

VETERANS' CARE QUALITY TRANSPARENCY ACT

MAY 17, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. TAKANO, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 2372]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2372) to direct the Comptroller General of the United States to conduct an assessment of all memoranda of understanding and memoranda of agreement between Under Secretary of Health and non-Department of Veterans Affairs entities relating to suicide prevention and mental health services, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
Amendment	2
Purpose and Summary	2
Background and Need for Legislation	2
Hearings	3
Subcommittee Consideration	4
Committee Consideration	4
Committee Votes	4
Committee Oversight Findings	5
Congressional Budget Office Estimate	5
Committee Cost Estimate	6
Statement of General Performance Goals and Objectives	6
New Budget Authority, Entitlement Authority, and Tax Expenditures	6
Earmarks and Tax and Tariff Benefits	6
Federal Mandates Statement	6
Advisory Committee Statement	6
Constitutional Authority Statement	7
Applicability to Legislative Branch	7
Statement on Duplication of Federal Programs	7
Section-by-Section Analysis of the Legislation	7

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans’ Care Quality Transparency Act”.

SEC. 2. COMPTROLLER GENERAL ASSESSMENT OF MEMORANDA OF UNDERSTANDING AND MEMORANDA OF AGREEMENT BETWEEN UNDER SECRETARY OF HEALTH AND NON-DEPARTMENT OF VETERANS AFFAIRS ENTITIES RELATING TO SUICIDE PREVENTION AND MENTAL HEALTH SERVICES.

(a) **ASSESSMENT.**—Not later than 270 days after the date of the enactment of this Act, the Comptroller General of the United States shall conduct an assessment of the effectiveness of all memoranda of understanding and memoranda of agreement entered into by the Under Secretary of Veterans Affairs for Health and a non-Department of Veterans Affairs entity relating to—

- (1) suicide prevention activities and outreach; and
- (2) the provision or coordination of mental health services during the five-year period preceding the date of the enactment of this Act.

(b) **CONTENTS OF ASSESSMENT.**—The assessment required by subsection (a) shall include an assessment of—

- (1) the size of the catchment area of each such entity;
- (2) the staffing structures of such entities;
- (3) any accreditation or licensure any such entity has obtained in relation to the services the entity provides;
- (4) any variances in the subpopulations of veterans served by such entities;
- (5) any limitations any such entity may face in carrying out its obligations under the memorandum of understanding or memorandum of agreement;
- (6) the extent to which the Under Secretary provides oversight and tracks outcomes of such entities;
- (7) any variations in the structure or requirements of the memoranda of understanding and memoranda of agreement;
- (8) a breakdown of the percentage of such entities that serve—
 - (A) women veterans;
 - (B) minority veterans;
 - (C) veterans who are over the age of 55;
 - (D) veterans between the ages of 18 and 34;
 - (E) veterans who reside in United States insular areas; and
 - (F) veterans’ families; and

(9) any measures taken to ensure the secure exchange of data and information between such entities and the Department of Veterans Affairs.

(c) **REPORT TO CONGRESS.**—Not later than 270 days after the completion of the assessment under subsection (a), the Comptroller General shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the results of the assessment.

PURPOSE AND SUMMARY

H.R. 2372, as amended, would require the Comptroller General of the United States (GAO) to conduct an assessment, within 270 days of enactment of this Act, of the effectiveness of all memoranda of understanding (MOU) and memoranda of agreement (MOA) between the Undersecretary of Health at the Department of Veterans Affairs (VA) and non-VA entities in the past five years relating to suicide prevention and mental health services. It also requires GAO to report to the Committees on Veterans’ Affairs of the Senate and House of Representatives on the results of the assessment.

Representative Lauren Underwood of Illinois introduced H.R. 2372 on April 25, 2019.

BACKGROUND AND NEED FOR LEGISLATION

According to the National Suicide Data Report for 2005–2016, approximately 20 veterans, members of the National Guard, and

reservists die by suicide each day in this country.¹ The Committee applauds VA's recent shift to a public health approach for suicide prevention. Such a shift requires greater involvement from government and policy makers and all segments of society.

VA has long relied on community partners to provide outreach to veterans regarding mental health services and suicide prevention. The number of mental health and suicide prevention related MOUs/MOAs have increased significantly since 2014. It is anticipated these relationships will continue to increase in numbers after President Trump signed Executive Order 13861 on March 5, 2019. Executive Order 13861 seeks to establish grants to local communities "to enable them to increase their capacity to collaborate with each other to integrate service delivery to veterans and to coordinate resources for veterans."²

As reliance on outside groups grow, the Committee seeks to better understand the effectiveness of the programs and mental health services offered by these organizations and providers. VA must ensure it is only working with organizations that provide quality, culturally competent, evidence-based healthcare and services to veterans.

As part of the assessment, GAO is required to look at several factors such as the staffing structure of the organization, its accreditations or licensures, the level of oversight and tracking of outcomes by VA, the secure exchange of data and information, and a breakdown of the entity's ability to serve unique subsets of the veteran population—women, minorities, older and younger veteran cohorts, families, and veterans who reside in U.S. insular areas.

HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—(1) the following hearings were used to develop or consider H.R. 2372.

On April 29, 2019, the Committee on Veterans' Affairs conducted an oversight hearing titled, "Tragic Trends: Suicide Prevention Among Veterans" to explore actions the Department of Veterans Affairs and the House Committee on Veterans' Affairs could take to combat the epidemic of suicide within the veteran population.

The following witnesses testified:

Shelli Avenevoli PhD, the Deputy Director of the National Institute of Mental Health within the National Institute of Health; Richard McKeon PhD, MPH, the Chief of the Suicide Prevention Branch within the Substance Abuse and Mental Health Services Administration; and Richard Stone M.D., the Executive-in-Charge of the Veterans Health Administration within the U.S. Department of Veterans Affairs, who was accompanied by Keita Franklin LCSW, PhD, the National Director of Suicide Prevention of the Office of Mental Health and Suicide Prevention within the U.S. Department of Veterans Affairs.

Statements for the record were received by:

¹ VA National Suicide Data Report 2005–2016, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs, September 2018.

² Executive Order on a National Roadmap to Empower Veterans and End Suicide, The White House, March 5, 2019.

American Veterans, Disabled American Veterans, Iraq and Afghanistan Veterans of America, The American Legion, Vietnam Veterans of America, Wounded Warrior Project, Center for Disease Control, Veterans of Foreign Wars, and The Independence Fund.

On April 30, 2019, the Subcommittee on Health conducted a legislative hearing on several bills including H.R. 2372.

The following witnesses testified:

The Honorable Earl Blumenauer, U.S. House of Representatives; The Honorable J. Louis Correa, U.S. House of Representatives; The Honorable Conor Lamb, U.S. House of Representatives; The Honorable Max Rose, U.S. House of Representatives; Keita Franklin LCSW, PhD, the National Director of Suicide Prevention of the Office of Mental Health and Suicide Prevention within the U.S. Department of Veterans Affairs, who was accompanied by Tracy Gaudet M.D., the Director of the Office of Patient Centered Care within the U.S. Department of Veterans Affairs and Larry Mole PharmD, the Chief Consultant on Population Health of the U.S. Department of Veterans Affairs; Stephanie Mullen, Research Director for Iraq and Afghanistan Veterans of America; Carlos Fuentes, the Director of the National Legislative Service within Veterans of Foreign Wars; and Joy Ilem, the National Legislative Director for Disabled American Veterans.

No statements for the record were received.

SUBCOMMITTEE CONSIDERATION

H.R. 2372 was not considered before the Subcommittee.

COMMITTEE CONSIDERATION

On May 8, 2019, the Full Committee met in an open markup session, a quorum being present, and reported favorably H.R. 2372, as amended, to the House of Representatives by voice vote. During consideration of the bill, the following amendments were considered and agreed to by voice vote:

An amendment in the nature of substitute offered by Representative Mark Takano of California that would require GAO to conduct an assessment, within 270 days of enactment of this Act, of the effectiveness of all MOU and MOA entered into by the Undersecretary of Health and non- U.S. Department of Veterans Affairs (VA) entities in the past five years relating to suicide prevention and mental health services. The amendment in a nature of a substitute to H.R. 2372 also required GAO to report to the Committees on Veterans' Affairs of the Senate and House of Representatives the results of the assessment.

An amendment to the amendment in the nature of a substitute to H.R. 2372 offered by Representative Gregorio Sablan of Northern Mariana Islands that would require GAO to report on the percentage of such entities under MOA/MOU that serve veterans who reside in United States insular areas.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on

amendments or in connection with ordering H.R. 2372, as amended, reported to the House. A motion by Ranking Member David P. Roe of Tennessee to report H.R. 2372, as amended, favorably to the House of Representatives was adopted by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 2372, as amended, provided by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 16, 2019.

Hon. MARK TAKANO,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2372, the Veterans' Care Quality Transparency Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

MARK P. HADLEY,
(For Keith Hall, Director)

Enclosure.

H.R. 2372, Veterans' Care Quality Transparency Act			
As ordered reported by the House Committee on Veterans' Affairs on May 8, 2019			
By Fiscal Year, Millions of Dollars	2019	2019-2024	2019-2029
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Deficit Effect	0	0	0
Spending Subject to Appropriation (Outlays)	0	1	1
Pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 2372 would require the Government Accountability Office (GAO) to assess the effectiveness of all memoranda of understanding between the Department of Veterans Affairs and other entities related to suicide prevention and mental health services. The

bill also would require GAO to provide the results of that assessment to the Congress not later than 18 months after the bill is enacted.

On the basis of information from GAO, CBO estimates that preparing the report would require four full-time employees at an average compensation of \$130,000. As a result, CBO estimates that implementing the bill would cost \$1 million over the 2020–2024 period; such spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was reviewed by Theresa Gullo, Assistant Director for Budget Analysis.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2372, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee’s performance goals and objectives are to expand access to high quality mental healthcare and related resources to curb the prevalence of suicide among our nation’s veterans, servicemembers, Reservists, and members of the Coast Guard and National Guard.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2372, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2372, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 2372, as amended.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2372, as amended, is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 2372, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 2372, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill establishes the short title of the measure as the "Veterans' Care Quality Transparency Act."

Section 2. Comptroller General assessment of memoranda of understanding and memoranda of agreement between Under Secretary of Health and non-Department of Veterans Affairs entities relating to suicide prevention and mental health services

Section 2 of the bill would direct the Comptroller General of the United States, no later than 270 after enactment, to assess all memoranda of understanding and memoranda of agreement between Under Secretary of Health at the Department of Veterans Affairs and non-Department of Veterans Affairs entities relating to suicide prevention and the provision or coordination of mental health services during the five-year period preceding the date of enactment.