

**DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
CREATING OPTIONS FOR VETERANS' EXPEDITED RECOVERY COMMISSION
(COVER COMMISSION)**

1. OFFICIAL DESIGNATION: Creating Options for Veterans' Expedited Recovery (COVER Commission).

2. AUTHORITY: The COVER Commission is established as required by section 931 of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198, and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.

3. OBJECTIVES AND SCOPE OF ACTIVITIES: The COVER Commission is established to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

4. DUTIES OF THE COVER COMMISSION: In accordance with section 931(b), the COVER Commission shall address the following aims:

- A. Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of Veterans and identify areas to improve wellness-based outcomes.
- B. Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine: (i) the experience of Veterans with the Department of Veterans Affairs (VA) when seeking medical assistance for mental health issues through the health care system of the Department; (ii) the experience of Veterans with non-Department facilities and health professionals for treating mental health issues; (iii) the preference of Veterans regarding available treatment for mental health issues and which methods the Veterans believe to be most effective; (iv) the experience, if any, of Veterans with respect to the complementary and integrative health treatment therapies described in paragraph 4(C) below; (v) the prevalence of prescribing prescription medication among Veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and (vi) the outreach efforts of the Secretary regarding the availability of benefits and treatments for Veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.
- C. Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for Veterans, including with respect to music therapy; equine therapy; training and caring for service dogs; yoga therapy; acupuncture therapy; meditation therapy; outdoor sports

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therapy; hyperbaric oxygen therapy; accelerated resolution therapy; art therapy; magnetic resonance therapy; and other therapies the COVER Commission determines appropriate.

- D. Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among Veterans seeking treatment within the Department.
- E. Study the current treatments and resources available within the Department and assess: (i) the effectiveness of such treatments and resources in decreasing the number of suicides per day by Veterans; (ii) the number of Veterans who have been diagnosed with mental health issues; (iii) the percentage of Veterans using the resources of the Department who have been diagnosed with mental health issues; (iv) the percentage of Veterans who have completed counseling sessions offered by the Department; and (v) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of Veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by the Department.
- F. In accordance with section 931(e)(1) of CARA, not later than 60 days after the date on which the COVER Commission first meets, and each 30-day period thereafter ending on the date on which the COVER Commission submits the final report described in paragraph 4(G) below, submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, and the President, a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the COVER Commission.
- G. In carrying out its duties, at times that the COVER Commission determines appropriate, the COVER Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the COVER Commission.
- H. In accordance with section 931(e)(2) of CARA, not later than 18 months after the first meeting of the COVER Commission, the COVER Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the COVER Commission. Such report shall include the following: (i) recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the COVER Commission pursuant to section 931(b) of CARA; (ii) an analysis of the evidence-based therapy model used

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by the Secretary of Veterans Affairs for treating Veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment; (iii) the findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to section 931(b)(2) of CARA; and (iv) an examination of complementary and integrative health treatments described in section 931(b)(3) of CARA and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating Veterans with mental health issues.

5. OFFICIAL TO WHOM THE COVER COMMISSION REPORTS: The COVER Commission reports to the Committees on Veterans of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs. Refer to paragraphs 4(F), (G), and (H) above for details.

6. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT FOR THE COVER COMMISSION: VA is responsible for providing the funding, organization, and logistical support and resources. Within VA, the Veterans Health Administration is responsible for providing support to the COVER Commission.

7. ESTIMATED ANNUAL OPERATING COSTS AND STAFF-YEARS: Operating costs for the COVER Commission are estimated at \$2,500,000 over the COVER Commission's planned 18 month mission. This estimate includes travel expenses and per diem for members to perform COVER Commission duties. Estimated governmental costs include government employee time totaling 4 years of FTE time, and the potential need for contract support, consultant support, and technical expertise.

8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO) or an Alternate DFO, full-time or permanent part-time VA employees, will be present at all meetings, including subcommittee meetings. The DFO will work with the COVER Commission Chairperson to schedule the meetings and develop meeting agendas. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.

9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Commission shall regularly meet at the call of the Chairman. The COVER Commission may hold such hearings, sit, and act at such times and places, and take such testimony, and receive such evidence as the COVER Commission considers advisable to carry out its duties under section 931 of CARA. A majority of the members of the COVER Commission shall constitute a quorum, but a lesser number of members may hold hearings.

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10. DURATION: The COVER Commission is subject to the termination date as specified in section 11 below.

11. TERMINATION: The COVER Commission shall terminate 30 days after the date on which the COVER Commission submits its final report to the Committees on Veterans of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs, as required by section 931(e)(2) of CARA.

12. MEMBERSHIP: The COVER Commission shall be composed of 10 members who are appointed as Special Government Employees and are described in paragraph 12(A) below. Members shall be appointed for the life of the COVER Commission, and have the qualifications set forth in paragraph 12(B) below.

A. APPOINTMENTS: COVER Commission members shall be appointed as follows:

- i. Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a Veteran.
- ii. Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a Veteran.
- iii. Two members appointed by the majority leader of the Senate, at least one of whom shall be a Veteran.
- iv. Two members appointed by the minority leader of the Senate, at least one of whom shall be a Veteran.
- v. Two members appointed by the President, at least one of whom shall be a Veteran.

B. QUALIFICATIONS: Members of the COVER Commission shall be individuals who:

- i. are of recognized standing and distinction within the medical community with a background in treating mental health;
- ii. have experience working with the military and Veteran population; and
- iii. do not have a financial interest in any of the complementary and integrative health treatments reviewed by the COVER Commission.

C. CHAIRPERSON: The President shall designate a member of the COVER Commission to be the Chairperson.

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D. **VACANCIES:** If a vacancy occurs, it shall be filled in the same manner as the original appointment.

13. SUBCOMMITTEES: The COVER Commission is authorized to establish subcommittees, with DFO approval, to perform specific projects or assignments as necessary and consistent with its mission. The COVER Commission Chairperson shall notify the Secretary, through the DFO, of the establishment of any subcommittee, including its function, membership, and estimated duration. Subcommittees will report back (i.e. provide advice, work products, etc.) to the COVER Commission, and to no other entity.

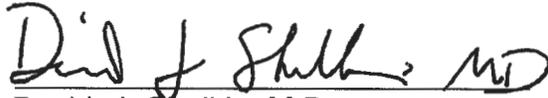
14. RECORDKEEPING:

A. **COVER COMMISSION RECORDS:** In accordance with section 931(d)(5) of CARA, the COVER Commission shall keep an accurate and complete record of the actions and meetings of the COVER Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

B. **PERSONNEL RECORDS:** In accordance with section 931(d)(6) of CARA, the COVER Commission shall keep an accurate and complete record of the actions and meetings of the COVER Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

C. **GENERAL:** All records of the COVER Commission shall be handled in accordance with General Records Schedule 6.2 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act 5, U.S.C. § 552.

15. DATE CHARTER IS FILED:

Approved: 
David. J. Shulkin, M.D.
Secretary of Veterans Affairs

JUL 24 2017
Date