To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. Pingree introduced the following bill; which was referred to the Committee on ____________

A BILL

To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Servicemembers and Veterans Empowerment and Sup-
port Act of 2021”.

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

TITLE I—DEFINING MILITARY SEXUAL TRAUMA

Sec. 101. Military sexual trauma defined for the digital age.

TITLE II—DISABILITY COMPENSATION AND CLAIMS PROCESSING

Sec. 201. Definition of military sexual trauma.
Sec. 202. Conforming changes relating to specialized teams to evaluate claims involving military sexual trauma.
Sec. 203. Standard of proof for service-connection of mental health conditions relating to military sexual trauma.
Sec. 204. Choice of location of Department of Veterans Affairs medical examination for assessment of claims for compensation relating to disability resulting from military sexual trauma.
Sec. 205. Communications from the Department of Veterans Affairs to military sexual trauma survivors.
Sec. 206. Study on training and processing relating to claims for disability compensation relating to military sexual trauma.
Sec. 207. Annual special focus review of claims for disability compensation for disabilities relating to military sexual trauma.

TITLE III—ACCESS TO HEALTH CARE

Sec. 301. Expansion of eligibility for counseling and treatment for military sexual trauma to include all former members of the reserve components of the Armed Forces.
Sec. 302. Connection to Veterans Health Administration when a disability claim related to military sexual trauma is submitted to Veterans Benefits Administration.
Sec. 303. Study on access to inpatient mental health care for survivors of military sexual trauma.
Sec. 304. Pilot program for interim access to mental health care for survivors of military sexual trauma.
Sec. 305. Comptroller General study on access to care for survivors of military sexual trauma at the Department of Veterans Affairs.

TITLE I—DEFINING MILITARY SEXUAL TRAUMA

SEC. 101. MILITARY SEXUAL TRAUMA DEFINED FOR THE DIGITAL AGE.

(a) REVISION TO REGULATIONS REQUIRED.—The Secretary of Veterans Affairs shall, in accordance with subsection (b), revise regulations for the definition of “military sexual trauma” for the purposes of access to
health care under chapter 17 of title 38, United States Code, and compensation under chapter 11 of such title.

(b) REQUIREMENTS.—

(1) TECHNOLOGICAL ABUSE.—

(A) IN GENERAL.—The Secretary shall ensure that all regulations revised under subsection (a) include matters relating to technological abuse to reflect sexual harassment in the digital age.

(B) INCLUSION OF CERTAIN BEHAVIOR AND ACTIVITIES.—For purposes of subparagraph (A), the term “technological abuse” may include—

(i) behavior intended to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor another person, except as otherwise permitted by law, that occurs via the Internet, social networking sites, computers, mobile devices, mobile telephones, apps, location tracking devices, instant messages, text messages, or other forms of technology; and

(ii) specific activities, including—
(I) unwanted, repeated telephone calls, text messages, instant messages, or social media posts;

(II) nonconsensual access of email accounts, texts or instant messaging accounts, social networking accounts, or mobile telephone logs;

(III) attempting to control or restrict a person’s ability to access technology with the intent to isolate the person from support and social connection;

(IV) using tracking devices or location tracking software for the purpose of monitoring or stalking another person’s location;

(V) impersonation of a person with the intent to deceive or cause harm through the use of spoofing technology or the creation of fake email or social media accounts; or

(VI) pressuring for or sharing of another person’s private information, photographs, or videos without the person’s consent.
(2) **COLLABORATION.**—In carrying out subsection (a), the Secretary of Veterans Affairs shall collaborate with the Secretary of Defense.

(3) **CONSULTATION.**—In carrying out subsection (a), the Secretary of Veterans Affairs shall consult with veterans service organizations, military service organizations, and other stakeholders.

(c) **COMMENCEMENT OF EFFORTS.**—Not later than one year after the date of the enactment of this Act, the Secretary shall commence efforts to carry out subsection (a).

(d) **PROGRESS REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the progress of the Secretary in carrying out subsection (a).

(e) **FINAL REGULATIONS.**—Not later than two years after the date of the enactment of this Act, the Secretary shall—

(1) issue the revised regulations required by subsection (a); and

(2) update training aids, manuals, and informational materials for staff, veterans, members of the
Armed Forces, and stakeholders to reflect the revised regulations.

**TITLE II—DISABILITY COMPENSATION AND CLAIMS PROCESSING**

**SEC. 201. DEFINITION OF MILITARY SEXUAL TRAUMA.**

In this title, the term “military sexual trauma” has the meaning given such term in section 1167(j) of title 38, United States Code, as added by section 203(a).

**SEC. 202. CONFORMING CHANGES RELATING TO SPECIALIZED TEAMS TO EVALUATE CLAIMS INVOLVING MILITARY SEXUAL TRAUMA.**

Section 1166(c) of title 38, United States Code, as redesignated by section 7(a) of the Training in High-demand Roles to Improve Veteran Employment Act (Public Law 117–16), is amended by striking “In this section” and all that follows and inserting the following: “In this section, the terms ‘covered mental health condition’ and ‘military sexual trauma’ have the meanings given those terms in section 1167(j) of this title.”.
SEC. 203. STANDARD OF PROOF FOR SERVICE-CONNECTION OF MENTAL HEALTH CONDITIONS RELATING TO MILITARY SEXUAL TRAUMA.

(a) In general.—Subchapter VI of chapter 11 of such title is amended by adding at the end the following new section:

“§ 1167. Evaluation of claims involving military sexual trauma

“(a) STANDARD OF PROOF.—(1) In the case of any veteran who claims that a covered mental health condition based on military sexual trauma was incurred in or aggravated by active military, naval, or air service, the Secretary shall accept as sufficient proof of service-connection a diagnosis of such mental health condition by a mental health professional together with satisfactory lay or other evidence, in accordance with subsections (b) and (c), of such trauma and an opinion by the mental health professional that such covered mental health condition is related to such military sexual trauma, as specified in subsection (f), notwithstanding the fact that there is no official record of such incurrence or aggravation in such service, and, to that end, shall resolve every reasonable doubt in favor of the veteran.

“(2) Service-connection of such covered mental health condition may be rebutted by clear and convincing evidence to the contrary.
“(3) The reasons for granting or denying service-connection in each case shall be recorded in full.

“(b) NONMILITARY SOURCES OF EVIDENCE.—(1) In carrying out subsection (a), the Secretary shall ensure that if a claim for compensation under this chapter is received by the Secretary for a covered mental health condition based on military sexual trauma, evidence from sources other than official records of the Department of Defense regarding the veteran’s service may corroborate the veteran’s account of the trauma.

“(2) Examples of evidence described in paragraph (1) include the following:

“(A) Records from law enforcement authorities, rape crisis centers, mental health counseling centers, hospitals, and physicians.

“(B) Pregnancy tests and tests for sexually transmitted diseases.

“(C) Statements from family members, roommates, other members of the Armed Forces or veterans, and clergy.

“(c) EVIDENCE OF BEHAVIOR CHANGES.—(1) In carrying out subsection (a), the Secretary shall ensure that evidence of a behavior change following military sexual trauma is one type of relevant evidence that may be found in sources described in such subsection.
“(2) Examples of behavior changes that may be relevant evidence of military sexual trauma include the following:

“(A) A request for a transfer to another military duty assignment.

“(B) Deterioration in work performance.

“(C) Substance abuse or substance use disorder.

“(D) Episodes of depression, panic attacks, or anxiety without an identifiable cause.

“(E) Unexplained economic or social behavior changes.

“(d) NOTICE AND OPPORTUNITY TO SUPPLY EVIDENCE.—The Secretary may not deny a claim of a veteran for compensation under this chapter for a covered mental health condition that is based on military sexual trauma without first—

“(1) advising the veteran that evidence described in subsections (b) and (c) may constitute credible corroborating evidence of the military sexual trauma; and

“(2) allowing the veteran an opportunity to furnish such corroborating evidence or advise the Secretary of potential sources of such evidence.
“(e) ROLE OF LAY STATEMENTS.—In a case where evidence described in subsection (b) or (c) is unavailable, and the only evidence of the occurrence of the military sexual trauma is the veteran’s own lay statement, the Secretary shall accept such lay statement as credible evidence the event occurred, unless such statement is inconsistent with the places, types, and circumstances of the service of the veteran, including evidence of the veteran’s unit assignments, military specialty, or dates and locations of service, or unless there is clear and convincing evidence to the contrary.

“(f) REVIEW OF EVIDENCE.—(1) In reviewing a claim for compensation described in subsection (a)(1), for any evidence identified as part of such claim that is described in subsection (b) or (c), or if subsection (e) applies, the Secretary shall submit such evidence to such medical or mental health professional as the Secretary considers appropriate, including clinical and counseling experts employed by the Department, to obtain an opinion as to whether it is at least as likely as not that there is a nexus between the military sexual trauma and any diagnosed covered mental health condition.

“(2) In the case of any veteran who submits with the claim for a covered mental health condition a lay statement describing the military sexual trauma, such veteran
shall be provided with a medical examination and opinion as described in paragraph (1) without delay for request of records specified in subsections (b) and (c) from the veteran.

“(3) For any veteran described in paragraph (2), if the medical examination and opinion do not result in a diagnosis of a covered mental health condition and a positive opinion that the military sexual trauma is related to such diagnosis, the Secretary shall request the records specified in subsections (b) and (c) and, if such evidence is received, paragraph (1) shall again apply and a subsequent medical examination and opinion shall be requested.

“(g) POINT OF CONTACT.—The Secretary shall ensure that each document provided to a veteran relating to a claim for compensation described in subsection (a) includes contact information for an appropriate point of contact with the Department.

“(h) SPECIALIZED TEAMS.—The Secretary shall ensure that all claims for compensation described in subsection (a) are reviewed and processed by a specialized team established under section 1166 of this title.

“(i) RULE OF CONSTRUCTION REGARDING APPLICATION TO NONSEXUAL PERSONAL ASSAULT.—The Secretary shall not construe this section as supplanting the standard of proof or evidence required for claims for
posttraumatic stress disorder based on non-sexual personal assault, which the Secretary shall continue to define in regulation.

“(j) DEFINITIONS.—In this section:

“(1) The term ‘covered mental health condition’ means post-traumatic stress disorder, anxiety, depression, or other mental health diagnosis described in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that the Secretary determines to be related to military sexual trauma and which may be service-connected.

“(2) The term ‘military sexual trauma’ means, with respect to a veteran, a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while the veteran was serving in the active military, naval, or air service.’’.

(b) OUTREACH.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall implement, with input from the veteran community, an informative outreach program for veterans regarding the standard of proof for evaluation of claims related to military sexual trauma, including consideration of lay statements and requirements for a medical examination and opinion.
(c) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“1167. Evaluation of claims involving military sexual trauma.”.

**SEC. 204. CHOICE OF LOCATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL EXAMINATION FOR ASSESSMENT OF CLAIMS FOR COMPENSATION RELATING TO DISABILITY RESULTING FROM MILITARY SEXUAL TRAUMA.**

(a) **IN GENERAL.**—Section 1165 of title 38, United States Code, is amended—

(1) in the section heading, by inserting “and location of medical examination” after “examiner”;

(2) in subsection (a), by striking “a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment” and inserting “military sexual trauma (as defined in section 1167(j) of this title)”;

(3) by redesignating subsection (c) as subsection (d); and

(4) by inserting after subsection (b) the following new subsection (c):

“(e) **CHOICE OF EXAMINATION LOCATION.**—(1) The Secretary shall ensure that a veteran who requires a medical examination in support of a claim described in subsection (a) may request that the medical examination take
place at a facility of the Department by a qualified employee of the Department.

“(2) The Secretary—

“(A) shall grant any request under paragraph (1); and

“(B) may not issue a decision on a claim described in such paragraph before the requested examination is completed.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 11 of such title is amended by striking the item relating to section 1165 and inserting the following new item:

“1165. Choice of sex of medical examiner and location of medical examination for certain disabilities.”.

SEC. 205. COMMUNICATIONS FROM THE DEPARTMENT OF VETERANS AFFAIRS TO MILITARY SEXUAL TRAUMA SURVIVORS.

(a) Review Board.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a board to review correspondence relating to military sexual trauma.

(2) MEMBERSHIP.—The Secretary shall appoint members of the board from among experts in military sexual trauma and mental health, including—

(A) mental health providers of the Department;
(B) experts on sexual assault and sexual harassment; and

(C) members from both the Veterans Health Administration and Veterans Benefits Administration.

(3) DUTIES.—The board established under paragraph (1) shall—

(A) review all standard correspondence and other materials, which may include templates for notices under sections 5103 and 5104B of title 38, United States Code, as well as outreach materials and veteran-facing website content, from the Department of Veterans Affairs to survivors of military sexual trauma for sensitivity; and

(B) ensure that the communications—

(i) treat survivors with dignity and respect; and

(ii) do not re-traumatize survivors.

(b) CONTENTS OF WRITTEN COMMUNICATIONS TO MILITARY SEXUAL TRAUMA SURVIVORS.—The Secretary shall ensure that any written communication from the Department of Veterans Affairs to a military sexual trauma survivor shall include contact information for the following:
(1) The military sexual trauma coordinator of the Veterans Benefits Administration.

(2) The military sexual trauma coordinator for the Veterans Health Administration.

(3) The Veterans Crisis Line.

(4) The facility of the Veterans Health Administration closest to where the survivor resides.

c) DEFINITIONS.—In this section:

(1) MILITARY SEXUAL TRAUMA SURVIVOR.—The term “military sexual trauma survivor” means—

(A) a veteran who has filed a claim for compensation under chapter 11 of title 38, United States Code, relating to military sexual trauma;

(B) a veteran who has been awarded compensation under such chapter relating to military sexual trauma; or

(C) a former member of the Armed Forces or a veteran who is receiving care from the Department of Veterans Affairs relating to military sexual trauma.

(2) VETERANS CRISIS LINE.—The term “Veterans Crisis Line” means the toll-free hotline for
veterans established under section 1720F(h) of title
38, United States Code.

SEC. 206. STUDY ON TRAINING AND PROCESSING RELATING TO CLAIMS FOR DISABILITY COMPENSATION RELATING TO MILITARY SEXUAL TRAUMA.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study on—

(1) the quality of training provided to personnel of the Department of Veterans Affairs who review claims for disability compensation under chapter 11 of title 38, United States Code, for disabilities relating to military sexual trauma; and

(2) the quality of the procedures of the Department for reviewing the accuracy of the processing of such claims.

(b) ELEMENTS.—The study required by subsection (a) shall include the following:

(1) With respect to the quality of training described in paragraph (1) of such subsection:

(A) Whether the Department ensures personnel complete such training on time.

(B) Whether the training has resulted in improvements to the processing of claims de-
scribed in such subsection and issue-based accuracy.

(C) Such recommendations as the Secretary of Veterans Affairs may have for improving the training.

(2) With respect to the quality of procedures described in paragraph (2) of such subsection:

(A) Whether the procedures of the Department for reviewing the accuracy of the processing of claims described in such subsection comport with generally accepted statistical methodologies to ensure reasonable accuracy of such reviews.

(B) Whether such procedures adequately include mechanisms to correct errors found in such reviews.

(C) Such recommendations as the Secretary may have for improving such procedures.

(c) REPORT REQUIRED.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing the findings of the Secretary with respect to the study conducted under subsection (a).
SEC. 207. ANNUAL SPECIAL FOCUS REVIEW OF CLAIMS FOR DISABILITY COMPENSATION FOR DISABILITIES RELATING TO MILITARY SEXUAL TRAUMA.

(a) Annual Special Focus Review.—

(1) In general.—Each year, the Under Secretary for Benefits of the Department of Veterans Affairs shall conduct a special focus review on the accuracy of the processing of claims for disability compensation under chapter 11 of title 38, United States Code, for disabilities relating to military sexual trauma.

(2) Elements.—Each review conducted under paragraph (1) shall include a review of the following:

(A) A statistically significant, nationally representative sample of all claims for benefits under the laws administered by the Secretary of Veterans Affairs relating to military sexual trauma filed during the fiscal year preceding the fiscal year in which the report is submitted.

(B) The accuracy of each decision made with respect to each claim described in subparagraph (A).

(C) The types of benefit entitlement errors found, disaggregated by category.

(D) Trends from year to year.
(E) Training completion rates for personnel of the Department who process claims described in paragraph (1).

(b) REPROCESSING OF CLAIMS.—If the Under Secretary finds, pursuant to a special focus review conducted under subsection (a)(1), that an error was made with respect to the entitlement of a veteran to a benefit under the laws administered by the Secretary, the Secretary shall return the relevant claim of the veteran to the appropriate regional office of the Department for reprocessing to ensure that the veteran receives an accurate decision with respect to the claim.

(c) RE-REVIEWING OF CLAIMS.—If the Under Secretary finds, pursuant to a special focus review conducted under paragraph (1) of subsection (a), that the accuracy rate, under paragraph (2)(B) of such subsection, is less than 90 percent, the Secretary shall conduct a review of each claim for benefits under the laws administered by the Secretary of Veterans Affairs relating to military sexual trauma filed during the fiscal year preceding the fiscal year in which the report is submitted.

(d) REPORT.—Section 5501(b)(2) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–
315; 134 Stat. 5048) is amended by adding at the end
the following new subparagraph:

“(I) The findings of the most recent spe-
cial focus review conducted under subsection
(a)(1) of section 207 of the Servicemembers
and Veterans Empowerment and Support Act
of 2021, including—

“(i) the elements under subsection
(a)(2) of such section;

“(ii) the number of claims returned
for reprocessing under subsection (b) of
such section; and

“(iii) the number of claims described
in clause (ii) for which the decision relat-
ing to service-connection or entitlement to
compensation changed as a result of re-
processing the claim.”.
TITLE III—ACCESS TO HEALTH CARE

SEC. 301. EXPANSION OF ELIGIBILITY FOR COUNSELING AND TREATMENT FOR MILITARY SEXUAL TRAUMA TO INCLUDE ALL FORMER MEMBERS OF THE RESERVE COMPONENTS OF THE ARMED FORCES.

Section 1720D of title 38, United States Code, is amended by striking subsections (f) and (g) and inserting the following new subsection (f):

“(f) In this section:

“(1) The term ‘former member of the Armed Forces’ means a person who served on active duty, active duty for training, or inactive duty training, and who was discharged or released therefrom under any condition that is not—

“(A) a discharge by court-martial; or

“(B) a discharge subject to a bar to benefits under section 5303 of this title.

“(2) The term ‘military sexual trauma’ means, with respect to a former member of the Armed Forces, a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former member of the Armed Forces was serving on duty, regardless of duty sta-
tus or line of duty determination (as that term is used in section 12323 of title 10).

“(3) The term ‘sexual harassment’ means unso-
licted verbal or physical contact of a sexual nature which is threatening in character.”.

SEC. 302. CONNECTION TO VETERANS HEALTH ADMINIS-
TRATION WHEN A DISABILITY CLAIM RE-
LATED TO MILITARY SEXUAL TRAUMA IS SUB-
MITTED TO VETERANS BENEFITS ADMINIS-
TRATION.

(a) In General.—Not later than 14 days after the date on which a veteran submits a claim for disability com-
pensation to the Veterans Benefits Administration for a disability related to military sexual trauma, the Secretary of Veterans Affairs shall send a communication to the vet-
eran with the following information:

(1) The contact information for the nearest military sexual trauma coordinator for the veteran at the Veterans Benefits Administration and a de-
scription of the assistance such coordinator can pro-
vide.

(2) The contact information for the nearest military sexual trauma coordinator for the veteran at the Veterans Health Administration and a de-
scription of the assistance such coordinator can provide.

(3) The types of services that survivors of military sexual trauma are eligible to receive from the Department of Veterans Affairs, including the nearest locations and the contact information for such services.

(4) The contact information for the Veterans Crisis Line established under section 1720F(h) of title 38, United States Code.

(5) Such other information on services, care, or resources for military sexual trauma as the Secretary determines appropriate.

(b) Definition of Military Sexual Trauma.—In this section, the term “military sexual trauma” has the meaning given such term in section 1167(j) of title 38, United States Code, as added by section 203(a).

SEC. 303. STUDY ON ACCESS TO INPATIENT MENTAL HEALTH CARE FOR SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) In General.—The Secretary of Veterans Affairs shall conduct a study on access to inpatient mental health care for current and former members of the Armed Forces who are survivors of military sexual trauma.
(b) **Elements.** — The study required by subsection (a) shall include the following:

1. An assessment of the availability of bed spaces in the mental health residential rehabilitation treatment programs of the Department of Veterans Affairs for survivors of military sexual trauma, including the suitability of those programs for such survivors and the wait times for services under those programs.

2. An assessment of geographic disparities in access to those programs for survivors of military sexual trauma, including by region and by rural and urban areas.

3. An assessment of alternative care options provided when a survivor of military sexual trauma is waiting for inpatient care, the efficacy of those alternatives, and the satisfaction of patients with those alternatives.

4. Recommendations for reducing the average wait time for services under those programs to 14 days or less, including by increasing bed space or addressing staffing needs.

5. An assessment of the satisfaction of patients with the tracks of those programs specific to military sexual trauma, the wait times for services
under those tracks, and recommendations for increas-
ing or changing the number of locations for services under those tracks to better meet the needs of survivors of military sexual trauma.

(c) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representa-
tives a report detailing the findings of the study required by subsection (a).

(d) DEFINITION OF MILITARY SEXUAL TRAUMA.—In this section, the term “military sexual trauma” has the meaning given such term in section 1720D(f) of title 38, United States Code, as added by section 301.

SEC. 304. PILOT PROGRAM FOR INTERIM ACCESS TO MENTAL HEALTH CARE FOR SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) IN GENERAL.—Commencing not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to provide intensive outpatient mental health care to current and former members of the Armed Forces who are survivors of military sexual trauma when the wait times for inpatient mental health care from the Department of Veterans Affairs for the survivor is more than 14 days.
(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a three-year period beginning on the commencement of the pilot program.

(c) LOCATIONS.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program under subsection (a) at not fewer than four Veterans Integrated Service Networks of the Department.

(2) SELECTION OF LOCATIONS.—In selecting locations for the pilot program under subsection (a), the Secretary shall select locations that have the longest wait times for inpatient mental health care, particularly for survivors of military sexual trauma.

(3) NOTIFICATION.—Before commencing the pilot program under subsection (a), the Secretary shall notify the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives of the locations selected for the pilot program.

(d) TYPES OF SERVICES.—Subject to the preference of the survivor participating in the pilot program under subsection (a) and the capacity of facilities of the Department, the Secretary may provide services under the pilot program via telehealth or at community-based outpatient clinics of the Department.
(e) Participation.—

(1) Clarification on participation.—Participation by a survivor in the pilot program under subsection (a) shall be during the period in which the survivor is waiting for an inpatient bed opening and shall not disqualify the survivor from receiving inpatient mental health care following their participation in the pilot program.

(2) Decisions on participation.—Decisions about the participation of a survivor in the pilot program and the transition of the survivor to inpatient mental health care shall be made by the survivor and their health care provider.

(f) Report.—Not later than 180 days after the conclusion of the pilot program under subsection (a), the Secretary shall submit to Congress a report on—

(1) participation in the pilot program;

(2) clinical outcomes under the pilot program; and

(3) such recommendations for continuation or termination of the program as the Secretary may have, including recommendations for legislative or administrative action.

(g) Definition of Military Sexual Trauma.—In this section, the term “military sexual trauma” has the
meaning given such term in section 1720D(f) of title 38,
United States Code, as added by section 301.

SEC. 305. COMPTROLLER GENERAL STUDY ON ACCESS TO
CARE FOR SURVIVORS OF MILITARY SEXUAL
TRAUMA AT THE DEPARTMENT OF VETERANS
AFFAIRS.

(a) In General.—The Comptroller General of the
United States shall conduct a study on access to mental
health care for survivors of military sexual trauma at fa-
cilities of the Department of Veterans Affairs.

(b) Elements.—The study conducted under sub-
section (a) shall include an assessment of the following:

(1) The availability of inpatient and outpatient
services, including wait times and geographic dis-
parities for such services.

(2) The availability of other types of training
and support services for survivors of military sexual
trauma, such as the Parenting STAIR program of
the Department.

(3) The communication and advertisement by
the Department of the care, services, and resources
available for such survivors.

(4) The barriers to accessing mental health care
at a facility of the Department for such survivors,
including transportation, child care, lack of tele-health, and more.

(5) The barriers to mental health care at facilities of the Department for such survivors of each gender, including the unique considerations for male survivors versus female survivors.

(6) The extent to which the Secretary has assessed the quality of the training provided to providers of the Department on military sexual trauma and made any adjustments in response to such assessment.

(7) The role of Vet Centers in providing care to such survivors, including current and former members of the Armed Forces.

(8) The role of military sexual trauma coordinators of the Veterans Health Administration in coordinating and providing care for such survivors at facilities of the Department.

(9) Any current actions by the Secretary to strengthen access to high-quality care for such survivors and such recommendations for improving access to care for such survivors as the Comptroller General considers appropriate.

(c) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall
submit to Congress a report on the findings of the study conducted under subsection (a).

(d) DEFINITIONS.—In this section:

(1) MILITARY SEXUAL TRAUMA.—In this section, the term “military sexual trauma” has the meaning given such term in section 1720D(f) of title 38, United States Code, as added by section 301.

(2) VET CENTER.—The term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.