

TO DIRECT THE SECRETARY OF VETERANS AFFAIRS TO INCREASE THE NUMBER OF PEER-TO-PEER COUNSELORS PROVIDING COUNSELING FOR WOMEN VETERANS, AND FOR OTHER PURPOSES

MAY 18, 2018.—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. 4635]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 4635) to direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes, 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. PEER SUPPORT COUNSELING PROGRAM FOR WOMEN VETERANS.

(a) IN GENERAL.—Section 1720F(j) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4)(A) As part of the counseling program under this subsection, the Secretary shall emphasize appointing peer support counselors for women veterans. To the degree practicable, the Secretary shall seek to recruit women peer support counselors with expertise in—

“(i) female gender-specific issues and services;

“(ii) the provision of information about services and benefits provided under laws administered by the Secretary; or

“(iii) employment mentoring.

“(B) To the degree practicable, the Secretary shall emphasize facilitating peer support counseling for women veterans who are eligible for counseling and services under section 1720D of this title, have post-traumatic stress disorder or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide, as determined by the Secretary.

“(C) The Secretary shall conduct outreach to inform women veterans about the program and the assistance available under this paragraph.

“(D) In carrying out this paragraph, the Secretary shall coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as the Secretary considers appropriate.

“(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).”

(b) FUNDING.—The Secretary of Veterans Affairs shall carry out paragraph (4) of section 1720F(j) of title 38, United States Code, as added by subsection (a), using funds otherwise made available to the Secretary. No additional funds are authorized to be appropriated by reason of such paragraph.

(c) REPORT TO CONGRESS.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the peer support counseling program under section 1720F(j) of title 38, United States Code, as amended by this section. Such report shall include—

(1) the number of peer support counselors in the program;

(2) an assessment of the effectiveness of the program; and

(3) a description of the oversight of the program.

AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 4635
OFFERED BY MR. COFFMAN OF COLORADO

Strike all after the enacting clause and insert the following:

SECTION 1. PEER SUPPORT COUNSELING PROGRAM FOR WOMEN VETERANS.

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“(i) female gender-specific issues and services;

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“(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).”

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(c) REPORT TO CONGRESS.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the peer support counseling program under section 1720F(j) of title 38, United States Code, as amended by this section. Such report shall include—

- (1) the number of peer support counselors in the program;
- (2) an assessment of the effectiveness of the program; and
- (3) a description of the oversight of the program.

PURPOSE AND SUMMARY

H.R. 4635, as amended, would require the Department of Veterans Affairs (VA) to ensure that the existing peer support counseling program includes peer counselors for women veterans. Representative Mike Coffman of Colorado introduced H.R. 4635 on December 13, 2017.

BACKGROUND AND NEED FOR LEGISLATION

With a population of almost 2 million and growing, women represent an increasingly significant segment of the veteran population.¹ However, there are indications that military service and veteran status may affect women differently than men and that women veterans may lack equitable access to peer support opportunities during and after their transition from military service. For example, a 2014 report by the Disabled American Veterans (DAV) found that women face barriers to recognition as veterans and to VA services and benefits.² According to DAV, “[t]he vast majority of these deficiencies result from a disregard for the differing needs of women veterans and a focusing on the 80 percent solutions for

¹U.S. Department of Veterans Affairs, Office of Suicide Prevention. *Suicide among Veterans and Other Americans* 2001–2014. August 3, 2016. <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

²Disabled American Veterans. *Women Veterans: The Long Journey Home*. September 24, 2014. <https://www.dav.org/wp-content/uploads/women-veterans-study.pdf>.

men who dominate in both numbers and the public consciousness.”³

Section 1720F(j) of title 38 United States Code (U.S.C.) requires VA’s comprehensive program for suicide prevention among veterans to include a peer support counseling program under which veterans are allowed to volunteer to serve as peer counselors to assist other veterans with mental health and readjustment issues and to conduct outreach to veterans and their families. The Committee strongly supports this and other VA peer support programs and believes them to be beneficial in assisting veterans, particularly those who are struggling with mental health or substance abuse issues, achieve successful recovery and reintegration, reduce stigma, and increase adherence to plans of care. However, the Committee is concerned that the existing volunteer peer support counselor program may not include sufficient volunteer peer support counselors who are women veterans or who are fluent in issues important to woman veterans.

Section 2 of the bill would require that, when carrying out the existing volunteer peer support counseling program, VA emphasize appointing volunteer peer support counselors for women veterans and, to the extent practicable, seek to recruit volunteer peer support counselors for women veterans with certain relevant expertise. To ensure such volunteer peer support counselors are paired with the veterans most in need of their services, section 2 of the bill would further require that VA emphasize assigning volunteer peer support counselors to women veterans who have experienced military sexual trauma, have been diagnosed with post-traumatic stress disorder (PTSD) or another mental health condition, are homeless or at-risk of homelessness, or are otherwise at an increased risk of suicide as determined by VA. VA would also be required to conduct outreach to women veterans regarding the availability of volunteer peer support counselors and to report to Congress on the volunteer peer support counseling program. It is the Committee’s expectation that, to the extent possible, VA will make a reasonable effort to recruit a sufficient number of women volunteer peer support counselors to meet the demand for such counselors across the VA healthcare system, recognizing that such demand will vary from facility to facility and that VA’s ability to recruit volunteers may also vary.

HEARINGS

On April 17, 2018, the Subcommittee on Health conducted a legislative hearing on a number of bills including H.R. 4635.

The following witnesses testified:

The Honorable Beto O’Rourke, U.S. House of Representatives, 16th District, Texas; The Honorable Tim Walberg, U.S. House of Representatives, 7th District, Michigan; The Honorable Neal Dunn, U.S. House of Representatives, 2nd District, Florida; The Honorable Luis Correa, U.S. House of Representatives, 46th District, California; The Honorable Mike Coffman, U.S. House of Representatives, 6th District, Colorado; Louis J. Celli, Director, National Veterans Affairs and Rehabilitation Division, The American Legion; Adrian M. Atizado, Deputy Na-

³ Ibid.

tional Legislative Director, Disabled American Veterans; Sarah S. Dean, Associate Legislative Director, Paralyzed Veterans of America; and Kayda Keleher, Associate Director, National Legislative Service, Veterans of Foreign Wars of the United States. Statements for the record were submitted by:

The Elizabeth Dole Foundation; the Independence Fund; Veteran Cannabis Project; Wounded Warrior Project; and Iraq and Afghanistan Veterans of America.

SUBCOMMITTEE CONSIDERATION

There was no Subcommittee consideration of H.R. 4635.

COMMITTEE CONSIDERATION

On May 8, 2018, the full Committee met in open markup session, a quorum being present, and ordered H.R. 4635, as amended, to be reported favorably to the House of Representatives by voice vote. During consideration of the bill, the following amendment was considered and agreed to by voice vote:

An amendment in the nature of a substitute offered by Representative Mike Coffman of Colorado.

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. 4635, as amended, reported to the House. A motion by Representative Tim Walz of Minnesota, Ranking Member of the Committee on Veterans' Affairs, to report H.R. 4635, as amended, favorably to the House of Representatives was adopted 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 ensure that there is a sufficient availability of volunteer peer support counselors across the VA healthcare system to provide volunteer peer support counseling services to the growing population of women veterans.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 4635, as amended, 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

The Committee adopts as its own the cost estimate on H.R. 4635, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 4635, as amended, provided by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 9, 2018.

Hon. PHIL ROE, M.D.,
*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. 4635, a bill to direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

KEITH HALL,
Director.

Enclosure.

H.R. 4635—A bill to direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes

H.R. 4635 would require the Department of Veterans Affairs (VA) to attempt to recruit women as peer counselors. Under current law, VA operates the Peer Support Counseling Program where veterans voluntarily provide support to fellow veterans on issues related to mental health care and readjustment. The bill would direct VA to place an emphasis on appointing and training volunteer peer counselors for women veterans and to submit a report to the Congress providing an assessment of the program. On the basis of information from VA, CBO estimates that this bill would cost less than \$500,000 over the 2019–2023 period to expand the training curriculum and prepare a report on the program; that spending would be subject to the availability of appropriated funds.

Enacting H.R. 4635 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 4635 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

H.R. 4635 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was reviewed by Leo Lex, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 4635, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

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. 4635, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 4635, as amended, 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. 4635, as amended, 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 clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 4635, as amended, 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. 4635, as amended, contains no directed rulemaking that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Peer support counseling program for women veterans

Section 1(a) of the bill would amend section 1720F(j) of title 38 U.S.C. by adding at the end a new paragraph 1720F(j)(4).

The new paragraph 1720F(j)(4)(A) would require VA, as part of the counseling program under this subsection, to emphasize appointing peer support counselors for women veterans and, to the degree practicable, to seek to recruit women peer support counselors with expertise in female gender specific issues and services, the provision of information about services and benefits provided under laws administered by VA, or employment mentoring.

The new paragraph 1720F(j)(4)(B) would require VA, to the extent practicable, to emphasize facilitating peer support counseling for women veterans who are eligible for counseling and services under section 1720D of title 38 U.S.C., have PTSD or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide as determined by VA.

The new paragraph 1720F(j)(4)(C) would require VA to conduct outreach to inform women veterans about the program and the assistance available under the volunteer peer support counseling program.

The new paragraph 1720F(j)(4)(D) would require VA to coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as VA considers appropriate.

The new paragraph 1720F(j)(4)(E) would require VA to provide adequate training for peer support counselors including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

Section 1(b) of the bill would require VA to carry out paragraph (4) of section 1720F(j) of title 38 U.S.C. as added by subsection 1(a) of the bill using funds otherwise made available to VA and stipulate that no additional funds are authorized to be appropriated by reason of such paragraph.

Section 1(c) of the bill would require VA, not later than two years after the date of enactment, to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the peer support counseling program under section 1720F(j) of title 38 U.S.C. as amended by section 1(a) of the bill and require such report to include the number of peer support counselors in the program, an assessment of the effectiveness of the program, and a description of the oversight of the program.

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 (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

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):

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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

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**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) **HEALTH ASSESSMENTS OF VETERANS.**—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the veteran concerned, to appropriate counseling and treatment programs for veterans who show signs or symptoms of mental health problems.

(d) **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.

(e) **BEST PRACTICES RESEARCH.**—In carrying out the comprehensive program, the Secretary shall provide for research on best prac-

tices 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.

(f) **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.

(g) **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.

(h) **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.

(i) **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.

(j) **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, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(3) In addition to other locations the Secretary considers appropriate, the Secretary shall carry out the peer support program under this subsection at each Department medical center.

(4)(A) *As part of the counseling program under this subsection, the Secretary shall emphasize appointing peer support counselors for women veterans. To the degree practicable, the Secretary shall seek to recruit women peer support counselors with expertise in—*

- (i) female gender-specific issues and services;*
- (ii) the provision of information about services and benefits provided under laws administered by the Secretary; or*
- (iii) employment mentoring.*

(B) To the degree practicable, the Secretary shall emphasize facilitating peer support counseling for women veterans who are eligible for counseling and services under section 1720D of this title, have post-traumatic stress disorder or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide, as determined by the Secretary.

(C) The Secretary shall conduct outreach to inform women veterans about the program and the assistance available under this paragraph.

(D) In carrying out this paragraph, the Secretary shall coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as the Secretary considers appropriate.

(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(k) 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 considers appropriate.

* * * * *

