

**STATEMENT OF
THE HONORABLE MIKE GALLAGER (WI-08)
BEFORE THE FULL COMMITTEE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

October 24, 2017

Chairman Roe, Ranking Member Walz, and distinguished Members of the Committee:

Thank you for inviting me to join you today.

My draft legislation before you seeks to address the unmet suicide prevention needs of America's military veterans. Every day, 20 veterans take their own lives, and on average, 14 of the 20 veterans who commit suicide each day did not receive care within the VA.

In May 2017, the Secretary of Veterans Affairs, Dr. David Shulkin, stated the following: “[N]othing is more important to me than making sure that we don’t lose any veterans to suicide. As you know, 20 veterans a day are dying by suicide. That should be unacceptable to all of us. This is a national public health crisis, and it requires solutions that not only VA will work on, but all of government and other partnerships in the private sector, nonprofit organizations.”

As a veteran myself, I could not agree more with Dr. Shulkin. That is why my colleague Seth Moulton—a fellow veteran—and I have been working on legislation to address this crisis.

Simply stated, our bipartisan legislation would improve veterans’ access to evidence-based mental health care services at community or non-profit mental health providers participating in the Veterans Choice Program.

Our bill would allow eligible veterans in need of mental health services to access the care they need on a same-day basis in the community, without a referral. This narrow provision

would apply only to mental health services, in order to address the suicide crisis affecting the men and women who have served our nation.

We believe this legislation is sorely needed. In 2016, the VA Center for Innovation published a report titled “Veteran Access to Mental Health Services.” The report—which is a compilation of interviews with veterans from across the country—is remarkable. I believe the candor of these findings is truly a testament to the VA’s commitment to transparency and I commend the Department for recognizing that some veterans need mental health care choices outside of the VA.

For example, the report states: “For many Veterans, private providers and nonprofits that offer confidential, bureaucracy-free access to timely care feel like a positive and desirable alternative to VA processes.”

The report also states: “Many Veterans are dismayed (and left feeling like the VA wants to fob them with drugs) when they are offered psychotropic medication before exploring non-medicated treatments options.”

Further, in discussing proposed solutions, the report finds: “Many Veterans don’t want to use VA services for mental healthcare even if the red tape is cleared – so how can we enable other avenues for care that benefit both Veterans and non-VA providers?”

These findings exemplify why Congressman Moulton and I are teaming up to find a bipartisan, commonsense solution to this crisis.

By allowing eligible veterans to access same-day, evidence-based mental health care services at community and non-profit providers that are credentialed under the Choice program’s care delivery network, veterans in crisis will be able to get the help they need, when and where they need it.

The United States has now lost more veterans to suicide than the nation has lost in Iraq or Afghanistan, and we believe our nation has a continuing obligation to the men and women who have served it to help address their mental health needs.

Community-based and non-profit mental health care providers stand ready to help fill the gap in addressing the unmet need in veterans' mental health care. This legislation gives Dr. Shulkin the ability to allow such providers to meet these urgent needs, in order to continue to address what the Secretary has described as his number one clinical priority.

I hope every Member of the Committee will support this effort, and I look forward to working with you all moving forward. Thank you again.