

116TH CONGRESS  
2D SESSION

# H. R. 8033

To improve the ability of veterans to access suicide prevention coordinators  
of the Department of Veterans Affairs.

---

## IN THE HOUSE OF REPRESENTATIVES

AUGUST 14, 2020

Mr. BRINDISI (for himself, Mr. BOST, and Mr. BANKS) introduced the  
following bill; which was referred to the Committee on Veterans' Affairs

---

## A BILL

To improve the ability of veterans to access suicide preven-  
tion coordinators of the Department of Veterans Affairs.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Access to Suicide Pre-  
5       vention Coordinators Act”.

6       **SEC. 2. SUICIDE PREVENTION COORDINATORS.**

7       (a) **STAFFING REQUIREMENT.**—Beginning not later  
8       than one year after the date of the enactment of this Act,  
9       the Secretary of Veterans Affairs shall—

1           (1) ensure that each medical center of the De-  
2           partment of Veterans Affairs has no fewer than one  
3           full-time employee whose primary job responsibility  
4           is serving as a suicide prevention coordinator;

5           (2) ensure that all Department medical centers  
6           report to the Office of Mental Health and Suicide  
7           Prevention of the Department regarding their hiring  
8           plans to reach the number of recommended suicide  
9           prevention coordinators based on the current staff-  
10          ing model; and

11          (3) consider and implement findings from the  
12          assessment of the Comptroller General of the United  
13          States of the responsibilities, workload, and vacancy  
14          rates for suicide prevention coordinators, as required  
15          under section 2 of the Support for Suicide Preven-  
16          tion Coordinators Act (Public Law 116–96).

17          (b) STUDY ON REORGANIZATION.—

18           (1) IN GENERAL.—Not later than one year  
19           after the date of the enactment of this Act, the Sec-  
20           retary, in consultation with the Office of Mental  
21           Health and Suicide Prevention of the Department,  
22           shall commence the conduct of a study to determine  
23           the feasibility and advisability of—

24                   (A) the realignment and reorganization of  
25                   suicide prevention coordinators within the Of-

1           fice of Mental Health and Suicide Prevention;  
2           and

3                   (B) the creation of a suicide prevention co-  
4           ordinator program office.

5           (2) PROGRAM OFFICE REALIGNMENT.—In con-  
6           ducting the study under paragraph (1), the Sec-  
7           retary shall assess the feasibility of advisability of,  
8           within the suicide prevention coordinator program  
9           office described in paragraph (1)(B), aligning suicide  
10          prevention coordinators and case managers within  
11          the organizational structure and chart of the Suicide  
12          Prevention Program of the Department, with the Di-  
13          rector of the Suicide Prevention program having ul-  
14          timate supervisory oversight and responsibility over  
15          the suicide prevention coordinator program office.

16          (c) REPORT.—Not later than 90 days after the com-  
17          pletion of the study under subsection (b), the Secretary  
18          shall submit to the Committee on Veterans' Affairs of the  
19          Senate and the Committee on Veterans' Affairs of the  
20          House of Representatives a report on such study, includ-  
21          ing the following:

22                   (1) An assessment of the feasibility and advis-  
23                  ability of creating a suicide prevention coordinator  
24                  program office to oversee and monitor suicide pre-  
25                  vention coordinators and suicide prevention case

1 managers across all medical centers of the Depart-  
2 ment.

3 (2) A review of current staffing ratios for sui-  
4 cide prevention coordinators and suicide prevention  
5 case managers in comparison with current staffing  
6 ratios for mental health providers within each med-  
7 ical center of the Department.

8 (3) A description of the duties and responsibil-  
9 ities for suicide prevention coordinators across the  
10 Department to better define, delineate, and stand-  
11 ardize qualifications, performance goals, perform-  
12 ance duties, and performance outcomes for suicide  
13 prevention coordinators and suicide prevention case  
14 managers.

○