

(5) Clear, consistent, and comprehensive criteria and guidance with respect to an employee of the Department communicating and reporting sexual assault incidents and other safety incidents to—

(A) supervisory personnel of the employee at—

- (i) a medical facility of the Department;
- (ii) an office of a Veterans Integrated Service Network; and
- (iii) the central office of the Veterans Health Administration; and

(B) a law enforcement official of the Department.

(6) Clear and consistent criteria and guidelines with respect to an employee of the Department referring and reporting to the Office of Inspector General of the Department sexual assault incidents and other safety incidents that meet the regulatory criminal threshold prescribed under sections 901 and 902 of this title.

(7) An accountable oversight system within the Veterans Health Administration that includes—

(A) systematic information sharing of reported sexual assault incidents and other safety incidents among officials of the Administration who have programmatic responsibility; and

(B) a centralized reporting, tracking, and monitoring system for such incidents.

(8) Consistent procedures and systems for law enforcement officials of the Department with respect to investigating, tracking, and closing reported sexual assault incidents and other safety incidents.

(9) Clear and consistent guidance for the clinical management of the treatment of sexual assaults that are reported more than 72 hours after the assault.

(c) **UPDATES TO POLICY.**—The Secretary shall review and revise the policy required by subsection (a) on a periodic basis as the Secretary considers appropriate and in accordance with best practices.

(d) **ANNUAL REPORT.**—(1) Not later than 60 days after the date on which the Secretary develops the policy required by subsection (a) and not later than October 1 of each year thereafter, 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 on the implementation of the policy.

(2) The report required by paragraph (1) shall include—

(A) the number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;

(B) a detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and

(C) the effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

(Added Pub. L. 112-154, title I, §106(a), Aug. 6, 2012, 126 Stat. 1171.)

§ 1709A. Teleconsultation

(a) **TELECONSULTATION.**—(1) The Secretary shall carry out an initiative of teleconsultation for the provision of remote mental health and traumatic brain injury assessments in facilities of the Department that are not otherwise able to provide such assessments without contracting with third-party providers or reimbursing providers through a fee basis system.

(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

(3) In carrying out an initiative under paragraph (1), the Secretary shall ensure that facilities of the Department are able to provide a mental health or traumatic brain injury assessment to a veteran through contracting with a third-party provider or reimbursing a provider through a fee basis system when—

(A) such facilities are not able to provide such assessment to the veteran without—

- (i) such contracting or reimbursement; or
- (ii) teleconsultation; and

(B) providing such assessment with such contracting or reimbursement is more clinically appropriate for the veteran than providing such assessment with teleconsultation.

(b) **TELECONSULTATION DEFINED.**—In this section, the term “teleconsultation” means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

(Added Pub. L. 112-154, title I, §108(a)(1), Aug. 6, 2012, 126 Stat. 1174.)

§ 1709B. Evaluations of mental health care and suicide prevention programs

(a) **EVALUATIONS.**—(1) Not less frequently than once during each period specified in paragraph (3), the Secretary shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

(2) Each evaluation conducted under paragraph (1) shall—

(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention, including metrics applicable specifically to women;

(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

(C) identify the cost-effectiveness of each program identified under subparagraph (B);

(D) measure the satisfaction of patients with respect to the care provided under each such program;

(E) propose best practices for caring for individuals who suffer from mental health disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and