HEY23F74 F8T S.L.C.

118TH CONGRESS	\mathbf{C}	
1st Session	5.	

To require a study on the quality of care difference between mental health and addiction therapy care provided by health care providers of the Department of Veterans Affairs compared to non-Department providers, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. Cornyn (for himself and Ms. Hassan) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To require a study on the quality of care difference between mental health and addiction therapy care provided by health care providers of the Department of Veterans Affairs compared to non-Department providers, 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.
- 4 This Act may be cited as the "Veterans Mental
- 5 Health and Addiction Therapy Quality of Care Act".

HEY23F74 F8T S.L.C.

1	SEC. 2. STUDY ON QUALITY OF CARE DIFFERENCE BE-
2	TWEEN MENTAL HEALTH AND ADDICTION
3	THERAPY CARE PROVIDED BY HEALTH CARE
4	PROVIDERS OF DEPARTMENT OF VETERANS
5	AFFAIRS COMPARED TO NON-DEPARTMENT
6	PROVIDERS.
7	(a) In General.—Not later than 90 days after the
8	date of the enactment of this Act, the Secretary of Vet-
9	erans Affairs shall seek to enter into an agreement with
10	an independent and objective organization outside the De-
11	partment of Veterans Affairs under which that organiza-
12	tion shall—
13	(1) conduct a study on the quality of care dif-
14	ference between mental health and addiction therapy
15	care under the laws administered by the Secretary
16	provided by health care providers of the Department
17	compared to non-Department providers across var-
18	ious modalities, such as telehealth, in-patient, inten-
19	sive out-patient, out-patient, and residential treat-
20	ment; and
21	(2) submit to the Committee on Veterans' Af-
22	fairs of the Senate and the Committee on Veterans'
23	Affairs of the House of Representatives and publish
24	on a publicly available website a report containing
25	the final results of such study.

HEY23F74 F8T S.L.C.

(b) TIMING.—The Secretary shall ensure that the or-1 2 ganization with which the Secretary enters into an agree-3 ment pursuant to subsection (a) is able to complete the 4 requirements under such subsection by not later than 18 5 months after the date on which the agreement is entered 6 into. 7 (c) Elements.—The report submitted pursuant to 8 subsection (a)(2) shall include an assessment of the fol-9 lowing: 10 (1) The amount of improvement in health out-11 comes from start of treatment to completion, includ-12 ing symptom scores and suicide risk using evidence-13 based scales, including the Columbia-Suicide Sever-14 ity Rating Scale. 15 (2) Whether providers of the Department and 16 non-Department providers are using evidence-based 17 practices in the treatment of mental health and ad-18 diction therapy care, including criteria set forth by 19 the American Society of Addiction Medicine. 20 (3) Potential gaps in coordination between pro-21 viders of the Department and non-Department pro-22 viders in responding to individuals seeking mental 23 health or addiction therapy care, including the shar-24 ing of patient health records.

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HEY23F74 F8T S.L.C.

1	(4) Implementation of veteran-centric care, in-
2	cluding the level of satisfaction of patients with care
3	and the competency of providers with the unique ex-
4	periences and needs of the military and veteran pop-
5	ulation.
6	(5) Whether veterans with co-occurring condi-
7	tions receive integrated care to holistically address
8	their needs.
9	(6) Whether providers monitor health outcomes

continually throughout treatment and at regular in-

tervals for up to three years after treatment.

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