

119<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 2426

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 HOUSE OF REPRESENTATIVES

MARCH 27, 2025

Mr. FALLON (for himself, Mr. BISHOP, Mr. WILSON of South Carolina, Mr. MAGAZINER, Mr. GOODEN, and Mr. NEHLS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

---

## 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”.

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.

1           (b) TIMING.—The Secretary shall ensure that the or-  
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.

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  
10          continually throughout treatment and at regular in-  
11          tervals for up to three years after treatment.

12          (7) The average length of time to initiate serv-  
13          ices, which shall include a comparison of the average  
14          length of time between the initial point of contact  
15          after patient outreach to the point of initial service,  
16          as measured or determined by the Secretary.

○