

SUPPORT FOR SUICIDE PREVENTION COORDINATORS ACT

MAY 17, 2019.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 2333]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2333) to direct the Comptroller General of the United States to conduct an assessment of the responsibilities, workload, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 2333 would require the Comptroller General of the United States (GAO) to conduct an assessment of the responsibilities, workload, training, and vacancy rates of the Department of Veterans Affairs' (VA) Suicide Prevention Coordinators (SPCs) and to report its findings to the Committees on Veterans' Affairs of the Senate and House of Representatives, not later than one year after the date of the enactment of this act.

Representative Anthony Brindisi of New York introduced H.R. 2333 on April 18, 2019.

BACKGROUND AND NEED FOR LEGISLATION

According to the National Suicide Data Report for 2005–2016,¹ approximately 20 veterans, members of the National Guard, and reservists die by suicide each day. A disproportionately higher rate of suicide exists in the veteran population compared to that of the civilian population. In 2018, VA identified suicide prevention as its highest clinical priority.²

SPCs are the face of VA's efforts to combat veteran suicide. The Veterans Health Administration (VHA) is the only healthcare system that has full-time employees dedicated to the issue of suicide prevention. SPCs identify high-risk veterans and ensure they receive appropriate care, conduct outreach, and promote awareness and suicide prevention best practices within VA, among other responsibilities. As of April 2019, VA has approximately 444 SPCs stationed at every medical center, who are managing care for almost 30,000 veterans who are at high risk for suicide, in addition to managing several other duties. In Fiscal Year 2018, SPCs conducted more than 20,000 outreach events, reaching almost 2 million people. During oversight trips to VA facilities, many Committee staff have heard from SPCs that they are overworked and unable to keep up with their many responsibilities. After an internal analysis in 2018, VHA determined the need for an additional 246 SPCs.³ The REACH VET program, a predictive algorithm that produces a red flag in a patient's health record, alerts the SPCs to do outreach to those veterans presenting as high risk in VA. The need for this tool is indicative of the heavy workload of SPCs as they try to meet and coordinate the needs of thousands of veterans.

The current rate of vacancies in VHA mental health, among psychologists, psychiatrists, and social workers, remains steady at 10%. Given the prevalence of the epidemic among veterans, and VA's recent shift to a public health approach, SPCs are attempting groundbreaking work with a patient load, on average, of 90 veterans per SPC. As VA works to improve its mental health services, and as more veterans turn to VHA for care, the capacity of suicide prevention coordinators will continue to be a necessary and crucial function of addressing societal forces that cause suicidality in the veteran population. This measure will help to fully illustrate the

¹ VA National Suicide Data Report 2005–2016, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs, September 2018.

² Department of Veterans Affairs, Department of Veterans Affairs Fiscal Years 2018–2024 Strategic Plan (Washington, D.C.: Feb. 12, 2018).

³ Testimony of Dr. Richard Stone, Executive in Charge, Veterans Health Administration during House Committee on Veterans' Affairs oversight hearing "Tragic Trends: Suicide Prevention Among Veterans," April 29, 2019.

limitations and structure that SPCs currently operate in and identify what can be done to better enable them in their efforts.

HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—(1) the following hearings were used to develop or consider H.R. 2333.

On April 29, 2019, the Committee on Veterans' Affairs conducted an oversight hearing titled, "Tragic Trends: Suicide Prevention Among Veterans" to explore actions the Department of Veterans Affairs and the House Committee on Veterans' Affairs could take to combat the epidemic of suicide within the veteran population.

The following witnesses testified:

Shelli Avenevoli PhD, the Deputy Director of the National Institute of Mental Health within the National Institute of Health; Richard McKeon PhD, MPH, the Chief of the Suicide Prevention Branch within the Substance Abuse and Mental Health Services Administration; and Richard Stone M.D., the Executive-in-Charge of the Veterans Health Administration within the U.S. Department of Veterans Affairs, who was accompanied by Keita Franklin LCSW, PhD, the National Director of Suicide Prevention of the Office of Mental Health and Suicide Prevention within the U.S. Department of Veterans Affairs.

Statements for the record were received by American Veterans, Disabled American Veterans, Iraq and Afghanistan Veterans of America, The American Legion, Vietnam Veterans of America, Wounded Warrior Project, Center for Disease Control, Veterans of Foreign Wars, and The Independence Fund.

On April 30, 2019, the Subcommittee on Health conducted a legislative hearing on several bills including H.R. 2333.

The following witnesses testified:

The Honorable Earl Blumenauer, U.S. House of Representatives; The Honorable J. Luis Correa, U.S. House of Representatives; The Honorable Conor Lamb, U.S. House of Representatives; The Honorable Max Rose, U.S. House of Representatives; Keita Franklin LCSW, PhD, the National Director of Suicide Prevention of the Office of Mental Health and Suicide Prevention within the U.S. Department of Veterans Affairs, who was accompanied by Tracy Gaudet M.D., the Director of the Office of Patient Centered Care within the U.S. Department of Veterans Affairs and Larry Mole PharmD, the Chief Consultant on Population Health of the U.S. Department of Veterans Affairs; Stephanie Mullen, Research Director for Iraq and Afghanistan Veterans of America; Carlos Fuentes, the Director of the National Legislative Service within Veterans of Foreign Wars; and Joy Ilem, the National Legislative Director for Disabled American Veterans.

No statements for the record were received.

SUBCOMMITTEE CONSIDERATION

H.R. 2333 was not considered before the Subcommittee.

COMMITTEE CONSIDERATION

On May 8, 2019, the Committee on Veterans' Affairs met in an open markup session, a quorum being present, and favorably reported H.R. 2333 to the House of Representatives by voice vote.

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 reporting H.R. 2333 to the House. A motion by Ranking Member David P. Roe of Tennessee to report H.R. 2333 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 expand access to high quality mental healthcare and related resources to curb the prevalence of suicide among veterans, servicemembers, Reservists, and members of the Coast Guard and National Guard.

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. 2333 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. 2333 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. 2333 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 15, 2019.

Hon. MARK TAKANO,
*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. 2333, the Support for Suicide Prevention Coordinators Act.

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. 2333, Support for Suicide Prevention Coordinators Act			
As ordered reported by the House Committee on Veterans' Affairs on May 8, 2019			
By Fiscal Year, Millions of Dollars	2019	2019-2024	2019-2029
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Deficit Effect	0	0	0
Spending Subject to Appropriation (Outlays)	0	1	1
Pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2030?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

H.R. 2333 would require the Government Accountability Office (GAO) to conduct an assessment of the responsibilities, workload, training, and vacancy rates of suicide prevention coordinators at the Department of Veterans Affairs.

On the basis of information from GAO, CBO estimates that preparing the report would take about one year and require four full-time employees at an average compensation of \$130,000. As a result, CBO estimates that implementing the bill would cost \$1 million over the 2020–2024 period; such spending would be subject to the availability of appropriated funds.

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. 2333 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. 2333.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2333 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. 2333 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. 2333 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.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill establishes the short title of the measure as the "Support for Suicide Prevention Coordinators Act of 2019."

Section 2. Comptroller General assessment of responsibilities, workload, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators

Section 2(a) of the bill would require the GAO to conduct an assessment of the responsibilities, workload, training, and vacancy rates of the Department of Veterans Affairs suicide prevention coordinators.

Section 2(b) would require the GAO to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing the findings of the assessment required by subsection (a) not later than one year after the date of the enactment.