

115TH CONGRESS
1ST SESSION

H. R. 102

To expand the research and education on and delivery of complementary and alternative medicine to veterans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2017

Ms. BROWNLEY of California introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To expand the research and education on and delivery of complementary and alternative medicine to 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.**

4 This Act may be cited as the “Expanding Care for
5 Veterans Act”.

6 **SEC. 2. EXPANSION OF RESEARCH AND EDUCATION ON**
7 **AND DELIVERY OF COMPLEMENTARY AND**
8 **ALTERNATIVE MEDICINE TO VETERANS.**

9 (a) DEVELOPMENT OF PLAN TO EXPAND RE-
10 SEARCH, EDUCATION, AND DELIVERY.—Not later than

1 six months after the effective date specified in subsection
2 (f), the Secretary of Veterans Affairs shall develop a plan
3 to expand materially and substantially the scope of re-
4 search and education on, and delivery and integration of,
5 complementary and alternative medicine services into the
6 health care services provided to veterans.

7 (b) ELEMENTS.—The plan required by subsection (a)
8 shall provide for the following:

9 (1) Research on the following:

10 (A) The comparative effectiveness of var-
11 ious complementary and alternative medicine
12 therapies.

13 (B) Approaches to integrating complemen-
14 tary and alternative medicine services into other
15 health care services provided by the Depart-
16 ment.

17 (2) Education and training for health care pro-
18 fessionals of the Department on the following:

19 (A) Complementary and alternative medi-
20 cine services selected by the Secretary for pur-
21 poses of the plan.

22 (B) Appropriate uses of such services.

23 (C) Integration of such services into the
24 delivery of health care to veterans.

1 (3) Research, education, and clinical activities
2 on complementary and alternative medicine at cen-
3 ters of innovation at Department medical centers.

4 (4) Identification or development of metrics and
5 outcome measures to evaluate the provision and inte-
6 gration of complementary and alternative medicine
7 services into the delivery of health care to veterans.

8 (5) Integration and delivery of complementary
9 and alternative medicine services with other health
10 care services provided by the Department.

11 (c) CONSULTATION.—

12 (1) IN GENERAL.—In carrying out subsection
13 (a), the Secretary shall consult with the following:

14 (A) The Director of the National Center
15 on Complementary and Alternative Medicine of
16 the National Institutes of Health.

17 (B) The Commissioner of Food and Drugs.

18 (C) Institutions of higher education, pri-
19 vate research institutes, and individual re-
20 searchers with extensive experience in com-
21 plementary and alternative medicine and the in-
22 tegration of complementary and alternative
23 medicine practices into the delivery of health
24 care.

1 (D) Nationally recognized providers of
2 complementary and alternative medicine.

3 (E) Such other officials, entities, and indi-
4 viduals with expertise on complementary and al-
5 ternative medicine as the Secretary considers
6 appropriate.

7 (2) SCOPE OF CONSULTATION.—The Secretary
8 shall undertake consultation under paragraph (1) in
9 carrying out subsection (a) with respect to the fol-
10 lowing:

11 (A) To develop the plan.

12 (B) To identify specific complementary and
13 alternative medicine practices that, on the basis
14 of research findings or promising clinical inter-
15 ventions, are appropriate to include as services
16 to veterans.

17 (C) To identify barriers to the effective
18 provision and integration of complementary and
19 alternative medicine services into the delivery of
20 health care to veterans, and to identify mecha-
21 nisms for overcoming such barriers.

22 (d) FUNDING.—There is authorized to be appro-
23 priated to the Secretary such sums as may be necessary
24 to carry out this section.

1 (e) COMPLEMENTARY AND ALTERNATIVE MEDICINE
2 DEFINED.—In this section, the term “complementary and
3 alternative medicine” shall have the meaning given that
4 term in regulations the Secretary shall prescribe for pur-
5 poses of this section, which shall, to the degree practicable,
6 be consistent with the meaning given such term by the
7 Secretary of Health and Human Services.

8 (f) EFFECTIVE DATE.—This section shall take effect
9 on the date that is one year after the date of the enact-
10 ment of this Act.

11 **SEC. 3. PROGRAM ON INTEGRATION OF COMPLEMENTARY**
12 **AND ALTERNATIVE MEDICINE WITHIN DE-**
13 **PARTMENT OF VETERANS AFFAIRS MEDICAL**
14 **CENTERS.**

15 (a) PROGRAM REQUIRED.—The Secretary of Vet-
16 erans Affairs shall—

17 (1) carry out, through the Office of Patient
18 Centered Care and Cultural Transformation of the
19 Department of Veterans Affairs, a program to as-
20 sess the feasibility and advisability of integrating the
21 delivery of complementary and alternative medicine
22 services selected by the Secretary with other health
23 care services provided by the Department for vet-
24 erans with mental health conditions, chronic pain
25 conditions, other chronic conditions, and such other

1 conditions as the Secretary determines appropriate;
2 and

3 (2) in developing the program, identify and re-
4 solve barriers to the provision of complementary and
5 alternative medicine services selected by the Sec-
6 retary and the integration of those services with
7 other health care services provided by the Depart-
8 ment.

9 (b) DURATION OF PROGRAM.—The program shall be
10 carried out during the three-year period beginning on the
11 effective date specified in subsection (j).

12 (c) LOCATIONS.—

13 (1) IN GENERAL.—The Secretary shall carry
14 out the program at not fewer than 15 separate De-
15 partment medical centers.

16 (2) POLYTRAUMA CENTERS.—Not less than two
17 of the medical centers designated under paragraph
18 (1) shall be located at polytrauma rehabilitation cen-
19 ters of the Department.

20 (3) SELECTION OF LOCATIONS.—In carrying
21 out the program, the Secretary shall select locations
22 that include the following areas:

23 (A) Rural areas.

24 (B) Areas that are not in close proximity
25 to an active duty military installation.

1 (C) Areas representing different geo-
2 graphic locations, such as census tracts estab-
3 lished by the Bureau of the Census.

4 (d) PROVISION OF SERVICES.—Under the program,
5 the Secretary shall provide covered services to covered vet-
6 erans by integrating complementary and alternative medi-
7 cine services with other services provided by the Depart-
8 ment at the medical centers designated under subsection
9 (c)(1).

10 (e) COVERED VETERANS.—For purposes of the pro-
11 gram, a covered veteran is any veteran who—

12 (1) has a mental health condition diagnosed by
13 a clinician of the Department;

14 (2) experiences chronic pain; or

15 (3) has a chronic condition being treated by a
16 clinician of the Department.

17 (f) COVERED SERVICES.—

18 (1) IN GENERAL.—For purposes of the pro-
19 gram, covered services are services consisting of
20 complementary and alternative medicine as selected
21 by the Secretary.

22 (2) ADMINISTRATION OF SERVICES.—Covered
23 services shall be administered under the program as
24 follows:

1 (A) Covered services shall be administered
2 by clinicians employed by the Secretary for pur-
3 poses of this section who, to the extent prac-
4 ticable, shall provide services consisting of com-
5 plementary and alternative medicine, including
6 those clinicians who solely provide such services.

7 (B) Covered services shall be included as
8 part of the Patient Aligned Care Teams initia-
9 tive of the Office of Patient Care Services, Pri-
10 mary Care Program Office, in coordination with
11 the Office of Patient Centered Care and Cul-
12 tural Transformation.

13 (C) Covered services shall be made avail-
14 able to both—

15 (i) covered veterans with mental
16 health conditions, pain conditions, or
17 chronic conditions described in subsection
18 (e) who have received conventional treat-
19 ments from the Department for such con-
20 ditions; and

21 (ii) covered veterans with mental
22 health conditions, pain conditions, or
23 chronic conditions described in subsection
24 (e) who have not received conventional

1 treatments from the Department for such
2 conditions.

3 (g) VOLUNTARY PARTICIPATION.—The participation
4 of a veteran in the program shall be at the election of
5 the veteran and in consultation with a clinician of the De-
6 partment.

7 (h) REPORTS TO CONGRESS.—

8 (1) QUARTERLY REPORTS.—Not later than 90
9 days after the date of the commencement of the pro-
10 gram and not less frequently than once every 90
11 days thereafter for the duration of the program, the
12 Secretary shall submit to the Committee on Vet-
13 erans' Affairs of the Senate and the Committee on
14 Veterans' Affairs of the House of Representatives a
15 report on the efforts of the Secretary to carry out
16 the program, including a description of the outreach
17 conducted by the Secretary to veterans and commu-
18 nity organizations to inform such organizations
19 about the program.

20 (2) FINAL REPORT.—

21 (A) IN GENERAL.—Not later than 180
22 days after the completion of the program, the
23 Secretary shall submit to the Committee on
24 Veterans' Affairs of the Senate and the Com-

1 committee on Veterans' Affairs of the House of
2 Representatives a report on the program.

3 (B) CONTENTS.—The report submitted
4 under subparagraph (A) shall include the fol-
5 lowing:

6 (i) The findings and conclusions of
7 the Secretary with respect to the program,
8 including with respect to—

9 (I) the utilization and efficacy of
10 the complementary and alternative
11 medicine services established under
12 the program;

13 (II) an assessment of the benefit
14 of the program to covered veterans in
15 mental health diagnoses, pain man-
16 agement, and treatment of chronic ill-
17 ness; and

18 (III) the comparative effective-
19 ness of various complementary and al-
20 ternative medicine therapies.

21 (ii) Barriers identified under sub-
22 section (a)(2) that were not resolved.

23 (iii) Such recommendations for the
24 continuation or expansion of the program
25 as the Secretary considers appropriate.

1 (i) COMPLEMENTARY AND ALTERNATIVE MEDICINE
 2 DEFINED.—In this section, the term “complementary and
 3 alternative medicine” shall have the meaning given that
 4 term in section 2(e) of this Act.

5 (j) EFFECTIVE DATE.—This section shall take effect
 6 on the date that is one year after the date of the enact-
 7 ment of this Act.

8 **SEC. 4. STUDIES OF BARRIERS ENCOUNTERED BY VET-**
 9 **ERANS IN RECEIVING, AND ADMINISTRATORS**
 10 **AND CLINICIANS IN PROVIDING, COM-**
 11 **PLEMENTARY AND ALTERNATIVE MEDICINE**
 12 **SERVICES FURNISHED BY THE DEPARTMENT**
 13 **OF VETERANS AFFAIRS.**

14 (a) STUDIES REQUIRED.—

15 (1) IN GENERAL.—The Secretary of Veterans
 16 Affairs shall conduct comprehensive studies of the
 17 barriers encountered by veterans in receiving, and
 18 administrators and clinicians in providing, com-
 19plementary and alternative medicine services fur-
 20nished by the Department of Veterans Affairs.

21 (2) STUDIES CONDUCTED.—

22 (A) VETERANS.—In conducting the study
 23 of veterans, the Secretary shall—

24 (i) survey veterans who seek or receive
 25 hospital care or medical services furnished

1 by the Department, as well as veterans
2 who do not seek or receive such care or
3 services;

4 (ii) administer the survey to a rep-
5 resentative sample of veterans from each
6 Veterans Integrated Service Network; and

7 (iii) ensure that the sample of vet-
8 erans surveyed is of sufficient size for the
9 study results to be statistically significant.

10 (B) ADMINISTRATORS AND CLINICIANS.—

11 In conducting the study of clinicians and ad-
12 ministrators, the Secretary shall—

13 (i) survey administrators of the De-
14 partment who are involved in the provision
15 of health care services;

16 (ii) survey clinicians that have pro-
17 vided complementary and alternative medi-
18 cine services through the program estab-
19 lished under section 3 of this Act, after
20 those clinicians have provided those serv-
21 ices through such program for at least 90
22 days; and

23 (iii) administer the survey to adminis-
24 trators under clause (i)—

1 (I) before the introduction of
2 complementary and alternative medi-
3 cine services through such program;
4 and

5 (II) not earlier than 90 days
6 after the introduction of complemen-
7 tary and alternative medicine services
8 through such program.

9 (b) ELEMENTS OF STUDIES.—

10 (1) VETERANS.—In conducting the study of
11 veterans required by subsection (a), the Secretary
12 shall study the following:

13 (A) The perceived barriers associated with
14 obtaining complementary and alternative medi-
15 cine services from the Department.

16 (B) The satisfaction of veterans with com-
17 plementary and alternative medicine services in
18 primary care.

19 (C) The degree to which veterans are
20 aware of eligibility requirements for, and the
21 scope of services available under, complemen-
22 tary and alternative medicine services furnished
23 by the Department.

1 (D) The effectiveness of outreach to vet-
2 erans on the availability of complementary and
3 alternative medicine for veterans.

4 (E) Such other barriers as the Secretary
5 considers appropriate.

6 (2) ADMINISTRATORS AND CLINICIANS.—In
7 conducting the study of administrators and clini-
8 cians required by subsection (a), the Secretary shall
9 study the following:

10 (A) The extent of the integration of com-
11plementary and alternative medicine services
12within the services provided by the Department.

13 (B) The perception by administrators and
14clinicians of the structural and attitudinal bar-
15riers to the delivery of high quality complemen-
16tary and alternative medicine services by the
17Department.

18 (C) Strategies that have been used to re-
19duce or eliminate such barriers and the results
20of such strategies.

21 (D) The satisfaction of administrators and
22clinicians regarding the integration of com-
23plementary and alternative medicine services
24within the services provided by the Department.

1 (E) The perception by administrators and
2 clinicians of the value of specific complementary
3 and alternative medicine services for inpatient
4 and outpatient veteran populations.

5 (c) DISCHARGE BY CONTRACT.—The Secretary shall
6 enter into a contract with a qualified independent entity
7 or organization to carry out the studies required by this
8 section.

9 (d) MANDATORY REVIEW OF DATA BY THE NA-
10 TIONAL RESEARCH ADVISORY COUNCIL.—

11 (1) IN GENERAL.—The Secretary shall ensure
12 that the head of the National Research Advisory
13 Council reviews the results of the studies conducted
14 under this section.

15 (2) SUBMITTAL OF FINDINGS.—The head of the
16 National Research Advisory Council shall submit
17 findings with respect to the studies to the Under
18 Secretary for Health and to other pertinent program
19 offices within the Department with responsibilities
20 relating to health care services for veterans.

21 (e) REPORTS.—

22 (1) REPORT ON IMPLEMENTATION.—Not later
23 than one year after the date of the enactment of this
24 Act, the Secretary shall submit to Congress a report
25 on the status of the implementation of this section.

1 (2) REPORT ON STUDY.—

2 (A) IN GENERAL.—Not later than 45 days
3 after the date of the completion of the study,
4 the Secretary shall submit to Congress a report
5 on the study required by subsection (a).

6 (B) CONTENTS.—The report required by
7 subparagraph (A) shall include the following:

8 (i) Recommendations for such admin-
9 istrative and legislative proposals and ac-
10 tions as the Secretary considers appro-
11 priate.

12 (ii) The findings of the head of the
13 National Research Advisory Council and of
14 the Under Secretary for Health.

15 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated for fiscal year 2017 for the
17 Department of Veterans Affairs, \$2,000,000 to carry out
18 this section.

19 (g) COMPLEMENTARY AND ALTERNATIVE MEDICINE
20 DEFINED.—In this section, the term “complementary and
21 alternative medicine” shall have the meaning given that
22 term in section 2(e) of this Act.

1 **SEC. 5. PROGRAM ON USE OF WELLNESS PROGRAMS AS**
2 **COMPLEMENTARY APPROACH TO MENTAL**
3 **HEALTH CARE FOR VETERANS AND FAMILY**
4 **MEMBERS OF VETERANS.**

5 (a) PROGRAM REQUIRED.—

6 (1) IN GENERAL.—The Secretary of Veterans
7 Affairs shall carry out a program through the award
8 of grants to public or private nonprofit entities to
9 assess the feasibility and advisability of using
10 wellness programs to complement the provision of
11 mental health care to veterans and family members
12 eligible for counseling under section 1712A(a)(1)(C)
13 of title 38, United States Code.

14 (2) MATTERS TO BE ADDRESSED.—The pro-
15 gram shall be carried out so as to assess the fol-
16 lowing:

17 (A) Means of improving coordination be-
18 tween Federal, State, local, and community pro-
19 viders of health care in the provision of mental
20 health care to veterans and family members de-
21 scribed in paragraph (1).

22 (B) Means of enhancing outreach, and co-
23 ordination of outreach, by and among providers
24 of health care referred to in subparagraph (A)
25 on the mental health care services available to

1 veterans and family members described in para-
2 graph (1).

3 (C) Means of using wellness programs of
4 providers of health care referred to in subpara-
5 graph (A) as complements to the provision by
6 the Department of Veterans Affairs of mental
7 health care to veterans and family members de-
8 scribed in paragraph (1).

9 (D) Whether wellness programs described
10 in subparagraph (C) are effective in enhancing
11 the quality of life and well-being of veterans
12 and family members described in paragraph
13 (1).

14 (E) Whether wellness programs described
15 in subparagraph (C) are effective in increasing
16 the adherence of veterans described in para-
17 graph (1) to the primary mental health services
18 provided such veterans by the Department.

19 (F) Whether wellness programs described
20 in subparagraph (C) have an impact on the
21 sense of well-being of veterans described in
22 paragraph (1) who receive primary mental
23 health services from the Department.

24 (G) Whether wellness programs described
25 in subparagraph (C) are effective in encour-

1 aging veterans receiving health care from the
2 Department to adopt a more healthy lifestyle.

3 (b) DURATION.—The Secretary shall carry out the
4 program for a period of three years beginning on the date
5 that is one year after the date of the enactment of this
6 Act.

7 (c) LOCATIONS.—The Secretary shall carry out the
8 program at facilities of the Department providing mental
9 health care services to veterans and family members de-
10 scribed in subsection (a)(1).

11 (d) GRANT PROPOSALS.—

12 (1) IN GENERAL.—A public or private nonprofit
13 entity seeking the award of a grant under this sec-
14 tion shall submit an application therefor to the Sec-
15 retary in such form and in such manner as the Sec-
16 retary may require.

17 (2) APPLICATION CONTENTS.—Each application
18 submitted under paragraph (1) shall include the fol-
19 lowing:

20 (A) A plan to coordinate activities under
21 the program, to the extent possible, with the
22 Federal, State, and local providers of services
23 for veterans to enhance the following:

1 (i) Awareness by veterans of benefits
2 and health care services provided by the
3 Department.

4 (ii) Outreach efforts to increase the
5 use by veterans of services provided by the
6 Department.

7 (iii) Educational efforts to inform vet-
8 erans of the benefits of a healthy and ac-
9 tive lifestyle.

10 (B) A statement of understanding from
11 the entity submitting the application that, if se-
12 lected, such entity will be required to report to
13 the Secretary periodically on standardized data
14 and other performance data necessary to evalu-
15 ate individual outcomes and to facilitate evalua-
16 tions among entities participating in the pro-
17 gram.

18 (C) Other requirements that the Secretary
19 may prescribe.

20 (e) GRANT USES.—

21 (1) IN GENERAL.—A public or private nonprofit
22 entity awarded a grant under this section shall use
23 the award for purposes prescribed by the Secretary.

24 (2) ELIGIBLE VETERANS AND FAMILY.—In car-
25 rying out the purposes prescribed by the Secretary

1 in paragraph (1), a public or private nonprofit entity
2 awarded a grant under this section shall use the
3 award to furnish services only to individuals speci-
4 fied in section 1712A(a)(1)(C) of title 38, United
5 States Code.

6 (f) REPORTS.—

7 (1) PERIODIC REPORTS.—

8 (A) IN GENERAL.—Not later than 180
9 days after the date of the commencement of the
10 program, and every 180 days thereafter, the
11 Secretary shall submit to Congress a report on
12 the program.

13 (B) REPORT ELEMENTS.—Each report re-
14 quired by subparagraph (A) shall include the
15 following:

16 (i) The findings and conclusions of
17 the Secretary with respect to the program
18 during the 180-day period preceding the
19 report.

20 (ii) An assessment of the benefits of
21 the program to veterans and their family
22 members during the 180-day period pre-
23 ceding the report.

24 (2) FINAL REPORT.—Not later than 180 days
25 after the end of the program, the Secretary shall

1 submit to Congress a report detailing the rec-
2 ommendations of the Secretary as to the advisability
3 of continuing or expanding the program.

4 (g) WELLNESS DEFINED.—In this section, the term
5 “wellness” has the meaning given that term in regulations
6 prescribed by the Secretary.

○