

FOSTERING INTERGOVERNMENTAL HEALTH
TRANSPARENCY IN VETERAN SUICIDES ACT

MAY 20, 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. 2340]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2340) to direct the Secretary of Veterans Affairs to provide to Congress notice of any suicide or attempted suicide of a veteran in a Department of Veterans Affairs facility, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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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 “Fostering Intergovernmental Health Transparency in Veteran Suicides Act” or “FIGHT Veteran Suicides Act”.

SEC. 2. CONGRESSIONAL NOTICE OF SUICIDES AND ATTEMPTED SUICIDES OF VETERANS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

Section 1720F of title 38, United States Code, is amended by adding at the end the following new subsection:

“(1) CONGRESSIONAL NOTICE REQUIREMENTS.—(1) In the case of the suicide or attempted suicide of any veteran that occurs in, or on the grounds of, a Department facility, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives and the Senators and member of Congress representing the district in which the facility is located and the Senators and member of Congress representing the district in which the veteran resides the following notices:

“(A) Not later than seven days after the date on which the suicide or attempted suicide occurs, notice of—

“(i) the suicide or attempted suicide; and

“(ii) the name of the facility and location where the suicide or attempted suicide occurred.

“(B) Subject to subparagraph (C), not later than 60 days after such date, notice of the following information (if available) regarding the veteran who committed or attempted to commit suicide:

“(i) The enrollment status of the veteran with respect to the patient enrollment system of the Department under section 1705 of this title.

“(ii) The most recent encounter between the veteran and any employee or facility of the Veterans Health Administration before the suicide or attempted suicide occurred.

“(iii) Whether the veteran had other medical insurance or coverage (including TRICARE, Medicare, and Medicaid).

“(iv) The Armed Force in which the veteran served.

“(v) The time period when the veteran served in the Armed Forces.

“(vi) The age of the veteran.

“(vii) The marital status of the veteran.

“(viii) The employment status of the veteran.

“(ix) The housing status of the veteran.

“(x) The gender identity of the veteran.

“(xi) The sexual orientation of the veteran.

“(xii) The race of the veteran.

“(xiii) Confirmation that the Secretary has provided notice to the immediate family members of the veteran regarding any Department support or assistance for which such family members may be eligible.

“(C) In collecting and reporting information under subparagraph (B), the Secretary shall take all steps the Secretary determines necessary to respect the privacy and dignity of the veteran and the family of the veteran.

“(2) Each notice submitted under subparagraph (A) or (B) of paragraph (1) shall include a copy of guidance developed by the Secretary for purposes of dissemination that is designed to—

“(A) deter the sensationalism of suicide;

“(B) provide information regarding warning signs that are often exhibited by veterans at risk of suicide; and

“(C) provide notice of the resources the Department offers to veterans who may be at risk of suicide, including the Veterans Crisis Line and readjustment counseling provided through Vet Centers.”.

PURPOSE AND SUMMARY

H.R. 2340, as amended, would require the Secretary of the Department of Veterans Affairs (VA) to notify Congress following a suicide or an attempt of suicide by a veteran that occurs in, or on the grounds of, a Department facility. In addition, it requires VA to include in each notification: guidance to assist Congress in deterring the sensationalism of suicide, guidance for identifying warning

signs exhibited by veterans at risk of suicide, and information on the resources offered by VA to veterans at risk of suicide.

Representative Max Rose of New York introduced H.R. 2340 on April 18, 2019.

BACKGROUND AND NEED FOR LEGISLATION

According to the National Suicide Data Report for 2005–2016,¹ approximately 20 veterans, members of the National Guard, and reservists die by suicide each day. In April 2019, 3 veterans died by suicide on VA campuses within 5 days. Each of these tragedies were shocking, but are sadly part of an alarming trend. According to Dr. Richard Stone, Executive-in-Charge of the Veterans Health Administration, approximately 260 veterans have attempted suicide on the grounds of VA facilities in recent history, 20 dying as a result of those attempts.

Congress should be notified of these tragic incidents so that VA continues to receive the support and resources necessary to intervene and successfully deter veterans from attempting suicide. VA staff have notified the House and Senate Committees on Veterans' Affairs in many instances, but this notification is not required. Therefore, Congress cannot be certain that the established practice of notifying Congress will continue with changes in personnel, leadership, or administration. The FIGHT Veterans Suicide Act would mandate that these notifications continue.

In addition to codifying Congressional notification, the measure would also require VA to: provide communications guidance to deter the sensationalism of suicide, provide information on identifying warning signs often exhibited by veterans at risk of suicide, and identify resources offered by the Department for at-risk veterans including the Veterans Crisis Line and Vet Center readjustment counseling. Communications guidance for Congressional offices—especially for offices responding to press inquiries—is critical for preventing potential suicide contagion. According to the CDC:

“ . . . [S]uicide “contagion,” [is] a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide. Evidence suggests that the effect of contagion is not confined to suicides occurring in discrete geographic areas. In particular, nonfictional newspaper and television coverage of suicide has been associated with a statistically significant excess of suicides.”²

Thus, inclusion of Congressional communications guidance with required notifications, and information to assist offices with identifying warning signs of at-risk veterans so that veterans can be connected to VA resources would ensure each recipient is aware of the risk of improper communications surrounding these tragic losses.

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

² Suicide Contagion and the Reporting of Suicide, Recommendations from a National Workshop, Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, September 19, 1989.

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. 2340.

On April 29, 2019, the Committee on Veterans' Affairs conducted an oversight hearing titled, "Tragic Trends: Suicide Prevention Among Veterans" to explore actions both VA and Congress 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 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. 2340.

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. 2340 was not considered before the Subcommittee on Health.

COMMITTEE CONSIDERATION

On May 8, 2019, the Committee on Veterans' Affairs met in an open markup session, a quorum being present, and reported favor-

ably H.R. 2340, 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 a substitute offered by Representative Mark Takano of California that would require VA to notify Congress following a suicide or an attempt of suicide by a veteran that occurs in, or on the grounds of, a Department facility; and include guidance to assist Congress in deterring the sensationalism of suicide, identify warning signs exhibited by veterans at risk of suicide, and provide information on the resources offered by VA to veterans at risk of suicide.

An amendment to the amendment in the nature of a substitute offered by Representative Daniel P. Meuser of Pennsylvania that would authorize the VA Secretary to take measures to protect the privacy and dignity of veterans and their families involved in the suicide or attempted suicide on VA property in the collection and reporting of information to Congress.

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 reporting H.R. 2340, as amended, to the House. A motion by Ranking Member David P. Roe of Tennessee to report H.R. 2340, 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.

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 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. 2340 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.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2340 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

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. 2340 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. 2340, the Fostering Intergovernmental Health Transparency in Veteran Suicides 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. 2340, Fostering Intergovernmental Health Transparency in Veteran Suicides 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	*	*
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
* = between zero and \$500,000.			

H.R. 2340 would require the Department of Veterans Affairs (VA) to notify the Congress within seven days of any suicide or attempted suicide that takes place in or on the grounds of a VA facility. The bill also would require the department to submit within 60 days of the incident additional information to the Congress about the veterans' demographics and their use of VA health care.

CBO estimates that implementing the bill would cost less than \$500,000 to prepare necessary regulations; 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.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2340, 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. 2340, as amended.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2340, 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. 2340, 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. 2340, 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 FIGHT Veteran Suicides Act.

Section 2. Congressional notice of suicides and attempted suicides of veterans in Department of Veterans Affairs facilities

Section 2 of the bill would amend section 1720F of title 38, United States Code by requiring VA to report to Congress each time a suicide or attempted suicide occurs in, or on the grounds of, a VA facility within seven days of the occurrence with information regarding the location of the occurrence, and within 60 days with

additional information regarding the social determinants that may have contributed to the incident.

In addition, section 2 would require VA to include in each notification: communications guidance to Congress for deterring the sensationalism of suicide, information regarding warning signs exhibited by at-risk veterans, and notice of VA resources available to at-risk veterans.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

* * * * *

**CHAPTER 17—HOSPITAL, NURSING HOME,
DOMICILIARY, AND MEDICAL CARE**

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**SUBCHAPTER II—HOSPITAL, NURSING HOME, OR
DOMICILIARY CARE AND MEDICAL TREATMENT**

* * * * *

§ 1720F. Comprehensive program for suicide prevention among veterans

(a) **ESTABLISHMENT.**—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans incorporating the components described in this section.

(b) **STAFF EDUCATION.**—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with veterans. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

- (1) recognizing risk factors for suicide;
- (2) proper protocols for responding to crisis situations involving veterans who may be at high risk for suicide; and

(3) best practices for suicide prevention.

(c) HEALTH ASSESSMENTS OF VETERANS.—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the veteran concerned, to appropriate counseling and treatment programs for veterans who show signs or symptoms of mental health problems.

(d) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to veterans and improve the coordination of mental health care to veterans.

(e) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among veterans. Research shall be conducted under this subsection in consultation with the heads of the following entities:

- (1) The Department of Health and Human Services.
- (2) The National Institute of Mental Health.
- (3) The Substance Abuse and Mental Health Services Administration.
- (4) The Centers for Disease Control and Prevention.

(f) SEXUAL TRAUMA RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for veterans who have experienced sexual trauma while in military service. The research design shall include consideration of veterans of a reserve component.

(g) 24-HOUR MENTAL HEALTH CARE.—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to veterans on a 24-hour basis.

(h) HOTLINE.—In carrying out the comprehensive program, the Secretary may provide for a toll-free hotline for veterans to be staffed by appropriately trained mental health personnel and available at all times.

(i) OUTREACH AND EDUCATION FOR VETERANS AND FAMILIES.—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for veterans and the families of veterans, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

- (1) remove the stigma associated with mental illness;
 - (2) encourage veterans to seek treatment and assistance for mental illness;
 - (3) promote skills for coping with mental illness; and
 - (4) help families of veterans with—
 - (A) understanding issues arising from the readjustment of veterans to civilian life;
 - (B) identifying signs and symptoms of mental illness;
- and

(C) encouraging veterans to seek assistance for mental illness.

(j) PEER SUPPORT COUNSELING PROGRAM.—(1) In carrying out the comprehensive program, the Secretary shall establish and carry out a peer support counseling program, under which veterans shall be permitted to volunteer as peer counselors—

(A) to assist other veterans with issues related to mental health and readjustment; and

(B) to conduct outreach to veterans and the families of veterans.

(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(3) In addition to other locations the Secretary considers appropriate, the Secretary shall carry out the peer support program under this subsection at each Department medical center.

(4)(A) As part of the counseling program under this subsection, the Secretary shall emphasize appointing peer support counselors for women veterans. To the degree practicable, the Secretary shall seek to recruit women peer support counselors with expertise in—

(i) female gender-specific issues and services;

(ii) the provision of information about services and benefits provided under laws administered by the Secretary; or

(iii) employment mentoring.

(B) To the degree practicable, the Secretary shall emphasize facilitating peer support counseling for women veterans who are eligible for counseling and services under section 1720D of this title, have post-traumatic stress disorder or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide, as determined by the Secretary.

(C) The Secretary shall conduct outreach to inform women veterans about the program and the assistance available under this paragraph.

(D) In carrying out this paragraph, the Secretary shall coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as the Secretary considers appropriate.

(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(k) OTHER COMPONENTS.—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among veterans that the Secretary considers appropriate.

(l) CONGRESSIONAL NOTICE REQUIREMENTS.—(1) *In the case of the suicide or attempted suicide of any veteran that occurs in, or on*

the grounds of, a Department facility, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and the Senators and member of Congress representing the district in which the facility is located and the Senators and member of Congress representing the district in which the veteran resides the following notices:

(A) Not later than seven days after the date on which the suicide or attempted suicide occurs, notice of—

(i) the suicide or attempted suicide; and

(ii) the name of the facility and location where the suicide or attempted suicide occurred.

(B) Subject to subparagraph (C), not later than 60 days after such date, notice of the following information (if available) regarding the veteran who committed or attempted to commit suicide:

(i) The enrollment status of the veteran with respect to the patient enrollment system of the Department under section 1705 of this title.

(ii) The most recent encounter between the veteran and any employee or facility of the Veterans Health Administration before the suicide or attempted suicide occurred.

(iii) Whether the veteran had other medical insurance or coverage (including TRICARE, Medicare, and Medicaid).

(iv) The Armed Force in which the veteran served.

(v) The time period when the veteran served in the Armed Forces.

(vi) The age of the veteran.

(vii) The marital status of the veteran.

(viii) The employment status of the veteran.

(ix) The housing status of the veteran.

(x) The gender identity of the veteran.

(xi) The sexual orientation of the veteran.

(xii) The race of the veteran.

(xiii) Confirmation that the Secretary has provided notice to the immediate family members of the veteran regarding any Department support or assistance for which such family members may be eligible.

(C) In collecting and reporting information under subparagraph (B), the Secretary shall take all steps the Secretary determines necessary to respect the privacy and dignity of the veteran and the family of the veteran.

(2) Each notice submitted under subparagraph (A) or (B) of paragraph (1) shall include a copy of guidance developed by the Secretary for purposes of dissemination that is designed to—

(A) deter the sensationalism of suicide;

(B) provide information regarding warning signs that are often exhibited by veterans at risk of suicide; and

(C) provide notice of the resources the Department offers to veterans who may be at risk of suicide, including the Veterans Crisis Line and readjustment counseling provided through Vet Centers.

* * * * *