson, Patterson, Lambert,
Phillips, von Reichbauer, Dunn, Gossett,
Hague and McDermott**

1 A MOTION in support of the federal Mental Health
2 ACCESS Act of 2012.

3 WHEREAS, suicide rates among our veterans and active servicemembers has
4 increased to the current rate of one suicide per eighty minutes, and

5 WHEREAS, in 2012, the rate of suicides among veterans and active
6 servicemembers has outpaced combat related deaths, and

7 WHEREAS, while many of our service men and women return from war without
8 visible wounds, many of them struggle with unseen wounds from war including
9 posttraumatic stress disorder ("PTSD") and traumatic brain injury ("TBI"), and

10 WHEREAS, families and friends of veterans and active servicemembers can
11 experience emotional hardship while trying to cope with the stresses of deployments, as
12 well as adjusting to their loved ones returning from service with PTSD and/or TBI, and

13 WHEREAS, many of the unseen wounds from war have led to our veterans and
14 active duty servicemembers to commit suicide, and

15 WHEREAS, the first veterans and human services levy was passed by the voters
16 of King County in November 2005 generating much needed funding to help veterans,
17 military personnel and their families through a variety of housing and supportive
18 services, and

19 WHEREAS, in August 2011, the voters of King County voted overwhelmingly to
20 renew the veterans and human services levy for another six years, and

21 WHEREAS, the Mental Health Access to Continued Care and Enhancement of
22 Support Services Act of 2012, which is also known as the Mental Health ACCESS Act of
23 2012, is federal legislation introduced by Washington State Senator Patty Murray, and

24 WHEREAS, the Mental Health ACCESS Act of 2012 will provide additional help
25 to our servicemembers and veterans so they may receive proper diagnoses and increased
26 access to mental health care and support to address the unseen wounds from war, and

27 WHEREAS, the Mental Health ACCESS Act will expand eligibility for a variety
28 of Department of Veterans Affairs mental health services to the family members of
29 veterans, and

30 WHEREAS, the Mental Health ACCESS Act will establish accurate and reliable
31 measures for mental health services and to implement a credible staffing model at the
32 Department of Veterans Affairs, and

33 WHEREAS, the Mental Health ACCESS Act requires enhanced oversight and
34 standardization for the Department of Defense suicide prevention and resilience
35 programs, and

36 WHEREAS, the veterans and their loved ones of King County will benefit from
37 the Mental Health ACCESS Act of 2012 through greater access to improved mental
38 health services and counseling opportunities;

39 NOW, THEREFORE, BE IT MOVED by the Council of King County:

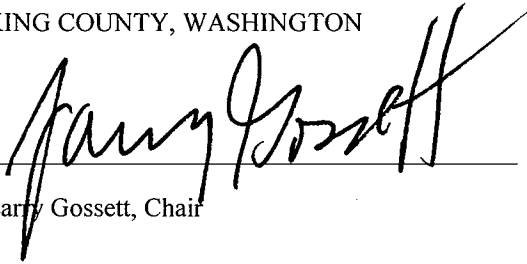
40 The council approves of and supports Congressional passage of the Mental Health
41 ACCESS Act of 2012 as it will support the nearly 131,000 veterans of our county, and

42 their loved ones, through increased access to improved mental health and social service
43 programs, which will help prevent suicide among our veterans and active duty
44 servicemembers.
45

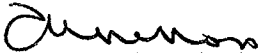
Motion 13759 was introduced on 9/10/2012 and passed by the Metropolitan King
County Council on 10/29/2012, by the following vote:

Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague,
Ms. Patterson, Ms. Lambert, Mr. Ferguson, Mr. Dunn and Mr.
McDermott
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Larry Gossett, Chair

ATTEST:



Anne Noris, Clerk of the Council

Attachments: A. Mental Health ACCESS Act Bill Summary, B. S. 3340

MENTAL HEALTH ACCESS TO CONTINUED CARE AND ENHANCEMENT OF SUPPORT SERVICES (MENTAL HEALTH ACCESS) ACT

*LEGISLATION TO HELP OUR SERVICEMEMBERS AND VETERANS RECEIVE PROPER DIAGNOSES, AND
INCREASED ACCESS TO THE BEST MENTAL HEALTH CARE AND SUPPORT*

The Problem – Our servicemembers have served and sacrificed throughout the Iraq and Afghanistan wars. They have left their families and homes, serving multiple deployments, protecting our nation’s interests at home and abroad. We owe them a medical evaluation system that treats them fairly and gives them the proper diagnosis and we owe them access to the mental health care they have earned and deserve.

In 2012, we have lost a servicemember every day to suicide – outpacing combat deaths. Every 80 minutes, a veteran commits suicide.

We have asked a lot of our military members and their families over the last 10 years of war and they deserve access to consistent, quality behavioral health care and support services to address their needs. We must work to reduce the stigma of seeking behavioral health care through innovative, evidence-based resiliency and suicide prevention programs while ensuring their behavioral health care is based on standardized and validated screening tools and clinical best practices.

The Solution – The Mental Health ACCESS Act of 2012

The Mental Health ACCESS Act of 2012 seeks to improve access to support services and care:

- *Enhancement of Oversight for DOD Suicide Prevention and Resilience Programs:* The Mental Health ACCESS Act would require DOD to create comprehensive, standardized suicide prevention program. It would also require the Department to better oversee mental health care for servicemembers, and ensure that medical best practices are being used, and allow outside experts to help DOD provide the highest quality care possible.
- *Expanding Services for Families:* The Mental Health ACCESS Act would expand eligibility for a variety of VA mental health services to family members. This will help families cope with the stresses of deployments, and help strengthen the support network that is critical to servicemembers returning from deployment.
- *Improve Training and Education for Providers:* The Mental Health ACCESS Act would develop and implement continuing education programs for providers as well as other personnel who a servicemember could seek assistance from including chaplains and medics.
- *Creating More Peer to Peer Counseling Opportunities:* The Mental Health ACCESS Act would establish a more formal relationship between the VA and DOD to give servicemembers an opportunity to serve as peer counselors to fellow Iraq and Afghanistan veterans. It would also require VA to offer peer support services at all medical centers.
- *Require VA to Make Critical Improvements to Mental Health Services:* The Mental Health ACCESS Act would require VA to establish accurate and reliable measures for mental health services, and to implement a credible staffing model. Without these improvements, VA cannot understand the unmet needs of veterans, and cannot be effective in allocating its personnel and resources.

112TH CONGRESS
2D SESSION

S. 3340

To improve and enhance the programs and activities of the Department of Defense and the Department of Veterans Affairs regarding suicide prevention and resilience and behavioral health disorders for members of the Armed Forces and veterans, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 25, 2012

Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To improve and enhance the programs and activities of the Department of Defense and the Department of Veterans Affairs regarding suicide prevention and resilience and behavioral health disorders for members of the Armed Forces and veterans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Mental Health Access to Continued Care and Enhance-
6 ment of Support Services Act of 2012” or “Mental Health
7 ACCESS Act of 2012”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—DEPARTMENT OF DEFENSE MATTERS

- Sec. 101. Enhancement of oversight and management of Department of Defense suicide prevention and resilience programs.
- Sec. 102. Comprehensive program on prevention of suicide among members of the Armed Forces.
- Sec. 103. Enhancement of training and education for physicians, mental health care providers, and related personnel on identification and treatment of behavioral health disorders.
- Sec. 104. Limitation on disclosure of mental health conditions or treatment or requests for treatment of members of the Armed Forces.
- Sec. 105. Sharing between Department of Defense and Department of Veterans Affairs of records and information retained under the medical tracking system for members of the Armed Forces deployed overseas.
- Sec. 106. Participation of members of the Armed Forces in peer support counseling programs of the Department of Veterans Affairs.
- Sec. 107. Research and medical practice on mental health conditions.
- Sec. 108. Quality review of Medical Evaluation Boards, Physical Evaluation Boards, and Physical Evaluation Board Liaison Officers.
- Sec. 109. Compliance of Department of Defense with requirement for use of Department of Veterans Affairs schedule for rating disabilities in determinations of disability of members of the Armed Forces.
- Sec. 110. Disposal of controlled substances.
- Sec. 111. Assessment of adequacy of mental health care benefits under the TRICARE program.
- Sec. 112. Authority to exempt behavioral health care providers under the TRICARE program from State licensure requirements for provision of behavioral health care to members of the Armed Forces and dependents.
- Sec. 113. Report on adequacy of capacity of the military medical treatment system regarding inpatient behavioral health care.

TITLE II—DEPARTMENT OF VETERANS AFFAIRS MATTERS

- Sec. 201. Transparency of mental health care services.
- Sec. 202. Expansion of Vet Center program to include furnishing counseling to certain members of the Armed Forces and their family members.
- Sec. 203. Authority for Secretary of Veterans Affairs to furnish mental health care through facilities other than Vet Centers to immediate family members of members of the Armed Forces deployed in connection with a contingency operation.
- Sec. 204. Organization of the Readjustment Counseling Service in Department of Veterans Affairs.
- Sec. 205. Recruiting mental health providers for furnishing of mental health services on behalf of the Department of Veterans Affairs without compensation from the Department.

Sec. 206. Reimbursement of physicians and dentists for expenses relating to board certification or recertification.
Sec. 207. Peer support.

1 **TITLE I—DEPARTMENT OF**
2 **DEFENSE MATTERS**

3 **SEC. 101. ENHANCEMENT OF OVERSIGHT AND MANAGE-**
4 **MENT OF DEPARTMENT OF DEFENSE SUI-**
5 **CIDE PREVENTION AND RESILIENCE PRO-**
6 **GRAMS.**

7 (a) IN GENERAL.—The Secretary of Defense shall,
8 acting through the Under Secretary of Defense for Per-
9 sonnel and Readiness, establish within the Office of the
10 Secretary of Defense a position with responsibility for
11 oversight and management of all suicide prevention and
12 resilience programs and all preventative behavioral health
13 programs of the Department of Defense (including those
14 of the military departments and the Armed Forces).

15 (b) SCOPE OF RESPONSIBILITIES.—The individual
16 serving in the position established pursuant to subsection
17 (a) shall have the responsibilities as follows:

18 (1) To establish a uniform definition of resil-
19 iency for use in the suicide prevention and resilience
20 programs and preventative behavioral health pro-
21 grams of the Department of Defense (including
22 those of the military departments and the Armed
23 Forces).

1 (2) In consultation with the National Center for
2 Post Traumatic Stress Disorder of the Department
3 of Veterans Affairs and other appropriate public and
4 private agencies and entities, to require the use of
5 clinical best practices in mental health care, suicide
6 prevention programs, and resilience programs of the
7 Department of Defense, including the diagnosis and
8 treatment of behavioral health disorders.

9 (3) To oversee and manage the comprehensive
10 program on the prevention of suicide among mem-
11 bers of the Armed Forces required by section 102.

12 **SEC. 102. COMPREHENSIVE PROGRAM ON PREVENTION OF**
13 **SUICIDE AMONG MEMBERS OF THE ARMED**
14 **FORCES.**

15 (a) **COMPREHENSIVE PROGRAM REQUIRED.**—The
16 Secretary of Defense shall, acting through the Assistant
17 Secretary of Defense for Health Affairs, develop and im-
18 plement within the Department of Defense a comprehen-
19 sive program on the prevention of suicide among members
20 of the Armed Forces. In developing the program, the Sec-
21 retary shall consider recommendations from the oper-
22 ational elements of the Armed Forces regarding the feasi-
23 bility of the implementation and execution of particular
24 elements of the program.

1 (b) ELEMENTS.—The comprehensive program re-
2 quired by subsection (a) shall include elements to achieve
3 the following:

4 (1) To raise awareness among members of the
5 Armed Forces about mental health conditions and
6 the stigma associated with mental health conditions
7 and mental health care.

8 (2) To provide members of the Armed Forces
9 generally, members of the Armed Forces in super-
10 visory positions (including officers in command bil-
11 lets and non-commissioned officers), and medical
12 personnel of the Armed Forces and the Department
13 of Defense with effective means of identifying mem-
14 bers of the Armed Forces who are at risk for suicide
15 (including enhanced means for early identification
16 and treatment of such members), including through
17 training required by section 103.

18 (3) To provide members of the Armed Forces
19 who are at risk of suicide with continuous access to
20 suicide prevention services, including suicide crisis
21 services.

22 (4) To evaluate and assess the effectiveness of
23 the suicide prevention and resilience programs and
24 preventative behavioral health programs of the De-
25 partment of Defense (including those of the military

1 departments and the Armed Forces), including the
2 development of metrics for that purpose.

3 (5) To evaluate and assess the current diag-
4 nostic tools and treatment methods in the programs
5 referred to in paragraph (4) in order to ensure clin-
6 ical best practices are used in such programs.

7 (6) To ensure that the programs referred to in
8 paragraph (4) incorporate evidenced-based practices
9 when available.

10 (7) To provide for the training of mental health
11 care providers on evidence-based therapies in con-
12 nection with suicide prevention.

13 (8) To establish training standards for behav-
14 ioral health care providers in order to ensure that
15 such providers receive training on clinical best prac-
16 tices and evidence-based treatments as information
17 on such practices and treatments becomes available,
18 and to ensure such standards are met.

19 (9) To provide for the integration of mental
20 health screenings and suicide risk and prevention for
21 members of the Armed Forces into the delivery of
22 primary care for such members.

23 (10) To ensure appropriate responses to at-
24 tempted or completed suicides among members of
25 the Armed Forces, including guidance and training

1 to assist commanders in addressing incidents of at-
2 tempted or completed suicide within their units.

3 (11) To ensure the protection of the privacy of
4 members of the Armed Forces seeking or receiving
5 treatment relating to suicide.

6 (12) Such other matters as the Secretary of
7 Defense considers appropriate in connection with the
8 prevention of suicide among members of the Armed
9 Forces.

10 (c) CONSULTATION.—In developing and imple-
11 menting the comprehensive program required by sub-
12 section (a), the Assistant Secretary shall consult with ap-
13 propriate officials and elements of the Department of De-
14 fense, appropriate centers of excellence within the Depart-
15 ment of Defense, and other public and private entities with
16 expertise in mental health and suicide prevention.

17 (d) IMPLEMENTATION BY THE ARMED FORCES.—In
18 implementing the comprehensive program required by sub-
19 section (a) with respect to an Armed Force, the Secretary
20 of the military department concerned may, in consultation
21 with the Assistant Secretary and with the approval of the
22 Secretary of Defense, modify particular elements of the
23 program in order to adapt the program appropriately to
24 the unique culture and elements of that Armed Force.

1 (e) QUALITY ASSURANCE.—In developing and imple-
2 menting the comprehensive program required by sub-
3 section (a), the Assistant Secretary shall develop and im-
4 plement appropriate mechanisms to provide for the over-
5 sight and management of the program, including quality
6 measures to assess the efficacy of the program in pre-
7 venting suicide among members of the Armed Forces.

8 **SEC. 103. ENHANCEMENT OF TRAINING AND EDUCATION**
9 **FOR PHYSICIANS, MENTAL HEALTH CARE**
10 **PROVIDERS, AND RELATED PERSONNEL ON**
11 **IDENTIFICATION AND TREATMENT OF BE-**
12 **HAVIORAL HEALTH DISORDERS.**

13 (a) PHYSICIANS.—The Secretary of Defense shall en-
14 sure that the continuing medical education provided physi-
15 cians in the military medical treatment system includes
16 education and training on the triage and referral of indi-
17 viduals with mental health conditions.

18 (b) MENTAL HEALTH CARE PROVIDERS.—The Sec-
19 retary of Defense shall develop and implement continuing
20 education program requirements for mental health care
21 providers and behavioral health care providers in the mili-
22 tary medical treatment system in order to ensure that
23 such providers keep current on best clinical practices for
24 the diagnosis and treatment of behavioral health disorders
25 in members of the Armed Forces.

1 (c) COUNSELORS AND RELATED PERSONNEL.—

2 (1) IN GENERAL.—The Secretary of Defense
3 shall develop and implement throughout the Armed
4 Forces a program of training for the members of the
5 Armed Forces and personnel of the Department of
6 Defense described in paragraph (2) in order to fa-
7 miliarize such members and personnel with the fol-
8 lowing:

9 (A) The signs and symptoms of behavioral
10 health disorders that manifest frequently in
11 members of the Armed Forces.

12 (B) The courses of action to be undertaken
13 by such personnel who detect such signs and
14 symptoms in members of the Armed Forces.

15 (2) COVERED MEMBERS AND PERSONNEL.—
16 The members of the Armed Forces and personnel of
17 the Department of Defense described in this para-
18 graph are the following:

19 (A) Physician assistants in the military
20 medical treatment system.

21 (B) Medics.

22 (C) Military chaplains.

23 (D) Such other members of the Armed
24 Forces or civilian personnel of the Department

1 of Defense as the Secretary shall designate for
2 purposes of this subsection.

3 **SEC. 104. LIMITATION ON DISCLOSURE OF MENTAL**
4 **HEALTH CONDITIONS OR TREATMENT OR RE-**
5 **QUESTS FOR TREATMENT OF MEMBERS OF**
6 **THE ARMED FORCES.**

7 (a) **LIMITATION.**—A medical or mental health care
8 provider in the military medical treatment system may not
9 disclose a mental health condition of a member of the
10 Armed Forces, treatment of a member for a mental health
11 condition, or a request of a member for treatment of a
12 mental health condition, except as provided in subsection
13 (b).

14 (b) **EXCEPTIONS.**—A medical or mental health care
15 provider may make a disclosure described by subsection
16 (a) if—

17 (1) the disclosure to another covered entity (as
18 that term is defined for purposes of the Health In-
19 surance Portability and Accountability Act of 1996)
20 is necessary;

21 (2) the member concerned requests the disclo-
22 sure;

23 (3) the member concerned does not meet the
24 minimum standards for deployment prescribed under
25 section 1074f(f) of title 10, United States Code, at

1 the time of the disclosure, regardless of the deploy-
2 ment status or plans of the member; or

3 (4) the disclosure is necessary in an emergency
4 to protect the life or safety of the member concerned
5 or others.

6 **SEC. 105. SHARING BETWEEN DEPARTMENT OF DEFENSE**
7 **AND DEPARTMENT OF VETERANS AFFAIRS**
8 **OF RECORDS AND INFORMATION RETAINED**
9 **UNDER THE MEDICAL TRACKING SYSTEM**
10 **FOR MEMBERS OF THE ARMED FORCES DE-**
11 **PLOYED OVERSEAS.**

12 (a) **IN GENERAL.**—The Secretary of Defense and the
13 Secretary of Veterans Affairs shall jointly enter into a
14 memorandum of understanding providing for the sharing
15 by the Department of Defense with the Department of
16 Veterans Affairs of the results of examinations and other
17 records on members of the Armed Forces that are retained
18 and maintained with respect to the medical tracking sys-
19 tem for members deployed overseas under section 1074f(c)
20 of title 10, United States Code.

21 (b) **CESSATION UPON IMPLEMENTATION OF ELEC-**
22 **TRONIC HEALTH RECORD.**—The sharing required pursu-
23 ant to subsection (a) shall cease on the date on which the
24 Secretary of Defense and the Secretary of Veterans Af-
25 fairs jointly certify to Congress that the Secretaries have

1 fully implemented an integrated electronic health record
2 for members of the Armed Forces that is fully interoper-
3 able between the Department of Defense and the Depart-
4 ment of Veterans Affairs.

5 **SEC. 106. PARTICIPATION OF MEMBERS OF THE ARMED**
6 **FORCES IN PEER SUPPORT COUNSELING**
7 **PROGRAMS OF THE DEPARTMENT OF VET-**
8 **ERANS AFFAIRS.**

9 (a) PARTICIPATION.—

10 (1) IN GENERAL.—The Secretary of Defense
11 and the Secretary of Veterans Affairs shall jointly
12 enter into a memorandum of understanding pro-
13 viding for members of the Armed Forces described
14 in subsection (b) to volunteer or be considered for
15 employment as peer counselors under the following:

16 (A) The peer support counseling program
17 carried out by the Secretary of Veterans Affairs
18 under subsection (j) of section 1720F of title
19 38, United States Code, as part of the com-
20 prehensive program for suicide prevention
21 among veterans under subsection (a) of such
22 section.

23 (B) The peer support counseling program
24 carried out by the Secretary of Veterans Affairs
25 under section 304(a)(1) of Caregivers and Vet-

1 erans Omnibus Health Services Act of 2010
2 (Public Law 111–163; 124 Stat. 1150; 38
3 U.S.C. 1712A note).

4 (2) TRAINING.—Any member participating in a
5 peer support counseling program under paragraph
6 (1) shall receive the training for peer counselors
7 under section 1720F(j)(2) of title 38, United States
8 Code, or section 304(e) of the Caregivers and Vet-
9 erans Omnibus Health Services Act of 2010, as ap-
10 plicable, before performing peer support counseling
11 duties under such program.

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

14 (1) Members of the reserve components of the
15 Armed Forces who are demobilizing after deploy-
16 ment in a theater of combat operations, including, in
17 particular, members who participated in combat
18 against the enemy while so deployed.

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

1 **SEC. 107. RESEARCH AND MEDICAL PRACTICE ON MENTAL**
2 **HEALTH CONDITIONS.**

3 (a) DEPARTMENT OF DEFENSE ORGANIZATION ON
4 RESEARCH AND PRACTICE.—The Secretary of Defense
5 shall establish within the Department of Defense an orga-
6 nization to carry out the responsibilities specified in sub-
7 section (b).

8 (b) RESPONSIBILITIES.—The organization estab-
9 lished under subsection (a) shall—

10 (1) carry out programs and activities designed
11 to provide for the translation of research on the di-
12 agnosis and treatment of mental health conditions
13 into policy on medical practices;

14 (2) make recommendations to the Assistant
15 Secretary of Defense for Health Affairs on the
16 translation of such research into the policies of the
17 Department of Defense on medical practices with re-
18 spect to members of the Armed Forces; and

19 (3) discharge such other responsibilities relating
20 to research and medical practices on mental health
21 conditions, and the policies of the Department on
22 such practices with respect to members of the
23 Armed Forces, as the Secretary or the Assistant
24 Secretary shall specify for purposes of this section.

25 (c) REPORTS.—

1 (1) INITIAL REPORT.—Not later than 120 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall submit to Congress a report on the or-
4 ganization required by subsection (a). The report
5 shall include a description of the organization and a
6 plan for implementing the requirements of this sec-
7 tion.

8 (2) ANNUAL REPORTS.—The Secretary shall
9 submit to Congress each year a report on the activi-
10 ties of the organization established under subsection
11 (a) during the preceding year. Each report shall in-
12 clude the following:

13 (A) A summary description of the activities
14 of the organization during the preceding year.

15 (B) A description of the recommendations
16 made by the organization to the Assistant Sec-
17 retary under subsection (b)(2) during the year,
18 and a description of the actions undertaken (or
19 to be undertaken) by the Assistant Secretary in
20 response to such recommendations.

21 (C) Such other matters relating to the ac-
22 tivities of the organization, including rec-
23 ommendations for additional legislative or ad-
24 ministrative action, as the Secretary, in con-

1 sultation with the Assistant Secretary, con-
2 siders appropriate.

3 **SEC. 108. QUALITY REVIEW OF MEDICAL EVALUATION**
4 **BOARDS, PHYSICAL EVALUATION BOARDS,**
5 **AND PHYSICAL EVALUATION BOARD LIAISON**
6 **OFFICERS.**

7 (a) IN GENERAL.—The Secretary of Defense shall
8 standardize, assess, and monitor the quality assurance
9 programs of the military departments to evaluate the fol-
10 lowing in the performance of their duties (including duties
11 under chapter 61 of title 10, United States Code):

12 (1) Medical Evaluation Boards (MEBs).

13 (2) Physical Evaluation Boards (PEBs).

14 (3) Physical Evaluation Board Liaison Officers
15 (PEBLOs).

16 (b) OBJECTIVES.—The objectives of the quality as-
17 surance program shall be as follows:

18 (1) To ensure accuracy and consistency in the
19 determinations and decisions of Medical Evaluation
20 Boards and Physical Evaluation Boards.

21 (2) To otherwise monitor and sustain proper
22 performance of the duties of Medical Evaluation
23 Boards and Physical Evaluation Boards, and of
24 Physical Evaluation Board Liaison Officers.

1 (3) Such other objectives as the Secretary shall
2 specify for purposes of the quality assurance pro-
3 gram.

4 **SEC. 109. COMPLIANCE OF DEPARTMENT OF DEFENSE**
5 **WITH REQUIREMENT FOR USE OF DEPART-**
6 **MENT OF VETERANS AFFAIRS SCHEDULE**
7 **FOR RATING DISABILITIES IN DETERMINA-**
8 **TIONS OF DISABILITY OF MEMBERS OF THE**
9 **ARMED FORCES.**

10 (a) **REPORT REQUIRED.**—Not later than 180 days
11 after the date of the enactment of this Act, the Secretary
12 of Defense shall submit to Congress a report setting forth
13 a comprehensive assessment whether the Secretaries of the
14 military departments (and the policies, regulations, and
15 directives of the military departments) are fully compliant
16 with the requirement in section 1216a of title 10, United
17 States Code, for the use of the Department of Veterans
18 Affairs schedule for rating disabilities in making deter-
19 minations of disability of members of the Armed Forces
20 for purposes of chapter 61 of that title.

21 (b) **ADDITIONAL ELEMENT FOLLOWING DETER-**
22 **MINATION OF LACK OF FULL COMPLIANCE.**—If the as-
23 sessment of the Secretary in the report required by sub-
24 section (a) is that the Secretaries of the military depart-
25 ments are not fully compliant with the requirement de-

1 scribed in that subsection, the report shall include a com-
2 prehensive description of the actions to be undertaken by
3 the Secretaries of the military departments to achieve full
4 compliance with the requirement, including a schedule for
5 such actions.

6 **SEC. 110. DISPOSAL OF CONTROLLED SUBSTANCES.**

7 The Administrator of the Drug Enforcement Admin-
8 istration shall enter into a memorandum of understanding
9 with the Secretary of Defense establishing procedures
10 under which a member of the Armed Forces may deliver
11 a controlled substance to a member of the Armed Forces
12 or an employee of the Department of Defense to be dis-
13 posed of in accordance with section 302(g) of the Con-
14 trolled Substances Act (21 U.S.C. 822(g)).

15 **SEC. 111. ASSESSMENT OF ADEQUACY OF MENTAL HEALTH**
16 **CARE BENEFITS UNDER THE TRICARE PRO-**
17 **GRAM.**

18 (a) INDEPENDENT ASSESSMENT REQUIRED.—Not
19 later than 180 days after the date of the enactment of
20 this Act, the Secretary of Defense shall, in consultation
21 with the Secretary of Health and Human Services, enter
22 into a contract with an appropriate independent entity to
23 assess whether the mental health care benefits available
24 for members of the Armed Forces and other covered bene-
25 ficiaries under the TRICARE program are adequate to

1 meet the needs of such members and beneficiaries for
2 mental health care.

3 (b) REPORT.—The contract required by subsection
4 (a) shall require the entity conducting the assessment re-
5 quired by the contract to submit to the Secretary of De-
6 fense, and to the congressional defense committees, a re-
7 port setting forth the results of the assessment by not
8 later than 180 days after the date of entry into the con-
9 tract. If the entity determines pursuant to the assessment
10 that the mental health care benefits available for members
11 of the Armed Forces and other covered beneficiaries under
12 the TRICARE program are not adequate to meet the
13 needs of such members and beneficiaries for mental health
14 care, the report shall include such recommendations for
15 legislative or administrative action as the entity considers
16 appropriate to remediate any identified inadequacy.

17 (c) DEFINITIONS.—In this section:

18 (1) The term “congressional defense commit-
19 tees” has the meaning given that term in section
20 101(a)(16) of title 10, United States Code.

21 (2) The term “covered beneficiaries” has the
22 meaning given that term in section 1072(5) of title
23 10, United States Code.

1 (3) The term “TRICARE program” has the
2 meaning given that term in section 1072(7) of title
3 10, United States Code.

4 **SEC. 112. AUTHORITY TO EXEMPT BEHAVIORAL HEALTH**
5 **CARE PROVIDERS UNDER THE TRICARE PRO-**
6 **GRAM FROM STATE LICENSURE REQUIRE-**
7 **MENTS FOR PROVISION OF BEHAVIORAL**
8 **HEALTH CARE TO MEMBERS OF THE ARMED**
9 **FORCES AND DEPENDENTS.**

10 (a) IN GENERAL.—The Secretary of Defense may,
11 subject to subsection (b), treat any licensed behavioral
12 health care provider or category of licensed behavioral
13 health care providers under the TRICARE program as a
14 health-care professional or professionals exempt from laws
15 regarding the licensure of health care professionals in ac-
16 cordance with section 1094(d) of title 10, United States
17 Code, if the Secretary determines that such treatment is
18 necessary for purposes as follows:

19 (1) To ensure continuity in the provision of be-
20 havioral health care to a member of the Armed
21 Forces or the member’s dependents following a per-
22 manent change of station or other relocation of the
23 member and dependents to another State, including
24 through the provision of such care by tele-health or
25 other remote delivery mechanisms.

1 (2) To ensure access to behavioral health care
2 under the TRICARE program in areas otherwise
3 unserved or underserved by behavioral health care
4 providers under that program.

5 (b) LIMITATION.—A behavioral health care provider
6 may not be exempted under subsection (a) from laws de-
7 scribed in that subsection unless the health care pro-
8 vider—

9 (1) is licensed as a behavioral health care pro-
10 vider by a State; and

11 (2) is authorized under the TRICARE program
12 to act as a behavioral health care provider through-
13 out the TRICARE program.

14 (c) TRICARE PROGRAM DEFINED.—In this section,
15 the term “TRICARE program” has the meaning given
16 that term in section 1072(7) of title 10, United States
17 Code.

18 **SEC. 113. REPORT ON ADEQUACY OF CAPACITY OF THE**
19 **MILITARY MEDICAL TREATMENT SYSTEM RE-**
20 **GARDING INPATIENT BEHAVIORAL HEALTH**
21 **CARE.**

22 (a) REPORT REQUIRED.—Not later than 180 days
23 after the date of the enactment of this Act, the Secretary
24 of Defense shall submit to the congressional defense com-
25 mittees a report setting forth an assessment by the Sec-

1 retary of the adequacy of the capacity of the military med-
 2 ical treatment system to meet the needs of members of
 3 the Armed Forces for inpatient behavioral health care,
 4 with a particular focus on facilities under that system that
 5 support members of the Armed Forces on deployment ro-
 6 tation.

7 (b) CONGRESSIONAL DEFENSE COMMITTEES DE-
 8 FINED.—In this section, the term “congressional defense
 9 committees” has the meaning given that term in section
 10 101(a)(16) of title 10, United States Code.

11 **TITLE II—DEPARTMENT OF**
 12 **VETERANS AFFAIRS MATTERS**

13 **SEC. 201. TRANSPARENCY OF MENTAL HEALTH CARE SERV-**
 14 **ICES.**

15 (a) MEASUREMENT OF MENTAL HEALTH CARE
 16 SERVICES.—

17 (1) IN GENERAL.—Not later than December 31,
 18 2013, the Secretary of Veterans Affairs shall develop
 19 and implement a comprehensive set of measures to
 20 assess mental health care services furnished by the
 21 Department of Veterans Affairs.

22 (2) ELEMENTS.—The measures developed and
 23 implemented under paragraph (1) shall provide an
 24 accurate and comprehensive assessment of the fol-
 25 lowing:

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

3 (B) The satisfaction of patients who re-
4 ceive mental health care services furnished by
5 the Department.

6 (C) The capacity of the Department to fur-
7 nish mental health care.

8 (D) The availability and furnishing of evi-
9 dence-based therapies by the Department.

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

17 (c) STUDY COMMITTEE.—

18 (1) IN GENERAL.—The Secretary of Veterans
19 Affairs shall seek to enter into a contract with the
20 National Academy of Sciences to create a study
21 committee—

22 (A) to consult with the Secretary on the
23 Secretary's development and implementation of
24 the measures and guidelines required by sub-
25 sections (a) and (b); and

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

4 (2) FUNCTIONS.—In entering into the contract
5 described in paragraph (1), the Secretary shall, with
6 respect to paragraph (1)(B), include in such con-
7 tract a provision for the study committee—

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

13 (B) to assess the quality of the mental
14 health care being provided to such veterans (in-
15 cluding the extent to which veterans are af-
16 farded choices with respect to modes of treat-
17 ment) through site visits to facilities of the Vet-
18 erans Health Administration (including at least
19 one site visit in each Veterans Integrated Serv-
20 ice Network), evaluating studies of patient out-
21 comes, and other appropriate means;

22 (C) to assess whether, and the extent to
23 which, veterans who served in the Armed
24 Forces in Operation Enduring Freedom, Oper-
25 ation Iraqi Freedom, or Operation New Dawn

1 — are being offered a full range of necessary men-
2 tal health services at Department health care
3 facilities, including early intervention services
4 for hazardous drinking, relationship problems,
5 and other behaviors that create a risk for the
6 development of a chronic mental health condi-
7 tion;

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

10 (i) providers of Department mental
11 health services;

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

18 (iii) eligible veterans who served in the
19 Armed Forces in Operation Enduring
20 Freedom, Operation Iraqi Freedom, or Op-
21 eration New Dawn who are not using De-
22 partment health care services to assess
23 those barriers described in subparagraph
24 (A); and

1 (E) to provide to the Secretary, on the
2 basis of its assessments as delineated in sub-
3 paragraphs (A) through (C), specific, detailed
4 recommendations—

5 (i) for overcoming barriers, and im-
6 proving access, to timely, effective mental
7 health care at Department health care fa-
8 cilities (or, where Department facilities
9 cannot provide such care, through contract
10 arrangements under existing law); and

11 (ii) to improve the effectiveness and
12 efficiency of mental health services fur-
13 nished by the Secretary.

14 (3) PARTICIPATION BY FORMER OFFICIALS AND
15 EMPLOYEES OF VETERANS HEALTH ADMINISTRA-
16 TION.—The Secretary shall ensure that any contract
17 entered into under paragraph (1) provides for inclu-
18 sion on any subcommittee which participates in con-
19 ducting the assessments and formulating the rec-
20 ommendations provided for in paragraph (2) at least
21 one former official of the Veterans Health Adminis-
22 tration and at least two former employees of the
23 Veterans Health Administration who were providers
24 of mental health care.

1 (4) PERIODIC REPORTS TO SECRETARY.—In en-
2 tering into the contract described in paragraph (1),
3 the Secretary shall, with respect to paragraph
4 (1)(A), include in such contract a provision for the
5 submittal to the Secretary of periodic reports and
6 provision of other consultation to the Secretary by
7 the study committee to assist the Secretary in car-
8 rying out subsections (a) and (b).

9 (5) REPORTS TO CONGRESS.—Not later than
10 30 days after receiving a report under paragraph
11 (4), the Secretary shall submit to the Committee on
12 Veterans' Affairs of the Senate and the Committee
13 on Veterans' Affairs of the House of Representatives
14 a report on the plans of the Secretary to implement
15 such recommendations submitted to the Secretary by
16 the study committee as the Secretary considers ap-
17 propriate. Such report shall include a description of
18 each recommendation submitted to the Secretary
19 that the Secretary does not plan to carry out and an
20 explanation of why the Secretary does not plan to
21 carry out such recommendation.

22 (d) PUBLICATION.—

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

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

3 (B) An assessment of the performance of
4 the Department using such measures and
5 guidelines.

6 (2) QUARTERLY UPDATES.—The Secretary
7 shall update the measures, guidelines, and assess-
8 ment made available to the public under paragraph
9 (1) not less frequently than quarterly.

10 (e) SEMIANNUAL REPORTS.—

11 (1) IN GENERAL.—Not later than June 30,
12 2013, and not less frequently than twice each year
13 thereafter, the Secretary shall submit to the Com-
14 mittee on Veterans' Affairs of the Senate and the
15 Committee on Veterans' Affairs of the House of
16 Representatives a report on the Secretary's progress
17 in developing and implementing the measures and
18 guidelines required by this section.

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

21 (A) A description of the development and
22 implementation of the measures required by
23 subsection (a) and the guidelines required by
24 subsection (b).

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

4 (C) An assessment of the mental health
5 care services furnished by the Department of
6 Veterans Affairs, using the measures developed
7 and implemented under subsection (a).

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

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

16 (f) IMPLEMENTATION REPORT.—

17 (1) IN GENERAL.—Not later than 30 days be-
18 fore the date on which the Secretary begins imple-
19 menting the measures and guidelines required by
20 this section, the Secretary shall submit to the com-
21 mittees described in subsection (e)(1) a report on
22 the Secretary's planned implementation of such
23 measures and guidelines.

24 (2) ELEMENTS.—The report required by para-
25 graph (1) shall include the following:

1 (A) A detailed description of the measures
2 and guidelines that the Secretary plans to im-
3 plement under this section.

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

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

10 (D) The number of current vacancies in
11 mental health care provider positions in the De-
12 partment.

13 (E) An assessment of how many additional
14 positions are needed to meet current or ex-
15 pected demand for mental health services fur-
16 nished by the Department.

17 **SEC. 202. EXPANSION OF VET CENTER PROGRAM TO IN-**
18 **CLUDE FURNISHING COUNSELING TO CER-**
19 **TAIN MEMBERS OF THE ARMED FORCES AND**
20 **THEIR FAMILY MEMBERS.**

21 Section 1712A of title 38, United States Code, is
22 amended—

23 (1) in subsection (a)—

24 (A) in paragraph (1)—

1 — (i) in subparagraph (A), by striking
2 “Upon the request” and all that follows
3 through the period at the end and insert-
4 ing the following: “Upon the request of
5 any individual referred to in subparagraph
6 (C), the Secretary shall furnish counseling,
7 including by furnishing counseling through
8 a Vet Center, to the individual—

9 “(i) in the case of an individual referred to in
10 clauses (i) through (iv) of subparagraph (C), to as-
11 sist the individual in readjusting to civilian life; and

12 “(ii) in the case of an individual referred to in
13 clause (v) of such subparagraph who is a family
14 member of a veteran or member described in such
15 clause—

16 “(I) in the case of a member who is de-
17 ployed in a theater of combat operations or an
18 area at a time during which hostilities are oc-
19 curring in that area, during such deployment to
20 assist such individual in coping with such de-
21 ployment; and

22 “(II) in the case of a veteran or member
23 who is readjusting to civilian life, to the degree
24 that counseling furnished to such individual is

1 found to aid in the readjustment of such vet-
2 eran or member to civilian life.”; and

3 (ii) by striking subparagraph (B) and
4 inserting the following new subparagraphs:

5 “(B) Counseling furnished to an individual under
6 subparagraph (A) may include a comprehensive individual
7 assessment of the individual’s psychological, social, and
8 other characteristics to ascertain whether—

9 “(i) in the case of an individual referred to in
10 clauses (i) through (iv) of subparagraph (C), such
11 individual has difficulties associated with readjusting
12 to civilian life; and

13 “(ii) in the case of an individual referred to in
14 clause (v) of such subparagraph, such individual has
15 difficulties associated with—

16 “(I) coping with the deployment of a mem-
17 ber described in subclause (I) of such clause; or

18 “(II) readjustment to civilian life of a vet-
19 eran or member described in subclause (II) of
20 such clause.

21 “(C) Subparagraph (A) applies to the following indi-
22 viduals:

23 “(i) Any individual who is a veteran or member
24 of the Armed Forces, including a member of a re-
25 serve component of the Armed Forces, who served

1 on active duty in a theater of combat operations or
2 an area at a time during which hostilities occurred
3 in that area.

4 “(ii) Any individual who is a veteran or member
5 of the Armed Forces, including a member of a re-
6 serve component of the Armed Forces, who provided
7 direct emergency medical or mental health care, or
8 mortuary services to the casualties of combat oper-
9 ations or hostilities, but who at the time was located
10 outside the theater of combat operations or area of
11 hostilities.

12 “(iii) Any individual who is a veteran or mem-
13 ber of the Armed Forces, including a member of a
14 reserve component of the Armed Forces, who en-
15 gaged in combat with an enemy of the United States
16 or against an opposing military force in a theater of
17 combat operations or an area at a time during which
18 hostilities occurred in that area by remotely control-
19 ling an unmanned aerial vehicle, notwithstanding
20 whether the physical location of such veteran or
21 member during such combat was within such theater
22 of combat operations or area.

23 “(iv) Any individual who received counseling
24 under this section before the date of the enactment

1 of the Mental Health Access to Continued Care and
2 Enhancement of Support Services Act of 2012.

3 “(v) Any individual who is a family member of
4 any—

5 “(I) member of the Armed Forces, includ-
6 ing a member of a reserve component of the
7 Armed Forces, who is serving on active duty in
8 a theater of combat operations or in an area at
9 a time during which hostilities are occurring in
10 that area; or

11 “(II) veteran or member of the Armed
12 Forces described in this subparagraph.”;

13 (B) by striking paragraph (2);

14 (C) by redesignating paragraph (3) as
15 paragraph (2); and

16 (D) in paragraph (2), as redesignated by
17 subparagraph (C)—

18 (i) by striking “a veteran described in
19 paragraph (1)(B)(iii)” and inserting “an
20 individual described in paragraph (1)(C)”;
21 and

22 (ii) by striking “the veteran a prelimi-
23 nary general mental health assessment”
24 and inserting “the individual a comprehen-

1 sive individual assessment as described in
2 paragraph (1)(B)”;

3 (2) in subsection (b)(1), by striking “physician
4 or psychologist” each place it appears and inserting
5 “licensed or certified mental health care provider”;

6 (3) in subsection (g)—

7 (A) by amending paragraph (1) to read as
8 follows:

9 “(1) The term ‘Vet Center’ means a facility
10 which is operated by the Department for the provi-
11 sion of services under this section and which is situ-
12 ated apart from Department general health care fa-
13 cilities.”; and

14 (B) by adding at the end the following new
15 paragraph:

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

19 “(A) is a member of the family of the vet-
20 eran or member, including—

21 “(i) a parent;

22 “(ii) a spouse;

23 “(iii) a child;

24 “(iv) a step-family member; and

25 “(v) an extended family member; or

1 “(B) lives with the veteran or member but
2 is not a member of the family of the veteran or
3 member.”; and

4 (4) by redesignating subsection (g), as amended
5 by paragraph (3), as subsection (h) and inserting
6 after subsection (f) the following new subsection (g):

7 “(g) In carrying out this section and in furtherance
8 of the Secretary’s responsibility to carry out outreach ac-
9 tivities under chapter 63 of this title, the Secretary may
10 provide for and facilitate the participation of personnel
11 employed by the Secretary to provide services under this
12 section in recreational programs that are—

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

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

17 **SEC. 203. AUTHORITY FOR SECRETARY OF VETERANS AF-**
18 **FAIRS TO FURNISH MENTAL HEALTH CARE**
19 **THROUGH FACILITIES OTHER THAN VET**
20 **CENTERS TO IMMEDIATE FAMILY MEMBERS**
21 **OF MEMBERS OF THE ARMED FORCES DE-**
22 **PLOYED IN CONNECTION WITH A CONTIN-**
23 **GENCY OPERATION.**

24 (a) **AUTHORITY.**—Subject to the availability of ap-
25 propriations, the Secretary of Veterans Affairs, in addition

1 to furnishing mental health care to family members of
2 members of the Armed Forces through Vet Centers under
3 section 1712A of title 38, United States Code, may fur-
4 nish mental health care to immediate family members of
5 members of the Armed Forces while such members are
6 deployed in connection with a contingency operation (as
7 defined in section 101 of title 10, United States Code)
8 through Department of Veterans Affairs medical facilities,
9 telemental health modalities, and such community, non-
10 profit, private, and other third parties as the Secretary
11 considers appropriate.

12 (b) NO ELIGIBILITY FOR TRAVEL REIMBURSE-
13 MENT.—A family member to whom the Secretary fur-
14 nishes mental health care under subsection (a) shall not
15 be eligible for payments or allowances under section 111
16 of title 38, United States Code, for such mental health
17 care.

18 (c) VET CENTER DEFINED.—In this section, the
19 term “Vet Center” has the meaning given the term in sec-
20 tion 1712A(g) of title 38, United States Code, as amended
21 by section 2(3).

1 **SEC. 204. ORGANIZATION OF THE READJUSTMENT COUN-**
2 **SELING SERVICE IN DEPARTMENT OF VET-**
3 **ERANS AFFAIRS.**

4 (a) IN GENERAL.—Subchapter I of chapter 73 of title
5 38, United States Code, is amended by adding at the end
6 the following new section:

7 **“§ 7309. Readjustment Counseling Service**

8 “(a) IN GENERAL.—There is in the Veterans Health
9 Administration a Readjustment Counseling Service. The
10 Readjustment Counseling Service shall provide readjust-
11 ment counseling and associated services to individuals in
12 accordance with section 1712A of this title.

13 “(b) CHIEF OFFICER.—(1) The head of the Read-
14 justment Counseling Service shall be the Chief Officer of
15 the Readjustment Counseling Service (in this section the
16 ‘Chief Officer’), who shall report directly to the Under
17 Secretary for Health.

18 “(2) The Chief Officer shall be appointed by the
19 Under Secretary for Health from among individuals
20 who—

21 “(A)(i) are psychologists who hold a diploma as
22 a doctorate in clinical or counseling psychology from
23 an authority approved by the American Psycho-
24 logical Association and who have successfully under-
25 gone an internship approved by that association;

1 “(ii) are holders of a master in social work de-
2 gree; or

3 “(iii) hold such other advanced degrees related
4 to mental health as the Secretary considers appro-
5 priate;

6 “(B) have at least three years of experience
7 providing direct counseling services or outreach serv-
8 ices;

9 “(C) have at least three years of experience ad-
10 ministrating direct counseling services or outreach
11 services;

12 “(D) meet the quality standards and require-
13 ments of the Department; and

14 “(E) are veterans who served in combat as
15 members of the Armed Forces.

16 “(c) STRUCTURE.—(1) The Readjustment Coun-
17 seling Service is a distinct organizational element within
18 Veterans Health Administration.

19 “(2) The Service shall provide counseling and services
20 as described in subsection (a).

21 “(3) The Chief Officer shall have direct authority
22 over all Readjustment Counseling Service staff and assets,
23 including Vet Centers.

24 “(d) SOURCE OF FUNDS.—(1) Amounts for the ac-
25 tivities of the Readjustment Counseling Service, including

1 the operations of its Vet Centers, shall be derived from
2 amounts appropriated for the Veterans Health Adminis-
3 tration for medical care.

4 “(2) Amounts for activities of the Readjustment
5 Counseling Service, including the operations of its Vet
6 Centers, shall not be allocated through the Veterans Equi-
7 table Resource Allocation system.

8 “(3) In each budget request submitted for the De-
9 partment of Veterans Affairs by the President to Congress
10 under section 1105 of title 31, the budget request for the
11 Readjustment Counseling Service shall be listed sepa-
12 rately.

13 “(e) ANNUAL REPORT.—(1) Not later than March 15
14 of each year, the Secretary shall submit to the Committee
15 on Veterans’ Affairs of the Senate and the Committee on
16 Veterans’ Affairs of the House of Representatives a report
17 on the activities of the Readjustment Counseling Service
18 during the preceding calendar year.

19 “(2) Each report submitted under paragraph (1)
20 shall include, with respect to the period covered by the
21 report, the following:

22 “(A) A summary of the activities of the Read-
23 justment Counseling Service, including Vet Centers.

24 “(B) A description of the workload and addi-
25 tional treatment capacity of the Vet Centers, includ-

1 ing, for each Vet Center, the ratio of the number of
 2 full-time equivalent employees at such Vet Center
 3 and the number of individuals who received services
 4 or assistance at such Vet Center.

5 “(C) A detailed analysis of demand for and
 6 unmet need for readjustment counseling services and
 7 the Secretary’s plan for meeting such unmet need.

8 “(f) VET CENTER DEFINED.—In this section, the
 9 term ‘Vet Center’ has the meaning given the term in sec-
 10 tion 1712A(g) of this title.”.

11 (b) CONFORMING AMENDMENT.—Section 7305 of
 12 such title is amended—

13 (1) by redesignating paragraph (7) as para-
 14 graph (8); and

15 (2) by inserting after paragraph (6) the fol-
 16 lowing new paragraph (7):

17 “(7) A Readjustment Counseling Service.”.

18 **SEC. 205. RECRUITING MENTAL HEALTH PROVIDERS FOR**
 19 **FURNISHING OF MENTAL HEALTH SERVICES**
 20 **ON BEHALF OF THE DEPARTMENT OF VET-**
 21 **ERANS AFFAIRS WITHOUT COMPENSATION**
 22 **FROM THE DEPARTMENT.**

23 (a) IN GENERAL.—The Secretary of Veterans Affairs
 24 shall carry out a national program of outreach to societies,
 25 community organizations, or government entities in order

1 to recruit mental health providers, who meet the quality
2 standards and requirements of the Department of Vet-
3 erans Affairs, to provide mental health services for the De-
4 partment on a part-time, without-compensation basis,
5 under section 7405 of title 38, United States Code.

6 (b) PARTNERING WITH AND DEVELOPING COMMU-
7 NITY ENTITIES.—In carrying out the program required by
8 subsection (a), the Secretary may partner with a commu-
9 nity entity or assist in the development of a community
10 entity, including by entering into an agreement under sec-
11 tion 8153 of title 38, United States Code, that provides
12 strategic coordination of the societies, community organi-
13 zations, and government entities described in subsection
14 (a) in order to maximize the availability and efficient deliv-
15 ery of mental health services to veterans by such societies,
16 community organizations, and government entities.

17 (c) MILITARY CULTURE TRAINING.—In carrying out
18 the program required by subsection (a), the Secretary
19 shall provide training to mental health providers to ensure
20 that clinicians who provide mental health services as de-
21 scribed in such subsection have sufficient understanding
22 of military and service specific culture, combat experience,
23 and other factors that are unique to the experience of vet-
24 erans who served in Operation Enduring Freedom, Oper-
25 ating Iraqi Freedom, or Operation New Dawn.

1 **SEC. 206. REIMBURSEMENT OF PHYSICIANS AND DENTISTS**
 2 **FOR EXPENSES RELATING TO BOARD CER-**
 3 **TIFICATION OR RECERTIFICATION.**

4 (a) IN GENERAL.—Section 7411 of title 38, United
 5 States Code, is amended to read as follows:

6 **“§7411. Full-time board-certified physicians and den-**
 7 **tists: reimbursement of certification or**
 8 **recertification and continuing profes-**
 9 **sional education expenses**

10 “The Secretary shall reimburse any full-time board-
 11 certified physician or dentist appointed under section
 12 7401(1) of this title for expenses incurred, up to \$1,000
 13 per year, for certification or recertification expenses, or
 14 continuing professional education. For physicians who are
 15 full-time psychiatrists, the Secretary may reimburse up to
 16 \$4,000 per year.”.

17 (b) CLERICAL AMENDMENT.—The table of sections
 18 at the beginning of chapter 74 of such title is amended
 19 by striking the item relating to section 7411 and inserting
 20 the following new item:

“7411. Full-time board-certified physicians and dentists: reimbursement of cer-
 tification or recertification and continuing professional edu-
 cation expenses.”.

21 **SEC. 207. PEER SUPPORT.**

22 (a) PEER SUPPORT COUNSELING PROGRAM.—

23 (1) PROGRAM REQUIRED.—Paragraph (1) of
 24 section 1720F(j) of title 38, United States Code, is

1 amended in the matter before subparagraph (A) by
2 striking “may” and inserting “shall”.

3 (2) TRAINING.—Paragraph (2) of such section
4 is amended by inserting after “peer counselors” the
5 following: “, including training carried out under the
6 national program of training required by section
7 304(c) of the Caregivers and Veterans Omnibus
8 Health Services Act of 2010 (38 U.S.C. 1712A note;
9 Public Law 111–163)”.

10 (3) AVAILABILITY OF PROGRAM AT DEPART-
11 MENT MEDICAL CENTERS.—Such section is amended
12 by adding at the end the following new paragraph:

13 “(3) In addition to other locations the Secretary con-
14 siders appropriate, the Secretary shall carry out the peer
15 support program under this subsection at each Depart-
16 ment medical center.”.

17 (4) DEADLINE FOR COMMENCEMENT OF PRO-
18 GRAM.—The Secretary of Veterans Affairs shall en-
19 sure that the peer support counseling program re-
20 quired by section 1720F(j) of title 38, United States
21 Code, as amended by this subsection, commences at
22 each Department of Veterans Affairs medical center
23 not later than 270 days after the date of the enact-
24 ment of this Act.

1 (b) PROVISION OF PEER OUTREACH AND PEER SUP-
2 PORT SERVICES AT DEPARTMENT MEDICAL CENTERS
3 UNDER PROGRAM ON READJUSTMENT AND MENTAL
4 HEALTH CARE SERVICES FOR VETERANS WHO SERVED
5 IN OPERATION ENDURING FREEDOM AND OPERATION
6 IRAQI FREEDOM.—

7 (1) IN GENERAL.—Section 304 of the Care-
8 givers and Veterans Omnibus Health Services Act of
9 2010 (38 U.S.C. 1712A note; Public Law 111–163)
10 is amended—

11 (A) by redesignating subsection (e) as sub-
12 section (f); and

13 (B) by inserting after subsection (d) the
14 following new subsection (e):

15 “(e) PROVISION OF PEER OUTREACH AND PEER
16 SUPPORT SERVICES AT DEPARTMENT MEDICAL CEN-
17 TERS.—The Secretary shall carry out the services required
18 by subparagraphs (A) and (B) of subsection (a)(1) at each
19 Department medical center.”.

20 (2) DEADLINE.—The Secretary of Veterans Af-
21 fairs shall commence carrying out the services re-
22 quired by subparagraphs (A) and (B) of subsection
23 (a)(1) of such section at each Department of Vet-
24 erans Affairs medical center, as required by sub-
25 section (e) of such section (as added by paragraph

1 (1)), not later than 270 days after the date of the
2 enactment of this Act.

○