

Calendar No. 287

119TH CONGRESS
1ST SESSION

S. 702

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

FEBRUARY 25, 2025

Mr. CORNYN (for himself, Ms. HASSAN, Mr. TILLIS, Mr. FETTERMAN, Mr. CASSIDY, Mr. BENNET, Mr. PETERS, Ms. COLLINS, and Mr. WARNOCK) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

DECEMBER 9, 2025

Reported by Mr. MORAN, without amendment

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Veterans Mental
3 Health and Addiction Therapy Quality of Care Act”.

4 **SEC. 2. STUDY ON QUALITY OF CARE DIFFERENCE BE-**
5 **TWEEN MENTAL HEALTH AND ADDICTION**
6 **THERAPY CARE PROVIDED BY HEALTH CARE**
7 **PROVIDERS OF DEPARTMENT OF VETERANS**
8 **AFFAIRS COMPARED TO NON-DEPARTMENT**
9 **PROVIDERS.**

10 (a) IN GENERAL.—Not later than 90 days after the
11 date of the enactment of this Act, the Secretary of Vet-
12 erans Affairs shall seek to enter into an agreement with
13 an independent and objective organization outside the De-
14 partment of Veterans Affairs under which that organiza-
15 tion shall—

16 (1) conduct a study on the quality of care dif-
17 ference between mental health and addiction therapy
18 care under the laws administered by the Secretary
19 provided by health care providers of the Department
20 compared to non-Department providers across var-
21 ious modalities, such as telehealth, in-patient, inten-
22 sive out-patient, out-patient, and residential treat-
23 ment; and

24 (2) submit to the Committee on Veterans’ Af-
25 fairs of the Senate and the Committee on Veterans’
26 Affairs of the House of Representatives and publish

1 on a publicly available website a report containing
2 the final results of such study.

3 (b) TIMING.—The Secretary shall ensure that the or-
4 ganization with which the Secretary enters into an agree-
5 ment pursuant to subsection (a) is able to complete the
6 requirements under such subsection by not later than 18
7 months after the date on which the agreement is entered
8 into.

9 (c) ELEMENTS.—The report submitted pursuant to
10 subsection (a)(2) shall include an assessment of the fol-
11 lowing:

12 (1) The amount of improvement in health out-
13 comes from start of treatment to completion, includ-
14 ing symptom scores and suicide risk using evidence-
15 based scales, including the Columbia-Suicide Sever-
16 ity Rating Scale.

17 (2) Whether providers of the Department and
18 non-Department providers are using evidence-based
19 practices in the treatment of mental health and ad-
20 diction therapy care, including criteria set forth by
21 the American Society of Addiction Medicine.

22 (3) Potential gaps in coordination between pro-
23 viders of the Department and non-Department pro-
24 viders in responding to individuals seeking mental

1 health or addiction therapy care, including the shar-
2 ing of patient health records.

3 (4) Implementation of veteran-centric care, in-
4 cluding the level of satisfaction of patients with care
5 and the competency of providers with the unique ex-
6 periences and needs of the military and veteran pop-
7 ulation.

8 (5) Whether veterans with co-occurring condi-
9 tions receive integrated care to holistically address
10 their needs.

11 (6) Whether providers monitor health outcomes
12 continually throughout treatment and at regular in-
13 tervals for up to three years after treatment.

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

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