

VETERANS CRISIS LINE STUDY ACT OF 2017

NOVEMBER 7, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. ROE of Tennessee, from the Committee on Veterans’ Affairs, submitted the following

R E P O R T

[To accompany H.R. 4173]

The Committee on Veterans’ Affairs, to whom was referred the bill (H.R. 4173) to direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line, 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 “Veterans Crisis Line Study Act of 2017”.

**SEC. 2. STUDY ON EFFICACY OF VETERANS CRISIS LINE.**

(a) **STUDY.**—The Secretary of Veterans Affairs shall conduct a study on the outcomes and the efficacy of the Veterans Crisis Line during the five-year period beginning January 1, 2014, based on an analysis of national suicide data and data collected from the Veterans Crisis Line.

(b) **MATTERS INCLUDED.**—The study under subsection (a) shall address the following:

(1) The efficacy of the Veterans Crisis Line in leading veterans to sustained mental health regimens, by determining—

(A) the number of veterans who, after contacting the Veterans Crisis Line and being referred to a suicide prevention specialist, begin and continue mental health care furnished by the Secretary of Veterans Affairs; and

(B) the number of veterans who, after contacting the Veterans Crisis Line and being referred to a suicide prevention specialist, either—

(i) begin mental health care furnished by the Secretary but do not continue such care; or

(ii) do not begin such care.

(2) The visibility of the Veterans Crisis Line, by determining—

(A) the number of veterans who contact the Veterans Crisis Line and have not previously received hospital care or medical services furnished by the Secretary; and

(B) the number of veterans who contact the Veterans Crisis Line and have previously received hospital care or medical services furnished by the Secretary.

(3) The role of the Veterans Crisis Line as part of the mental health care services of the Department, by determining, of the veterans who are enrolled in the health care system established under section 1705(a) of title 38, United States Code, who contact the Veterans Crisis Line, the number who are under the care of a mental health care provider of the Department at the time of such contact.

(4) Whether receiving sustained mental health care affects suicidality and whether veterans previously receiving mental health care furnished by the Secretary use the Veterans Crisis Line in times of crisis, with respect to the veterans described in paragraph (3), by determining the time frame between receiving such care and the time of such contact.

(5) The effectiveness of the Veterans Crisis Line in assisting veterans at risk for suicide when the Veterans Crisis Line is contacted by a non-veteran, by determining, of the number of non-veterans who contact the Veterans Crisis Line looking for support in assisting a veteran, how many of such individuals receive support in having a veteran begin to receive mental health care furnished by the Secretary.

(6) The overall efficacy of the Veterans Crisis Line in preventing suicides and whether the number of contacts affects the efficacy, by determining—

(A) the number of veterans who contact the Veterans Crisis Line who ultimately commit or attempt suicide; and

(B) of such veterans, how many times did a veteran contact the Veterans Crisis Line prior to committing or attempting suicide.

(7) The long-term efficacy of the Veterans Crisis Line in preventing repeated suicide attempts and whether the efficacy is temporary, by determining, of the number of veterans who contacted the Veterans Crisis Line and did not commit or attempt suicide during the following six-month period, the number who contacted the Veterans Crisis Line in crisis at a later time and thereafter did commit or attempt suicide.

(8) Whether referral to mental health care affects the risk of suicide, by determining—

(A) the number of veterans who contact the Veterans Crisis Line who are not referred to, or do not continue receiving, mental health care who commit suicide; and

(B) the number of veterans described in paragraph (1)(A) who commit or attempt suicide.

(9) The efficacy of the Veterans Crisis Line to promote continued mental health care in those veterans who are at high risk for suicide whose suicide was prevented, by determining, of the number of veterans who contacted the Veterans Crisis Line and did not commit or attempt suicide soon thereafter, the number that begin and continue to receive mental health care furnished by the Secretary.

(10) Such other matters as the Secretary determines appropriate.

(c) **RULE OF CONSTRUCTION REGARDING DATA COLLECTION.**—Nothing in this section may be construed to modify or affect the manner in which data is collected,

or the kind or content of data collected, by the Secretary under the Veterans Crisis Line.

(d) SUBMISSION.—Not later than March 1, 2020, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate the study under subsection (a).

(e) VETERANS CRISIS LINE DEFINED.—In this section, the term “Veterans Crisis Line” means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

#### PURPOSE AND SUMMARY

H.R. 4173, the “Veterans Crisis Line Study Act of 2017,” would require the Secretary of the Department of Veterans Affairs (VA) conduct a study on the outcomes and the efficacy of the Veterans Crisis Line during the five-year period beginning January 1, 2014, based on an analysis of national suicide data and data collected from the Veterans Crisis Line.

#### BACKGROUND AND NEED FOR LEGISLATION

In 2007, the Veterans Crisis Line (VCL) was established as a partnership between the Department of Veterans Affairs (VA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Suicide Prevention Lifeline. As of May 2016, the VCL has answered over 2.3 million calls, over 55,000 texts and dispatched emergency services over 61,000 times.<sup>1</sup>

While VA does collect valuable, anonymous data points from VCL callers, it does not currently process them through any meaningful form of data analytics as it relates to the efficacy of the program. Instead, VCL statistics are currently evaluated for quality and access metrics.

The Veterans Crisis Line Study Act of 2017 would direct the Secretary to evaluate the efficacy of the Veterans Crisis Line, with respect to continuity of VA mental health services. Research and data analysis would utilize the growing national availability of statistics regarding suicides to better evaluate the impact of the VCL and potentially highlight opportunities for outcome improvements. The Committee believes evaluating the VCL effectively requires a focus on the full continuum of mental health care provided by VA once a veteran first contacts the VCL or establishes a need for mental health services.

It is important to note that the data collected under this bill is not to be collected differently than they currently are.

#### HEARINGS

There were no Subcommittee hearings held on H.R. 4173.

On October 24, 2017, the full Committee conducted a legislative hearing on a number of bills including H.R. 4173.

The following witnesses testified:

The Honorable Jim Banks, U.S. House of Representatives, 3rd District, Indiana; The Honorable Mike Gallagher, U.S. House of Representatives, 8th District, Wisconsin; The Honorable John R. Carter, U.S. House of Representatives, 31st District, Texas; The Honorable Glenn Thompson, U.S. House of Representatives, 5th District, Pennsylvania; The Honorable Neal P. Dunn, U.S. House of Representatives, 2nd District,

<sup>1</sup> <https://www.gao.gov/assets/690/683918.pdf>

Florida; The Honorable Andy Barr, U.S. House of Representatives, 6th District, Kentucky; The Honorable David J. Shulkin, M.D., Secretary, U.S. Department of Veterans Affairs, who was accompanied by Carolyn Clancy M.D, the Executive in Charge of the Veterans Health Administration, and Laurie Zephyrin M.D., MPH, MBA, the Acting Deputy Under Secretary for Health for Community Care for the Veterans Health Administration; Adrian M. Atizado, Deputy National Legislative Director, Disabled American Veterans; Roscoe G. Butler, Deputy Director for Health Care, Veterans Affairs and Rehabilitation Division, The American Legion; and, Kayda Keleher, Associate Director, National Legislative Service, Veterans of Foreign Wars of the United States.

Statements for the record were submitted by:

American Federation of Government Employees, AFL–CIO; American Health Care Association; American Medical Association; AMVETS; Concerned Veterans of America; Fleet Reserve Association; Got Your 6; Health IT Now; Iraq and Afghanistan Veterans of America; Military Officers Association of America; Military Order of the Purple Heart; National Alliance on Mental Illness; National Guard Association of the United States; Nurses Organization of Veterans Affairs/Association of VA Psychologist Leaders/Association of VA Social Workers/Veterans Healthcare Action Campaign; Paralyzed Veterans of America; Reserve Officers Association; University of Pittsburgh; Vietnam Veterans of America; and the Wounded Warrior Project.

#### SUBCOMMITTEE CONSIDERATION

There was no Subcommittee consideration of H.R. 4173.

#### COMMITTEE CONSIDERATION

On November 2, 2017, the full Committee met in open markup session, a quorum being present, and ordered H.R. 4173 to be reported favorably 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 to H.R. 4173 was offered by Representative Jim Banks of Indiana.

#### 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 ordering H.R. 4173 reported to the House. A motion by Representative Tim Walz of Minnesota, Ranking Member of the Committee on Veterans' Affairs, to report H.R. 4173 favorably to the House of Representatives was agreed to 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 evaluate the efficacy of the Veterans Crisis Line, with respect to the full continuum of VA mental health care services.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

With respect to the requirement with respect to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee has requested but not received from the Director of the Congressional Budget Office an estimate of new budget authority, entitlement authority, or tax expenditures or revenues.

## EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 4173 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

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 this bill. 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 of 1974. The Committee has requested but not received a cost estimate for this bill from the Director of the Congressional Budget Office. Assuming the appropriation of authorized amounts, the Committee estimates, and according to a preliminary score from the Congressional Budget Office, that the legislation would also have a discretionary cost of \$1 million over the 2018–2022 period.

## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirements of clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the Congressional Budget Act of 1974 and with respect to requirements of clause (3)(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has requested but not received a cost estimate for this bill from the Director of Congressional Budget Office. The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

## FEDERAL MANDATES STATEMENT

With respect to the requirements of 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),

the Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether the provisions of the reported bill include unfunded mandates.

#### 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. 4173.

#### STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 4173 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. 4173 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 section 3(g) of H. Res. 5, 115th Cong. (2017), the Committee finds that no provision of H.R. 4173 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.

#### DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 115th Cong. (2017), the Committee estimates that H.R. 4173 contains no directed rulemaking that would require the Secretary to prescribe regulations.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 of the bill would provide the short title for H.R. 4173 as the "Veterans Crisis Line Study Act of 2017".

##### *Section 2. Study on efficacy of Veterans Crisis Line*

Section 2(a) of the bill would direct the Secretary of the Department of Veterans Affairs to conduct a study on the outcomes and efficacy of the VCL for the five-year period starting January 1, 2014.

Section 2(b) of the bill outlines the metrics to be targeted for analysis for the study, to include: 2(b)(1)—the efficacy of the VCL, 2(b)(2)—the visibility of the VCL; 2(b)(3)—the role of the VCL as part of the continuum of care provided by VA; 2(b)(4)—whether VA-provided mental health care affects suicidality; 2(b)(5)—the effectiveness of a non-veteran calling to seek assistance for a veteran; 2(b)(6)—the overall efficacy of the VCL in preventing suicides and whether repeated VCL contacts affect the efficacy; 2(b)(7)—the long-term efficacy of the VCL in preventing repeated suicide at-

tempts; 2(b)(8)—effectiveness of referral patterns; 2(b)(9)—the efficacy of the VCL to promote continued mental healthcare for high-risk veterans.

Section 2(c) of the bill stipulates that all data collected under this bill shall be collected in the same manner as prior to the enactment of this legislation, beginning January 1, 2014.

Section 2(d) of the bill requires the Secretary to report the findings of the study to the Congressional Committees on Veterans' Affairs by March 1, 2020.

Section 2(e) of the bill defines the term "Veterans Crisis Line."

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.

