110TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
110–55

JOSHUA OMVIG VETERANS SUICIDE PREVENTION ACT

MARCH 20, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany H.R. 327]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 327) to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

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59–006

The amendments are as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Joshua Omvig Veterans Suicide Prevention Act".

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as "PTSD") is a serious problem; and

(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act.

SEC. 3. COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.

(a) IN GENERAL.—

(1) COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 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) SCREENING OF VETERANS RECEIVING MEDICAL CARE.—In carrying out the comprehensive program, the Secretary shall provide for screening of veterans who receive medical care at a Department medical facility (including a center established under section 1712A of this title) for risk factors for suicide.

"(d) TRACKING OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for appropriate tracking of veterans.

"(e) COUNSELING AND TREATMENT OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

"(f) 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.

"(g) 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.

"(h) 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.

"(i) 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.

"(j) 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.

"(k) 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.

"(l) 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.

"(m) 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 deems appropriate.".

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"1720F. Comprehensive program for suicide prevention among veterans.".

(b) REPORT TO CONGRESS.—

(1) REPORT REQUIRED.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the comprehensive program under section 1720A of title 38, United States Code, as added by subsection (a).

(2) CONTENTS OF REPORT.—The report shall contain the following:

(A) Information on the status of the implementation of such program.

(B) Information on the time line and costs for complete implementation of the program within two years.

(C) A plan for additional programs and activities designed to reduce the occurrence of suicide among veterans.

(D) Recommendations for further legislation or administrative action that the Secretary considers appropriate to improve suicide prevention programs within the Department of Veterans Affairs.

Amend the title so as to read:

A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans.

PURPOSE AND SUMMARY

H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act, was introduced on January 9, 2007, by Representative Leonard L. Boswell. The legislation would improve the ability of the Department of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans.

BACKGROUND AND NEED FOR LEGISLATION

Over the course of combat operations in Afghanistan (Operation Enduring Freedom—OEF) and Iraq (Operation Iraqi Freedom—OIF), there has been a growing concern with the number of suicides that have occurred in the OEF/OIF soldier and veteran population. The Mental Health Advisory Team (MHAT—III), established by the Office of the Surgeon General, United States Army

Medical Command, at the request of the Office of the Surgeon, Multinational Force-Iraq, issued a report on May 29, 2006, that found that for calendar year 2005, the suicide rate for the OIF area of operations was 19.9 per 100,000 soldiers. That rate is considerably higher than the national average, and the Army's overall reported rate of 13.1 per 100,000.

The stress of combat, along with the stigma that exists for soldiers and veterans seeking mental health care, can intensify and trigger a complex set of behaviors that may lead to thoughts of suicide. It is vital that suicide prevention, education, and awareness programs be strengthened throughout the VA health care system. Just recently, VA announced that research concerning suicides among OEF/OIF returnees was underway and that it was implementing a comprehensive education and training effort within local communities, as well as at VA facilities.

H.R. 327 addresses this need to strengthen suicide prevention, education, and awareness programs within the VA by mandating a comprehensive program for suicide prevention among veterans.

LEGISLATIVE HISTORY

H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act, was introduced by Representative Leonard Boswell, on January 9, 2007, and was referred to the Committee on Veterans' Affairs. H.R. 327 resembles legislation introduced in the 109th Congress in both the House and the Senate. Senator Harkin of Iowa has also introduced a version of the Joshua Omvig Suicide Prevention Act, S. 479, on February 1, 2007.

On March 13, 2007, the Subcommittee on Health reported H.R. 327 to the full Committee on Veterans' Affairs.

The Committee held a markup to consider H.R. 327 on March 15, 2007, and ordered the bill reported by a voice vote.

SECTION-BY-SECTION

This bill would direct the Department of Veterans Affairs (VA) to develop and implement a comprehensive program to reduce the incidence of suicide among veterans.

Section 1. Short title

This section would provide the short title of H.R. 327 as the "Joshua Omvig Veterans Suicide Prevention Act."

Section 2. Sense of Congress

This section would express the sense of Congress that suicide among veterans suffering from post-traumatic stress disorder (PTSD) is a serious problem. This section also expresses that it is the sense of Congress that the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at a high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act

Section 3. Comprehensive program for suicide prevention among veterans

This section would provide that VA shall develop a comprehensive program that includes the components described in Section 4.

Section 4. Components of program

Subsection (a) would require the VA to provide education and training for VA staff, contractors, and medical personnel who have interaction with veterans.

Subsection (b) would direct the VA to regularly screen and monitor all veterans who receive medical care in the VA health care system for risk factors for suicide and to provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

Subsection (c) would require the VA to provide for the appropriate tracking of veterans.

Subsection (d) would direct the VA to provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

Subsection (e) would require the VA to designate a suicide prevention counselor at each VAMC.

Subsection (f) would mandate that VA to research the best practices for suicide prevention among veterans, including best practices for helping veterans who have experienced military sexual trauma. It requires the VA to work with the Department of Health and Human Services, the National Institutes of Health, the Centers for Disease Control, and the Substance Abuse and Mental Health Service Administration when conducting research.

Subsection (g) would require the VA to conduct mental health research on veterans who have experienced military sexual trauma.

Subsection (h) would require the VA to provide for the availability of 24-hour mental health care for veterans.

Subsection (i) would provide for a toll-free hotline to be available at all times.

Subsection (j) would provide outreach and education for veterans and their families to promote mental health.

Subsection (k) would create a peer support-counseling program where veterans can volunteer as peer counselors to assist other veterans with mental health and readjustment problems.

Subsection (l) would mandate that the Secretary may provide, as the Secretary deems appropriate, for other actions to reduce the incidence of suicide among veterans.

Section 5. Report to Congress

This section would require the VA to report, not later than 90 days after enactment, on the status of implementation, timeline and costs for complete implementation of the program within two years, a plan for additional programs and activities designed to reduce the occurrence of suicide among veterans, and recommendations by the VA for further legislation to improve suicide prevention programs.

COMMITTEE CONSIDERATION

On Thursday, March 15, 2007, the Committee ordered the bill reported to the House by a voice vote.

ROLLCALL VOTES

The Committee held no rollcall votes on this bill.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to the terms and conditions of employment or access to public services and accommodations. This bill does not relate to employment or access to public services and accommodations.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE

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 reflected in the descriptive portions of this report.

CONSTITUTIONAL AUTHORITY STATEMENT

Under clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee must include a statement citing the specific powers granted to Congress to enact the law proposed by H.R. 327. Article 1, Section 8 of the Constitution of the United States grants Congress the power to enact this law.

FEDERAL ADVISORY COMMITTEE ACT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., Section 5(b).

UNFUNDED MANDATE STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4) requires a statement whether the provisions of the reported bill include unfunded mandates. In compliance with this requirement the Committee has received a letter from the Congressional Budget Office that is included herein.

EARMARK IDENTIFICATION

H.R. 327 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

COMMITTEE ESTIMATE

Clause 3(d)(2) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison by the Committee of the costs that would be incurred in carrying out H.R. 327.

However, clause 3(d)(3)(B) of that rule provides that this requirement does not apply when the Committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under Section 402 of the Congressional Budget Act.

BUDGET AUTHORITY AND CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, March 19, 2007.

Hon. BOB FILNER,
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. 327, the Joshua Omvig Veterans Suicide Prevention Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Michelle S. Patterson.

Sincerely,

PETER R. ORSZAG,
Director.

Enclosure.

H.R. 327—Joshua Omvig Veterans Suicide Prevention Act

H.R. 327 would require the Secretary of Veterans Affairs (VA) to develop and implement a comprehensive program to reduce the incidence of suicide among veterans. This bill would require that the program have specific components, including training for all staff who interact with veterans, annual screenings of veterans for risk factors for suicide, a suicide prevention counselor at each medical facility, and outreach and education for veterans and their families.

According to VA, most of those requirements are already in place or will be implemented before the end of the year. For example, training seminars have recently begun for all employees and peer-support groups are a regular facet of veterans' rehabilitation centers. Annual screenings for suicide risk factors such as depression and alcohol abuse are routinely performed by primary care physicians. Two medical centers are focused on research and education about suicide and its prevention. In addition, VA works with other medical providers in the community to reach veterans who may not use the VA health care system. VA also plans to hire suicide-prevention professionals at each of its hospitals. The bill would authorize VA to create a toll-free hotline staffed by mental health personnel, and the agency is currently considering the feasibility of doing this.

CBO estimates, therefore, that implementing this bill would have little, if any, cost because VA already has or soon will implement all the specific requirements of the bill. Enacting the bill would not affect direct spending or receipts.

H.R. 327 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Michelle S. Patterson. This estimate was approved by Robert A. Sunshine, Assistant Director for Budget Analysis.

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):

CHAPTER 17 OF TITLE 38, UNITED STATES CODE

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

SUBCHAPTER I—GENERAL

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) SCREENING OF VETERANS RECEIVING MEDICAL CARE.—In carrying out the comprehensive program, the Secretary shall provide for screening of veterans who receive medical care at a Department medical facility (including a center established under section 1712A of this title) for risk factors for suicide.

(d) TRACKING OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for appropriate tracking of veterans.

(e) COUNSELING AND TREATMENT OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

(f) 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.

(g) 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.

(h) 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.

(i) 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.

(j) 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.

(k) 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.

(l) 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.

(m) 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 deems appropriate.

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ADDITIONAL VIEWS OF HON. STEVE BUYER

In my letter of March 8, 2007, objecting to the markup on the bills, including H.R. 327, H.R. 612, H.R. 797, and H.R. 1284 (letter attached), I strongly urged legislative hearings on these bills prior to the markup. Had the Committee followed regular order in holding legislative hearings on H.R. 327, the Committee could have explored what actions the Department of Veterans Affairs (VA) has taken or is planning in the area of suicide prevention. We could also have had the benefit of VA recommendations for improvements or technical corrections to the legislation, and would have had Congressional Budget Office cost analysis for the bill prior to markup.

VA has provided at my request information about the plans of the Veterans Health Administration to reduce the incidence of suicide among our veterans. According to this information, VHA has already formulated a comprehensive strategy for suicide prevention focusing on the needs of both new veterans from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) and those from prior conflicts. The specific program for suicide prevention is based on public health and clinical models, and activities both within VA facilities and the medical community.

- Structural elements of the program are to include:
  - Designation of March 1, 2007 as the first annual VA National Suicide Prevention Awareness Day with educational activities for all staff, clinical and non-clinical
  - Designation of two Centers of Excellence focused on suicide prevention that will provide technical assistance to the system as a whole
  - Designation of the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) to maintain data on suicide rates and risk factors, nationally, regionally, and locally, to guide prevention strategies
  - Funding for Suicide Prevention Coordinators within each VA medical center as of April 1, 2007
  - Creation of a suicide prevention hotline for veterans by the end of this calendar year
- Public health oriented components of the program, to be accelerated during the coming year, include:
  - Ongoing messages and education for the community about the availability of services and the effectiveness of treatment
  - Continued outreach to returning veterans to support awareness of VA resources and identification of mental health concerns
  - Increasing training for those who are in contact with veterans about the recognition of signs and risk factors for suicide, and process for helping veterans engage in treatment
  - Strengthening collaborations with other local, regional, and national suicide prevention activities

- Clinical components of the program are to include:
  - Education and training for all VA staff about signs and risk factors of suicide, and of opportunities to help veterans in need engage in treatment
  - Programs organized and directed by the Suicide Prevention Coordinators to identify veterans at high risk for suicide and to ensure that the intensity of their clinical monitoring and care are enhanced
  - Training for all mental health providers on evidence-based interventions shown to prevent suicide

Clearly, VA is addressing suicide prevention. I expect that the Committee will be fully engaged in the oversight of VA's suicide planning and implementation of those plans. H.R. 327 complements VA's approach to suicide prevention, and I support the bill.

STEVE BUYER.

COMMITTEE CORRESPONDENCE

U.S. House of Representatives
COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED TENTH CONGRESS
335 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
http://veterans.house.gov

March 8, 2007

Honorable Bob Filner
Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, D.C. 20515

Dear Mr. Filner,

This letter is to object to the proposal that the House Committee on Veterans' Affairs hold a markup on H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act; H.R. 612, Returning Service Member VA Healthcare Insurance Act of 2007; H.R. 797, the Dr. James Allen Veteran Vision Equity Act; and H.R. 1284, the Veterans Compensation Cost-of-Living Adjustment Act of 2007, on March 15, 2007.

As you are aware, it is the custom of this committee to hold legislative hearings on substantive bills that affect our nation's veterans. Passing legislation without hearings could lead to unintended adverse consequences that will need to be corrected at a later date. In addition, we have seen no cost information from the Congressional Budget Office (CBO) on H.R. 327, H.R. 612 and H.R. 797.

To markup legislation without knowing the full ramifications or the cost is irresponsible. I therefore ask that this markup be delayed until such time that legislative hearings on these bills have taken place and the cost information have been received from CBO.

Sincerely,

Steve Buyer
Ranking Republican Member

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