

119TH CONGRESS
1ST SESSION

H. R. 5943

To direct the Secretary of Veterans Affairs to establish a Task Force on Complementary and Integrative Health/Whole Health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 7, 2025

Ms. ELFRETH (for herself and Mr. VAN ORDEN) introduced the following bill;
which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to establish a Task Force on Complementary and Integrative Health/Whole Health, 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 “Transforming Healing,
5 Resilience, and Integrative Veteran Engagement Act of
6 2025” or the “THRIVE Act of 2025”.

7 **SEC. 2. INTERAGENCY TASK FORCE ON COMPLEMENTARY**
8 **AND INTEGRATIVE HEALTH.**

9 (a) ESTABLISHMENT.—Not later than 90 days after
10 the date of the enactment of this Act, the Secretary of

1 Veterans Affairs shall establish a task force, to be known
2 as the “Task Force on Complementary and Integrative
3 Health/Whole Health”.

4 (b) MEMBERS.—The task force shall be composed of
5 the following individuals or their designees:

6 (1) The Secretary of Veterans Affairs, who
7 shall serve as the Chair.

8 (2) The Executive Director of the Office of
9 Mental Health and Suicide Prevention of the De-
10 partment of Veterans Affairs.

11 (3) The Director of the Research and Develop-
12 ment Office of the Department.

13 (4) The Executive Director of the Office of Pa-
14 tient-Centered Care and Cultural Transformation of
15 the Department.

16 (5) At least one representative from an aca-
17 demic institution who specializes in complementary
18 and integrative health research.

19 (6) At least one clinician of the Department
20 who has experience treating veterans with one or
21 more of the following conditions:

22 (A) Post-traumatic stress disorder.

23 (B) Traumatic brain injury.

24 (C) Depression.

25 (D) Anxiety.

1 (7) At least one representative from a veterans
2 service organization focused on—

3 (A) treatment for post-traumatic stress
4 disorder, depression, and anxiety; or

5 (B) suicide prevention.

6 (8) At least one representative from another
7 relevant organization involved in researching, diag-
8 nosing, or treating post-traumatic stress disorder,
9 traumatic brain injury, depression, anxiety, or sui-
10 cide prevention that the Secretary of Veterans Af-
11 fairs determines is necessary.

12 (9) At least one representative from a commu-
13 nity-based program with demonstrated success in
14 improving veterans' mental health and well-being
15 through complementary, integrative, or peer-led ap-
16 proaches.

17 (c) RESPONSIBILITIES.—The task force shall carry
18 out the following responsibilities:

19 (1) Assessing the current access of veterans
20 who receive medical care at Department of Veterans
21 Affairs medical facilities to complementary and inte-
22 grative health/whole health therapies and program
23 for veterans and how to make such therapies and
24 programs more accessible to such veterans at such
25 facilities.

1 (2) Developing a framework to determine—

2 (A) the effectiveness of complementary and
3 integrative health therapies, including acupunc-
4 ture, biofeedback, clinical hypnosis, guided im-
5 agery, massage therapy, meditation, tai chi,
6 qigong, and yoga, peer-supported programs,
7 and health and wellness coaching programs as
8 treatments for post-traumatic stress disorder,
9 traumatic brain injury, depression, and anxiety,
10 and for suicide prevention; and

11 (B) whether and how the Department of
12 Veterans Affairs should expand or modify ac-
13 cess to such therapies and programs.

14 (3) Identifying gaps in research and implemen-
15 tation of complementary and integrative health/
16 whole health therapies at Department of Veterans
17 Affairs medical facilities, including gaps in knowl-
18 edge of effectiveness or safety, provider training, and
19 availability of services.

20 (4) Determining how to integrate emerging
21 complementary and integrative health/whole health
22 therapies, including peer-led models and health and
23 wellness coaching models, into the continuum of care
24 of the Department.

1 (5) Analyzing any factors contributing to treat-
2 ment dropout, low retention, or relapse among vet-
3 erans and how the Department can improve out-
4 comes for such veterans.

5 (6) Identifying any additional resources or au-
6 thorities the Department needs from Congress to
7 improve accessibility of complementary and integra-
8 tive health/whole health therapies.

9 (d) RECOMMENDATIONS.—Not later than one year
10 after the date of the establishment of the task force, the
11 task force shall submit to the Secretary of Veterans Af-
12 fairs the recommendations of the task force with respect
13 to the responsibilities under subsection (c).

14 (e) REPORTING.—

15 (1) INITIAL REPORT.—Not later than 90 days
16 after the date on which the Secretary of Veterans
17 Affairs receives the recommendations of the task
18 force under subsection (d), the Secretary shall sub-
19 mit to the Committees on Veterans' Affairs of the
20 Senate and House of Representatives a report on
21 such recommendations.

22 (2) FINAL REPORT.—Not later than 180 days
23 after the date of submission of the report under
24 paragraph (1), the Secretary of Veterans Affairs
25 shall submit to the Committees on Veterans' Affairs

1 of the Senate and House of Representatives a report
2 containing a plan to address such recommendations.

3 (f) TERMINATION.—The task force shall terminate on
4 the date on which the task force submits the recommenda-
5 tions to the Secretary of Veterans Affairs under subsection
6 (d).

7 (g) DEFINITIONS.—In this section:

8 (1) The terms “peer-led model” and “peer-sup-
9 ported program” mean a program or approach in
10 which veterans with lived experience are trained and
11 engaged to provide counseling, mentoring, training,
12 or support services to other veterans, as a com-
13 plement or alternative to services provided by clinical
14 professionals.

15 (2) The term “community-based program”—

16 (A) means a program providing health or
17 wellness services that is operated by a non-gov-
18 ernmental or nonprofit entity in a local commu-
19 nity setting, rather than directly by a Federal
20 agency; and

21 (B) includes programs that receive funding
22 from the Department of Veterans Affairs
23 through grant programs or partnerships to en-

- 1 hance veterans' mental health, suicide preven-
- 2 tion, or overall well-being.

