

**STATEMENT FOR THE RECORD
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

September 10, 2020

The Department of Veterans Affairs (VA) submits this Statement for the Record to provide the Committee with as much information as possible on its views for the bills on the agenda today. We recognize it is unusual for VA to submit a written statement in lieu of having representatives appear at a hearing. The Department was presented with 31 bills to be examined, one of which is 210 pages in length, with a relatively short time to prepare and clear views. Given the extraordinary number of policy matters to be analyzed in that short period of time, VA believed it was not reasonably practical to expect a limited number of VA witnesses to have sufficient immersion in all of the bills for an appearance before the Committee, while upholding the standards the Administration wants to keep for public hearings on important topics.

We are hopeful, however, that this written statement will be useful to the Committee for many of the bills on the agenda, especially on the centerpiece subject of mental health and suicide prevention. On that subject, we note that twelve of the bills on the agenda have provisions with elements that appear very similar to (or have significant commonality with) those in S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, which passed the Senate unanimously by voice vote on August 5, 2020. Specifically, the following bills on today's agenda correspond with provisions of S. 785 as follows: Discussion Draft - Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 (multiple provisions of S. 785); Discussion Draft - VA Precision Medicine Act (section 305); Discussion Draft - VA Research Technology Act (sections 704 and 705); Discussion Draft - VA Serious Mental Illness Act (section 304); Discussion Draft - Access to Suicide Prevention Coordinators Act (section 506); Discussion Draft - VA Complementary and Integrative Health Act (sections 202 and 203); Discussion Draft - VA High Altitude and Suicide Research Act (section 301); H.R. 7879, the VA Telehealth Expansion Act (section 701); Discussion Draft - VA Data Analytics and Technology Assistance Act (section 306); Discussion Draft - VA Expanded Care Hours Act (section 505); Discussion Draft - VA Emergency Department Safety Planning Act (section 507) and Discussion Draft - VA Mental Health Staffing Improvement Act (section 501).

We note that S. 785 has appeared in three versions – the version introduced on March 13, 2019, the version approved by the Senate Veterans' Affairs Committee (SVAC) on January 29, 2020, and the version approved by the Senate. VA testified on the introduced version of S. 785 on May 22, 2019. Through a substantial, wide-ranging effort involving technical assistance exchanges and discussions over more than a year and a half, VA has brought clinical, programmatic, and legal expertise to bear with SVAC staff to effect improvements to the Senate-passed version of S. 785. Many of the bills listed above do not reflect that technical assistance. We do not support the above

listed bills, and instead urge the House of Representatives to pass S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.

While the bills involve many of the same topics, VA has, as noted above, had the opportunity since May 2019 to help refine S. 785, especially on numerous technical matters. We also believe the less prescriptive approach that bill takes in its establishment of a suicide prevention community grant program gives VA a better chance of success in reaching more Veterans at risk for suicide.

The VA Zero Suicide Demonstration Project Act of 2020 would direct VA to carry out a pilot program that would implement the suicide prevention education curriculum of a specified non-profit organization. VA does not support this bill, as we would like to avoid statutory mandates that prescribe very specific approaches to workforce training. We are glad to discuss with the Committee VA's suicide prevention education for our employees that are now ongoing.

The Veterans' Acute Crisis Care for Emergent Suicide Symptoms Act of 2020 would establish a new eligibility authority for certain VA care outside of the comprehensive approach to community care established in the VA MISSION Act of 2018 (Public Law 115-182). VA notes the eligibility standard would include those who served in the Armed Forces, including the reserve components, for a period of more than 90 cumulative days. VA does not support this bill absent further discussion with the Committee on how the bill would affect the comprehensive framework of the MISSION Act of 2018. VA is always ready to engage with the Committee on how we reach those with emergent mental health issues, including discussion of VA's substantial ongoing efforts.

The VA Clinical Training in Evidence-based Treatments And Military Culture Act of 2020 would require VA to establish standards and requirements for the provision of mental health care by non-VA health care providers, which would be required to be the same as those standards and requirements applicable to VA employees who provide such mental health care. It also mandates specified training requirements. VA does not support this bill, as it does not recognize the wide range of circumstances for providers who furnish community care for Veterans. In many instances, community care may only represent a small percentage of a provider's patient population. These mandates could dissuade providers from entering into contracts with the community care network third party administrators, and that could especially affect the availability of that care in rural areas.

VA is glad to provide technical consultations on the bills not addressed in this statement and appreciate the Committee's long-standing and continuing support of VA's mission to serve America's Veterans and their families.