

WHOLE VETERAN ACT

MAY 17, 2019.—Committed to the Committee on 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. 2359]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2359) to direct the Secretary of Veterans Affairs to submit to Congress a report on the Department of Veterans Affairs advancing of whole health transformation, 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 "Whole Veteran Act".

SEC. 2. REPORT ON DEPARTMENT OF VETERANS AFFAIRS ADVANCING OF WHOLE HEALTH TRANSFORMATION.

(a) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the implementation of the Department of Veterans Affairs memorandum dated February 1, 2019, on the subject of Advancing Whole Health Transformation Across Veterans Health Administration.

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

(1) An analysis of the accessibility and availability of each of the following services at medical facilities of the Department of Veterans Affairs (including community based outpatient clinics, vet centers, and community living centers):

- (A) Massage.
- (B) Chiropractic services.
- (C) Whole health clinician services.
- (D) Whole health coaching.
- (E) Acupuncture.
- (F) Healing touch.
- (G) Whole health group services.
- (H) Guided imagery.
- (I) Meditation.
- (J) Hypnosis.
- (K) Yoga.
- (L) Tai chi or Qi gong.
- (M) Equine assisted therapy.
- (N) Any other service the Secretary determines appropriate.

(2) An assessment of the health outcomes derived from the services specified in paragraph (1).

(3) An assessment of the resources required to expand such services to the entire Veterans Health Administration.

(4) A plan to provide the services referred to in paragraph (1) to veterans who reside in a geographic area where no community-based outpatient clinic, medical center, Vet Center, or community living center is located.

PURPOSE AND SUMMARY

H.R. 2359, as amended, would require the Secretary of the Department of Veterans Affairs (VA) to submit to Congress a report on the implementation of the February 1, 2019 Whole Health Transformation Memorandum. The report would include an analysis of the accessibility and availability of relevant services with respect to the implementation of such memorandum, an assessment of health outcomes, and an assessment of resources necessary to expand Whole Health to the VHA enterprise. It would also require VA to produce a plan on the delivery of VA Whole Health elements to veterans living in areas without access to VA facilities.

Representative Conor Lamb of Pennsylvania introduced H.R. 2359 on April 25, 2019.

BACKGROUND AND NEED FOR LEGISLATION

America's healthcare systems are grappling with redesigning delivery of care to meet healthcare needs in this country. Social isolation, economic inequality, and prohibitive health care costs have led to increased use of complementary and alternative medicine (CAM), or complementary and integrative health (CIH), such as health coaching, chiropractic services, acupuncture, yoga, meditation, and equine therapy. The Veterans Health Administration (VHA) is one of the first to take steps to create a system focused on maintaining health, rather than a system designed to only treat disease. This redesign will appropriately accommodate the veteran population and their unique needs while empowering veterans to control their health and wellbeing.

In 2000, the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) submitted a report to the President that included public policy recommendations to maximize the benefits of CIH for Americans.¹ The report called on VA to assist in the implementation of its recommendations. In 2005, the Institute of Medicine (IOM) (now the National Academy of Medicine) suggested (1) health care should strive to be both comprehensive and evidence-based; and (2) conventional medical treatments and CIH should be held to the same standards for validating clinical effectiveness.² A report from VHA's Healthcare Analysis and Information Group, titled "FY 2015 VHA Complementary & Integrative Health Services (formerly CAM)" demonstrated the CIH practices in greatest use within VHA were acupuncture, animal assisted therapy, biofeedback, guided imagery, hypnosis, meditation, music therapy, progressive muscle relaxation, stress management and relaxation therapy, and yoga.³ VA recognizes these practices help in developing a patient's personalized and patient-centric treatment plan.

The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) was established in January 2011. The OPCC&CT works with

"VHA leadership and other program offices to transform the system of health care from the traditional medical model to a whole health system of care, which is personalized, proactive, and patient driven. The mission of OPCC & CT is to catalyze and sustain cultural transformation in healthcare for and with Veterans. Its stated vision is to transform from a problem-based disease care system to a patient centered health care system."⁴

In 2017, VHA launched the Whole Health Transformation Program at 18 flagship sites, with positive early outcomes. According to a February 2019 memo, "Advancing Whole Health Transformation Across Veterans Health Administration," VHA plans to expand the full program to an additional 18 sites by summer 2019, though 140 medical centers have elements of the program.

As VA struggles to prevent the tragic reality of 20 veteran suicides per day, programs that provide the means for social connection and wellness services are crucial.⁵ The pace, efficacy, and reach of the Whole Health program are not known to Congress. Thus, by requiring the delivery of a report on the subject of "Advancing Whole Health Transformation Across Veterans Health Administration," with analysis of accessibility of critical services, Congress can better inform its efforts to ensure veterans are treated as whole people, and not episodes of care. This is particularly true for socially isolated veterans and veterans living far from a VA facility. As such, Congress must understand how VA has rolled out

¹VHA Directive 1137, Provision of Complementary and Integrative Health (CIH), May 18, 2017, 2c

²VHA Directive 1137, Provision of Complementary and Integrative Health (CIH), May 18, 2017, 2e

³VHA Directive 1137, Provision of Complementary and Integrative Health (CIH), May 18, 2017, 2h

⁴VHA Directive 1137, Provision of Complementary and Integrative Health (CIH), May 18, 2017, 2j

⁵VA National Suicide Data Report 2005–2016, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs, September 2018.

the initial expansion, the outcomes, and the resources needed to continue the program.

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. 2359.

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. 2359.

The following witnesses testified:

The Honorable Earl Blumenauer, U.S. House of Representatives; The Honorable J. Louis 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. 2359 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 reported H.R. 2359, as amended, 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 in the nature of a substitute offered by Representative Mark Takano of California that would require the Secretary of the Department of Veterans Affairs to submit to Congress a report on the implementation of the February 1, 2019 Whole Health Transformation Memorandum. The report would include an analysis of the accessibility and availability of relevant services with respect to the implementation of such memorandum, an assessment of health outcomes, and an assessment of resources necessary to expand Whole Health to the VHA enterprise.

An amendment to the amendment in the nature of substitute offered by Representative Gregorio Sablan that would require VA to submit a plan to provide the components of Whole Health to veterans without access to a VA facility, including a medical facility, community-based outpatient center, or Vet Center.

An amendment to the amendment in the nature of a substitute offered by Representative Andy Barr of Kentucky that would ensure VA considers the availability of equine therapy as part of its assessment.

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. 2359, as amended, reported to the House. A motion by Ranking Member David P. Roe of Tennessee to report H.R. 2359, 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.

CONGRESSIONAL BUDGET OFFICE ESTIMATE; COMMITTEE COST ESTIMATE; AND NEW BUDGET AUTHORITY

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 the 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.

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.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2359, 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.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2359, 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. 2359, as amended.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to Article I, section 8 of the United States Constitution, H.R. 2359, 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. 2359, 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. 2359, 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.

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 "Whole Veteran Act."

Section 2. Report on Department of Veterans Affairs Advancing of Whole Health Transformation

Section 2 of the bill requires, not later than 180 days after the date of enactment of this Act, the Secretary of Veterans Affairs submit to Congress a report on the implementation of the Whole Health Transformation as outlined in the Department of Veterans Affairs memorandum dated February 1, 2019. The report shall include analysis on the accessibility and availability of massage, chiropractic services, whole health clinician services, whole health coaching, acupuncture, healing touch, whole health group services, guided imagery, meditation, hypnosis, yoga, Tai chi or Qi gong, equine therapy, and any other service the Secretary determines appropriate. The report will also include an assessment of the health outcomes from these services and an assessment of the resources required to expand such services to the entire VHA. Additionally, section 2 would require VA to submit a plan to the Committees on Veterans Affairs of the Senate and House of Representatives to provide the components of Whole Health to veterans without access to a VA facility such as a medical facility, community-based outpatient center, or Vet Center.

