119TH CONGRESS
*1st Session*
HOUSE OF REPRESENTATIVES
REPORT
119–103

# NO WRONG DOOR FOR VETERANS ACT

MAY 19, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

# R E P O R T

together with

## MINORITY VIEWS

[To accompany H.R. 1969]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1969) to amend and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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59–006

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 "No Wrong Door for Veterans Act".

**SEC. 2. REAUTHORIZATION AND IMPROVEMENT OF STAFF SERGEANT PARKER GORDON FOX SUICIDE PREVENTION GRANT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.**

(a) DURATION.—Section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; 38 U.S.C. 1720F note) is amended, in subsection (j), by striking "the date that is three years after the date on which the first grant is awarded under this section" and inserting "September 30, 2026".

(b) EMERGENT SUICIDE CARE.—Such section is further amended—

(1) in subsection (m)—

(A) by redesignating paragraph (3) as paragraph (4);

(B) by inserting after paragraph (2) the following new paragraph (3):

"(3) EMERGENT SUICIDE CARE.—In the case of an eligible individual who receives suicide prevention services provided or coordinated by an eligible entity in receipt of a grant under this section, the eligible entity shall notify—

"(A) the eligible individual that the individual may be eligible for emergent suicide care under section 1720J of title 38, United States Code; and

"(B) the Secretary, if an eligible individual notified under subparagraph (A) elects to receive such emergent suicide care."; and

(C) in paragraph (4), as so redesignated, by striking "(1) or (2)" and inserting "(1), (2), or (3)"; and

(2) in subsection (n)—

(A) by inserting "(1) IN GENERAL.—" before "When" and adjusting the margins accordingly; and

(B) by adding at the end the following new paragraph:

"(2) TIME FRAME.—If the Secretary does not provide services under paragraph (1) to an eligible individual during the 72-hour period following a referral under subsection (m), such eligible individual shall be treated as eligible for emergent suicide care under section 1720J of title 38, United States Code.".

(c) REAUTHORIZATION.—Such section is further amended, in subsection (p)—

(1) by striking "section a total of $174,000,000 for fiscal years 2021 through 2025." and inserting "section—"; and

(2) by adding at the end the following new paragraphs:

"(1) a total of $174,000,000 for fiscal years 2021 through 2025; and

"(2) $52,500,000 for fiscal year 2026.".

(d) REQUIREMENTS FOR ELIGIBLE ENTITIES.—Such section is further amended, in subsection (q)(3)—

(1) by inserting "an entity that has continuously provided mental health care or support services in the United States during the two-year period before the date on which the entity applies for a grant under this section and that is" after "means";

(2) in subparagraph (A), by striking "or foundation" and inserting ", foundation, or health care provider"; and

(3) in subparagraph (E), by striking "A" and inserting "a".

(e) TECHNICAL CORRECTION TO DEFINITIONS.—Such section is further amended, in subsection (q)(5), by striking "Medical services" and inserting "The term 'emergency treatment' means medical services".

(f) REQUIRED USE OF CERTAIN SCREENING PROTOCOL.—Such section is further amended, in subsection (q)(11)(A)(ii), by inserting after "risk" the following: ", which in the case of a grant made on or after the date of the enactment of the No Wrong Door for Veterans Act, shall be the Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale)".

**SEC. 3. INCLUSION OF ADAPTIVE PROSTHESES AND TERMINAL DEVICES FOR SPORTS AND OTHER RECREATIONAL ACTIVITIES IN MEDICAL SERVICES FURNISHED TO ELIGIBLE VETERANS BY THE SECRETARY OF VETERANS AFFAIRS.**

Section 1701 of title 38, United States Code, is amended, in paragraph (6)(F)(i), by inserting "(including adaptive prostheses and terminal devices for sports and other recreational activities)" after "artificial limbs".

**SEC. 4. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.**

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "January 30, 2033".

## PURPOSE AND SUMMARY

H.R. 1969, the "No Wrong Door for Veterans Act," was introduced by Rep. Mariannette Miller-Meeks of Iowa on March 10, 2025. This bill would reauthorize the Department of Veterans Affairs (VA) Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program through fiscal year (FY) 2026 and authorize $54,500,000 in appropriations to carry out the mental health care support services grant program and would mandate the use of the Columbia Suicide Severity Rating Scale, expand provider eligibility, and require improved coordination between VA Medical Centers and mental health care organization grantees. The bill also authorizes emergency community mental health care support for veterans in crisis if the local VA facility cannot deliver such services within 72 hours.

Additionally, H.R. 1969, as amended, includes the text of H.R. 1971, the Veterans Supporting Prosthetics Opportunities and Recreational Therapy (SPORT) Act, which would expand prosthetic coverage for veterans who wish to obtain prosthetics for adaptive athletic use. The bill, as amended, would also provide an offset for the cost of this bill by extending current law restricting the amount of pension paid to VA pension beneficiaries who are admitted to a VA or Medicaid sponsored nursing facility.

## BACKGROUND AND NEED FOR LEGISLATION

*Section 1: Short Title*

This Act may be cited as the "No Wrong Door for Veterans Act."

*Section 2: Amendments to and reauthorization of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs*

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (Fox Grant Program) was authorized by the passage of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 [P.L. 116–171]. The program's purpose is to provide community-based mental health organizations with grant funding to increase veterans' access to mental health care, support, and suicide prevention services in their communities across the United States through public-private partnerships.

Suicidality among veterans is a serious problem. According to VA's 2024 National Veteran Suicide Prevention Annual Report, there were roughly 17.6 veteran suicides per day. The same report suggests that out of those 17.6 veterans, 6.7 of them (38%) were being treated through the Veterans Health Administration (VHA). Among those who used VHA, almost 4 in 10 veterans (39.1%) were not being treated for a mental health or substance use disorder. This suggests that a considerable number of veterans lost to suicide had not received care or been diagnosed with a mental health disorder by VA specifically prior to their death. This situation can potentially be remedied by providing easier access to mental health care through private providers and organizations.

Through the Fox Grant Program, VA's ability to provide mental health services has expanded, and it has connected veterans with traditional and non-traditional care and treatment that meet their needs. As of September 2023, hundreds of grantees have completed

over 20,000 outreach contacts to veterans. However, under current law, this pilot program will expire at the end of fiscal year 2025.

The results of the Fox Grant Program are difficult to quantify, but the 2024 National Veteran Suicide Prevention Annual Report suggests that suicide rates among veterans who receive mental health treatment decrease by 39.77%. Consequently, getting veterans the mental health care they need must remain a priority.

The Committee staff believes that reauthorizing the Fox Grant Program through fiscal year 2026 will ensure continued efforts to secure critical care for at-risk veterans—ensuring that mental health care needs are met, and that veterans are able to receive community-based emergency mental health if VA is unable to provide such care within 72 hours of first contact.

*Section 3: Inclusion of Adaptive Prostheses and Terminal Devices for Sports and Other Recreational Activities in Medical Services Furnished to Eligible Veterans by the Secretary of Veterans Affairs*

The bill also includes the text of H.R. 1971, the Veterans Supporting Prosthetics Opportunities and Recreational Therapy (SPORT) Act. This bill was introduced in response to how VA health plans have routinely denied access to O&P care for physical activities as "not medically necessary." This section would provide coverage under the Department of Veterans Affairs benefit for prosthetic limbs that veterans with limb loss use to participate in sports and other recreational activities. As studies show, veterans living with limb loss who engage in organized recreational activities are less likely to suffer from mental health disorders such as depression, anxiety, and stress. Committee staff consider this change in law to be beneficial to veterans' overall mental health care.

*Section 4: Extension of Certain Limits on Payments of Pension*

Under current law (38 U.S.C. § 5503(d)), the amount of VA pension paid to veterans having no spouse nor child, veterans' surviving spouses having no child, and veterans' children who are admitted to a VA or Medicaid sponsored nursing facility is capped at $90 a month. This section would cover the costs of the other sections of this bill by extending this pension limitation by fourteen months to January 30, 2033. Because they receive government sponsored care in a nursing home, these pension beneficiaries do not require the full amount of pension to cover their cost of living. The Committee believes this short-term extension of the current limit on pension payments is a reasonable way to cover the costs associated with the other sections of this bill.

## HEARINGS

On March 11, 2025, the Subcommittee on Health held a legislative hearing on H.R. 1969 and other bills that were pending before the subcommittee.

The following witnesses testified:

The Honorable Jack Bergman, U.S. House of Representatives, 1st Congressional District, Michigan; The Honorable Greg Murphy, U.S. House of Representatives, 3rd Congressional District, North Carolina; The Honorable Steve Womack,

U.S. House of Representatives, 3rd Congressional District, Arkansas; The Honorable Don Bacon, U.S. House of Representatives, 1st Congressional District, Nebraska; The Honorable Sylvia Garcia, U.S. House of Representatives, 29th Congressional District, Texas; The Honorable Lauren Underwood, U.S. House of Representatives, 14th Congressional District, Illinois; The Honorable Chris Deluzio, U.S. House of Representatives, 17th Congressional District, Pennsylvania; Dr. Thomas O'Toole, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Antoinette Shappell, Deputy Assistant Under Secretary for Health for Patient Services, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Thomas Emmendorfer, Executive Director, Pharmacy Benefits Management, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Jeffrey Gold, President, University of Nebraska System; Ms. Sue Morris, President, Veterans Trust; Mr. Brian Dempsey, Director of Government Affairs, Wounded Warrior Project; Mr. Ed Harries, President, National Association of State Veterans Homes; Mr. Jon Retzer, Deputy National Legislative Director, Disabled American Veterans;

The following individuals and organizations submitted statements for the record:

Veterans Healthcare Policy Institute; Paralyzed Veterans of America; American Federation of Government Employees; Representative Murphy; Trajector Medical; American Association for Marriage and Family Therapy.

## SUBCOMMITTEE CONSIDERATION

On March 25, 2025, the Subcommittee on Health met in an open markup session, a quorum being present, to consider H.R. 1969. Representative Miller-Meeks offered an amendment in the nature of a substitute, which would extend the program through 2026; clarify the interplay with other emergent suicide prevention authorities; and mandate the use of the Columbia-Suicide Severity Rating Scale, which is a screening tool. This amendment was adopted by a recorded vote of 7 yeas, 5 noes. A motion by Representative Van Orden of Wisconsin to order H.R. 1969, as amended, favorably forwarded to the full Committee on Veterans Affairs was agreed to by voice vote.

## COMMITTEE CONSIDERATION

On May 6, 2025, the full Committee met in an open markup session, to consider H.R. 1969, as amended. During consideration of the bill, the following amendments were considered:

An amendment to the amendment in the nature of a substitute to H.R. 1969 was offered by Representative Miller-Meeks, which would offset the costs of the bill and include the text of H.R. 1971, the Veterans SPORT Act, ensuring the availability of adaptive sports or recreation prosthetic limbs, including artificial hand "terminal devices," by recognizing them as clinically necessary for veterans suffering from limb loss. This amendment to the amendment in the nature of a substitute was agreed to by voice vote.

A substitute amendment to the amendment in the nature of a substitute was offered by Representative Ramirez. This substitute amendment, in the nature of a substitute, would strip out Chairwoman Miller-Meeks' ANS entirely, increasing the maximum grant amount from $750,000 to $1,250,000. This amendment in the nature of a substitute would also reauthorize the program to 2028. This substitute amendment to the amendment in the nature of a substitute failed by a recorded vote of 11 ayes, 13 noes.

An amendment to the amendment in the nature of a substitute to H.R. 1969 was offered by Representative Budzinski. This amendment would require grant recipients to prioritize suicide services for veterans who have experienced job loss or unemployment due to the economic turmoil occurring since January 20, 2025. This amendment failed by a recorded vote of 11 ayes, 13 noes.

An amendment to the amendment in the nature of a substitute to H.R. 1969 was offered by Ranking Member Takano. This amendment would require grant recipients to ensure that end users receive a post-intervention mental health assessment using a mental health screening tool, which tool must be the same tool used to conduct the baseline mental health screening for the end user. This amendment failed by voice vote.

A motion by Rep. Bergman of Michigan to report H.R. 1969, as amended, favorably to the House of Representatives, was agreed to by voice vote.

## COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, two recorded votes were taken on amendments or in connection with ordering H.R. 1969, as amended, reported to the House.

**Committee on Veterans' Affairs**

U.S. House of Representatives

119th Congress

Date: May 6, 2025 Recorded Vote #8

Meeting on / Amendment on: **Substitute Amendment to the Amendment in the Nature of a Substitute to H.R. 1969 offered by Rep. Ramirez**

| Name & State | Aye | Nay | Not Voting | Name & State | Aye | Nay | Not Voting |
|---|---|---|---|---|---|---|---|
| Chairman Bost, IL | | X | | Ranking Member Takano, CA | X | | |
| Rep. Radewagen, AS | | | X | Rep. Brownley, CA | X | | |
| Rep. Bergman, MI | | X | | Rep. Pappas, NH | X | | |
| Rep. Mace, SC | | X | | Rep. Cherfilus-McCormick, FL | X | | |
| Rep. Miller-Meeks, IA | | X | | Rep. McGarvey, KY | X | | |
| Rep. Murphy, NC | | X | | Rep. Ramirez, IL | X | | |
| Rep. Van Orden, WI | | X | | Rep. Budzinski, IL | X | | |
| Rep. Luttrell, TX | | X | | Rep. Kennedy, NY | X | | |
| Rep. Ciscomani, AZ | | X | | Rep. Dexter, OR | X | | |
| Rep. Self, TX | | X | | Rep. Conaway, NJ | X | | |
| Rep. Kiggans, VA | | X | | Rep. Morrison, MN | X | | |
| Rep. Hamadeh, AZ | | X | | | | | |
| Rep. King-Hinds, NMI | | X | | | | | |
| Rep. Barrett, MI | | X | | **TOTAL** | **11** | **13** | |

**Committee on Veterans' Affairs**

U.S. House of Representatives

119th Congress

Date: May 6, 2025 Recorded Vote #9

Meeting on / Amendment on: **Amendment to the Amendment in the Nature of a Substitute to H.R. 1969 offered by Rep. Budzinski**

| Name & State | Aye | Nay | Not Voting | Name & State | Aye | Nay | Not Voting |
|---|---|---|---|---|---|---|---|
| Chairman Bost, IL | | X | | Ranking Member Takano, CA | X | | |
| Rep. Radewagen, AS | | | X | Rep. Brownley, CA | X | | |
| Rep. Bergman, MI | | X | | Rep. Pappas, NH | X | | |
| Rep. Mace, SC | | X | | Rep. Cherfilus-McCormick, FL | X | | |
| Rep. Miller-Meeks, IA | | X | | Rep. McGarvey, KY | X | | |
| Rep. Murphy, NC | | X | | Rep. Ramirez, IL | X | | |
| Rep. Van Orden, WI | | X | | Rep. Budzinski, IL | X | | |
| Rep. Luttrell, TX | | X | | Rep. Kennedy, NY | X | | |
| Rep. Ciscomani, AZ | | X | | Rep. Dexter, OR | X | | |
| Rep. Self, TX | | X | | Rep. Conaway, NJ | X | | |
| Rep. Kiggans, VA | | X | | Rep. Morrison, MN | X | | |
| Rep. Hamadeh, AZ | | X | | | | | |
| Rep. King-Hinds, NMI | | X | | | | | |
| Rep. Barrett, MI | | X | | **TOTAL** | **11** | **13** | |

## 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 of H.R. 1969, as amended, are to ensure the continued access by veterans to suicide prevention programs funded by Fox Grants, as well as to ensure access to adaptive prostheses to veterans for the purposes of participating in sports and recreation.

## EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1969, 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. 1969, as amended, prepared by the Director of the Congressional Budget.

## BUDGET AUTHORITY AND 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. 1969, as amended, provided by the Congressional Budget Office (CBO) pursuant to section 402 of the Congressional Budget Act of 1974:

**At a Glance**

**H.R. 1969, No Wrong Door for Veterans Act**

**As ordered reported by the House Committee on Veterans' Affairs on May 6, 2025**

| By Fiscal Year, Millions of Dollars | 2025 | 2025-2030 | 2025-2035 |
|---|---|---|---|
| Direct Spending (Outlays) | 10 | 10 | -46 |
| Revenues | 0 | 0 | 0 |
| Increase or Decrease (-) in the Deficit | 10 | 10 | -46 |
| Spending Subject to Appropriation (Outlays) | 43 | 43 | 43 |

| | | | |
|---|---|---|---|
| Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036? | No | Statutory pay-as-you-go procedures apply? | Yes |
| | | **Mandate Effects** | |
| Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036? | No | Contains intergovernmental mandate? | No |
| | | Contains private-sector mandate? | No |

The bill would:

- Reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program through fiscal year 2026

- Extend the reduction of pensions the Department of Veterans Affairs pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from:

- Authorizing appropriations of $53 million for 2026 for the suicide prevention program
- Reducing pension payments

Bill summary: H.R. 1969 would extend the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program administered by the Department of Veterans Affairs (VA) through fiscal year 2026 and authorize appropriations for that purpose. The bill also would clarify that VA may provide adaptive prosthetic devices for sports and recreational activities as a medical service. Finally, the bill would extend a temporary limitation on certain pension payments through January 2033.

Estimated Federal cost: The estimated budgetary effects of H.R. 1969 are shown in Table 1. The costs of the legislation fall within budget functions 550 (health) and 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 1969

| | By fiscal year, millions of dollars— | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | 2031 | 2032 | 2033 | 2034 | 2035 | 2025–2030 | 2025–2035 |
| INCREASES OR DECREASES (−) IN DIRECT SPENDING | | | | | | | | | | | | | |
| Estimated Budget Authority | 0 | 10 | 0 | 0 | 0 | 0 | 0 | −40 | −16 | 0 | 0 | 10 | −46 |
| Estimated Outlays | 0 | 9 | 1 | 0 | 0 | 0 | 0 | −40 | −16 | 0 | 0 | 10 | −46 |
| INCREASES IN SPENDING SUBJECT TO APPROPRIATION | | | | | | | | | | | | | |
| Estimated Authorization | 0 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 43 |
| Estimated Outlays | 0 | 39 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 43 |

Basis of estimate: For this estimate, CBO assumes that H.R. 1969 will be enacted in fiscal year 2025 and that outlays will follow historical spending patterns for affected programs.

Provisions that affect spending subject to appropriation and direct spending: Section 2 of the bill would reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program through fiscal year 2026 and authorize the appropriation of $53 million for that year. The program makes grants to community organizations that provide suicide prevention services to at-risk veterans.

CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act. The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and IT modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. CBO estimates that 19 percent of such additional funding would come from the TEF in 2026. That percentage is based on the amount of formerly discretionary appropriations that CBO projects will be provided through the mandatory appropria-

tion as specified in the Honoring our PACT Act.[1] CBO estimates that over the 2025–2035 period, implementing section 2 would increase spending subject to appropriation by $43 million and direct spending by $10 million.

Direct spending: In addition to expanding benefits that would partly be covered by the TEF, CBO estimates that enacting the bill would affect direct spending by reducing pension payments to veterans and survivors who reside in Medicaid nursing homes. In total, the bill would decrease net direct spending by $46 million over the 2025–2035 period.

Under current law, VA reduces pension payments to veterans and survivors who reside in Medicaid nursing homes to $90 per month. That required reduction expires November 30, 2031. Section 4 would extend that reduction for 14 months, through January 31, 2033. CBO estimates that extending that requirement would reduce VA benefits by $10 million per month. (Those benefits are paid from mandatory appropriations and are therefore considered direct spending.) As a result of that reduction in beneficiaries' income, Medicaid would pay more of the cost of their care, increasing spending for that program by $6 million per month. Thus, enacting section 4 would reduce net direct spending by $56 million over the 2025–2035 period.

Spending subject to appropriation: The discussion above in "Provisions That Affect Spending Subject to Appropriation and Direct Spending" describes the authorization of appropriations for suicide prevention grants. That authorization would increase spending subject to appropriation by $43 million over the 2025–2035 period.

Section 3 would clarify that adaptive prostheses and terminal devices for sports and other recreational activities are included in the definition of medical services furnished to veterans. VA currently provides those types of adaptive devices; thus, CBO estimates that implementing section 3 would not affect the federal budget.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 1.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 1969 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2036.

Mandates: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Noah Callahan (for veterans health care); Logan Smith (for pensions); Mandates: Brandon Lever.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

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[1] For additional information about estimated spending from the TEF, see CBO's most recent table with details about baseline projections: https://www.cbo.gov/system/files/2025-01/60044-2025-01-tef.pdf.

## FEDERAL MANDATES 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), is inapplicable to H.R. 1969, as amended.

## 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. 1969, as amended.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1969, 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. 1969, 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*

This section would establish the short title as the "No Wrong Door for Veterans Act".

*Section 2: Reauthorization and improvement of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs*

Section 2(a) would extend the authorization of the Fox Suicide Prevention Grant Program through September 30, 2026. This replaces the original sunset clause, which tied the program's expiration to a date three years after the first grant was issued.

Section 2(b) would amend subsection (m) to require grantees to notify eligible veterans that they may qualify for emergent suicide care under 38 U.S.C. § 1720J and, if the veteran elects to receive that care, notify the VA Secretary. Additionally, this would amend subsection (n) to require VA to respond within 72 hours of a referral. If VA does not provide care within that window, the veteran will be automatically eligible for emergent suicide care under § 1720J.

Section 2(c) would authorize $52,500,000 in appropriations for fiscal year 2026.

Section 2(d) would modify eligibility criteria for grantees by requiring that an entity must have provided mental health care or support services continuously in the United States for at least two

years prior to applying. Additionally, it would expand eligible entity types to explicitly include health care providers.

Section 2(e) would clarify the term "emergency treatment" by amending the existing language to read: "The term 'emergency treatment' means medical services".

Section 2(f) would mandate that all grants awarded after enactment must use the Columbia Suicide Severity Rating Scale (C–SSRS) as the standardized screening tool for suicide risk assessment.

*Section 3: Inclusion of adaptive prostheses and terminal devices for recreational activities*

This section would amend 38 U.S.C. § 1701(6)(F)(i) to authorize VA to provide adaptive prosthetic limbs and terminal devices used by veterans to participate in sports and other recreational activities.

*Section 4: Extension of certain limits on payments of pension*

This section would extend the termination date of limitations on VA pension payments to institutionalized beneficiaries by amending 38 U.S.C. § 5503(d)(7), changing the expiration from November 30, 2031, to January 30, 2033.

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

**COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019**

* * * * * * *

# TITLE II—SUICIDE PREVENTION

**SEC. 201. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES.**

(a) PURPOSE; DESIGNATION.—

(1) PURPOSE.—The purpose of this section is to reduce veteran suicide through a community-based grant program to award grants to eligible entities to provide or coordinate sui-

cide prevention services to eligible individuals and their families.

(2) DESIGNATION.—The grant program under this section shall be known as the "Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program".

(b) FINANCIAL ASSISTANCE AND COORDINATION.—The Secretary shall provide financial assistance to eligible entities approved under this section through the award of grants to such entities to provide or coordinate the provision of services to eligible individuals and their families to reduce the risk of suicide. The Secretary shall carry out this section in coordination with the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force and in consultation with the Office of Mental Health and Suicide Prevention of the Department, to the extent practicable.

(c) AWARD OF GRANTS.—

(1) IN GENERAL.—The Secretary shall award a grant to each eligible entity for which the Secretary has approved an application under subsection (f) to provide or coordinate the provision of suicide prevention services under this section.

(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall establish—

(A) a maximum amount to be awarded under the grant of not more than $750,000 per grantee per fiscal year; and

(B) intervals of payment for the administration of the grant.

(d) DISTRIBUTION OF GRANTS AND PREFERENCE.—

(1) DISTRIBUTION.—

(A) PRIORITY.—In compliance with subparagraphs (B) and (C), in determining how to distribute grants under this section, the Secretary may prioritize—

(i) rural communities;

(ii) Tribal lands;

(iii) territories of the United States;

(iv) medically underserved areas;

(v) areas with a high number or percentage of minority veterans or women veterans; and

(vi) areas with a high number or percentage of calls to the Veterans Crisis Line.

(B) AREAS WITH NEED.—The Secretary shall ensure that, to the extent practicable, grants under this section are distributed—

(i) to provide services in areas of the United States that have experienced high rates of suicide by eligible individuals, including suicide attempts; and

(ii) to eligible entities that can assist eligible individuals at risk of suicide who are not currently receiving health care furnished by the Department.

(C) GEOGRAPHY.—In distributing grants under this paragraph, the Secretary may provide grants to eligible entities that furnish services to eligible individuals and their families in geographically dispersed areas.

(2) PREFERENCE.—The Secretary shall give preference to eligible entities that have demonstrated the ability to provide or coordinate suicide prevention services.

(e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving a grant under this section to provide or coordinate suicide prevention services to eligible individuals and their families shall notify the recipients of such services that such services are being paid for, in whole or in part, by the Department.

(2) DEVELOPMENT OF PLAN WITH ELIGIBLE INDIVIDUALS AND THEIR FAMILY.—Any plan developed with respect to the provision of suicide prevention services for an eligible individual or their family shall be developed in consultation with the eligible individual and their family.

(3) COORDINATION.—An entity receiving a grant under this section shall—

(A) coordinate with the Secretary with respect to the provision of clinical services to eligible individuals in accordance with subsection (n) or any other provisions of the law regarding the delivery of health care by the Secretary;

(B) inform every veteran who receives assistance under this section from the entity of the ability of the veteran to apply for enrollment in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

(C) if such a veteran wishes to so enroll, inform the veteran of a point of contact at the Department who can assist the veteran in such enrollment.

(4) MEASUREMENT AND MONITORING.—An entity receiving a grant under this section shall submit to the Secretary a description of such tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity, which shall include the measures developed under subsection (h)(2) and may include—

(A) the effect of the services furnished by the entity on the financial stability of the eligible individual;

(B) the effect of the services furnished by the entity on the mental health status, wellbeing, and suicide risk of the eligible individual; and

(C) the effect of the services furnished by the entity on the social support of the eligible individuals receiving those services.

(5) REPORTS.—The Secretary—

(A) shall require each entity receiving a grant under this section to submit to the Secretary an annual report that describes the projects carried out with such grant during the year covered by the report;

(B) shall specify to each such entity the evaluation criteria and data and information to be submitted in such report; and

(C) may require each such entity to submit to the Secretary such additional reports as the Secretary considers appropriate.

(f) APPLICATION FOR GRANTS.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

(2) MATTERS TO BE INCLUDED.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

(A) A description of the suicide prevention services proposed to be provided by the eligible entity and the identified need for those services.

(B) A detailed plan describing how the eligible entity proposes to coordinate or deliver suicide prevention services to eligible individuals, including—

(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;

(ii) a description of the arrangements currently in place between the eligible entity and such partners with regard to the provision or coordination of suicide prevention services;

(iii) an identification of how long such arrangements have been in place;

(iv) a description of the suicide prevention services provided by such partners that the eligible entity shall coordinate, if any; and

(v) an identification of local suicide prevention coordinators of the Department and a description of how the eligible entity will communicate with local suicide prevention coordinators.

(C) A description of the population of eligible individuals and their families proposed to be provided suicide prevention services.

(D) Based on information and methods developed by the Secretary for purposes of this subsection, an estimate of the number of eligible individuals at risk of suicide and their families proposed to be provided suicide prevention services, including the percentage of those eligible individuals who are not currently receiving care furnished by the Department.

(E) Evidence of measurable outcomes related to reductions in suicide risk and mood-related symptoms utilizing validated instruments by the eligible entity (and the proposed partners of the entity, if any) in providing suicide prevention services to individuals at risk of suicide, particularly to eligible individuals and their families.

(F) A description of the managerial and technological capacity of the eligible entity—

(i) to coordinate the provision of suicide prevention services with the provision of other services;

(ii) to assess on an ongoing basis the needs of eligible individuals and their families for suicide prevention services;

(iii) to coordinate the provision of suicide prevention services with the services of the Department for which eligible individuals are also eligible;

(iv) to tailor suicide prevention services to the needs of eligible individuals and their families;

(v) to seek continuously new sources of assistance to ensure the continuity of suicide prevention services for eligible individuals and their families as long as they are determined to be at risk of suicide; and

(vi) to measure the effects of suicide prevention services provided by the eligible entity or partner organization, in accordance with subsection (h)(2), on the lives of eligible individuals and their families who receive such services provided by the organization using pre- and post-evaluations on validated measures of suicide risk and mood-related symptoms.

(G) Clearly defined objectives for the provision of suicide prevention services.

(H) A description and physical address of the primary location of the eligible entity.

(I) A description of the geographic area the eligible entity plans to serve during the grant award period for which the application applies.

(J) If the eligible entity is a State or local government or an Indian tribe, the amount of grant funds proposed to be made available to community partners, if any, through agreements.

(K) A description of how the eligible entity will assess the effectiveness of the provision of grants under this section.

(L) An agreement to use the measures and metrics provided by the Department for the purposes of measuring the effectiveness of the programming as described in subsection (h)(2).

(M) Such additional application criteria as the Secretary considers appropriate.

(g) TRAINING AND TECHNICAL ASSISTANCE.—

(1) IN GENERAL.—The Secretary shall provide training and technical assistance, in coordination with the Centers for Disease Control and Prevention, to eligible entities in receipt of grants under this section regarding—

(A) suicide risk identification and management;

(B) the data required to be collected and shared with the Department;

(C) the means of data collection and sharing;

(D) familiarization with and appropriate use of any tool to be used to measure the effectiveness of the use of the grants provided; and

(E) the requirements for reporting under subsection (e)(5) on services provided via such grants.

(2) PROVISION OF TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide the training and technical assistance described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit entities.

(h) ADMINISTRATION OF GRANT PROGRAM.—

(1) SELECTION CRITERIA.—The Secretary, in consultation with entities specified in paragraph (3), shall establish criteria for the selection of eligible entities that have submitted applications under subsection (f).

(2) DEVELOPMENT OF MEASURES AND METRICS.—The Secretary shall develop, in consultation with entities specified in paragraph (3), the following:

(A) A framework for collecting and sharing information about entities in receipt of grants under this section for purposes of improving the services available for eligible individuals and their families, set forth by service type, locality, and eligibility criteria.

(B) The measures and metrics to be used by each entity in receipt of grants under this section to determine the effectiveness of the programming being provided by such entity in improving mental health status, wellbeing, and reducing suicide risk and completed suicides of eligible individuals and their families, which shall include an existing measurement tool or protocol for the grant recipient to utilize when determining programmatic effectiveness.

(3) COORDINATION.—In developing a plan for the design and implementation of the provision of grants under this section, including criteria for the award of grants, the Secretary shall consult with the following:

(A) Veterans service organizations.

(B) National organizations representing potential community partners of eligible entities in providing supportive services to address the needs of eligible individuals and their families, including national organizations that—

(i) advocate for the needs of individuals with or at risk of behavioral health conditions;

(ii) represent mayors;

(iii) represent unions;

(iv) represent first responders;

(v) represent chiefs of police and sheriffs;

(vi) represent governors;

(vii) represent a territory of the United States; or

(viii) represent a Tribal alliance.

(C) National organizations representing members of the Armed Forces.

(D) National organizations that represent counties.

(E) Organizations with which the Department has a current memorandum of agreement or understanding related to mental health or suicide prevention.

(F) State departments of veterans affairs.

(G) National organizations representing members of the reserve components of the Armed Forces.

(H) National organizations representing members of the Coast Guard.

(I) Organizations, including institutions of higher education, with experience in creating measurement tools for purposes of advising the Secretary on the most appropriate existing measurement tool or protocol for the Department to utilize.

(J) The National Alliance on Mental Illness.

(K) A labor organization (as such term is defined in section 7103(a)(4) of title 5, United States Code).

(L) The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force, and such other organizations as the Secretary considers appropriate.

(4) REPORT ON GRANT CRITERIA.—Not later than 30 days before notifying eligible entities of the availability of funding under this section, the Secretary shall submit to the appropriate committees of Congress a report containing—

(A) criteria for the award of a grant under this section;

(B) the already developed measures and metrics to be used by the Department to measure the effectiveness of the use of grants provided under this section as described in subsection (h)(2); and

(C) a framework for the sharing of information about entities in receipt of grants under this section.

(i) INFORMATION ON POTENTIAL ELIGIBLE INDIVIDUALS.—

(1) IN GENERAL.—The Secretary may make available to recipients of grants under this section certain information regarding potential eligible individuals who may receive services for which such grant is provided.

(2) INFORMATION INCLUDED.—The information made available under paragraph (1) with respect to potential eligible individuals may include the following:

(A) Confirmation of the status of a potential eligible individual as a veteran.

(B) Confirmation of whether the potential eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

(C) Confirmation of whether a potential eligible individual is currently receiving care furnished by the Department or has recently received such care.

(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of grants under this section.

(j) DURATION.—The authority of the Secretary to provide grants under this section shall terminate on ❲the date that is three years after the date on which the first grant is awarded under this section❳ *September 30, 2026*.

(k) REPORTING.—

(1) INTERIM REPORT.—

(A) IN GENERAL.—Not later than 18 months after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress a report on the provision of grants to eligible entities under this section.

(B) ELEMENTS.—The report submitted under subparagraph (A) shall include the following:

(i) An assessment of the effectiveness of the grant program under this section, including—

(I) the effectiveness of grant recipients and their community partners, if any, in conducting outreach to eligible individuals;

(II) the effectiveness of increasing eligible individuals engagement in suicide prevention services; and

(III) such other validated instruments and additional measures as determined by the Secretary and as described in subsection (h)(2).

(ii) A list of grant recipients and their partner organizations, if any, that delivered services funded by the grant and the amount of such grant received by each recipient and partner organization.

(iii) The number of eligible individuals supported by each grant recipient, including through services provided to family members, disaggregated by—

(I) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

(II) whether each such eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code;

(III) branch of service in the Armed Forces;

(IV) era of service in the Armed Forces;

(V) type of service received by the eligible individual; and

(VI) whether each such eligible individual was referred to the Department for care.

(iv) The number of eligible individuals supported by grants under this section, including through services provided to family members.

(v) The number of eligible individuals described in clause (iv) who were not previously receiving care furnished by the Department, with specific numbers for the population of eligible individuals described in subsection (q)(4)(B).

(vi) The number of eligible individuals whose mental health status, wellbeing, and suicide risk received a baseline measurement assessment under this section and the number of such eligible individuals whose mental health status, wellbeing, and suicide risk will be measured by the Department or a community partner over a period of time for any improvements.

(vii) The types of data the Department was able to collect and share with partners, including a characterization of the benefits of that data.

(viii) The number and percentage of eligible individuals referred to the point of contact at the Department under subsection (e)(3)(C).

(ix) The number of eligible individuals newly enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code based on a referral to the Department from a

grant recipient under subsection (e)(3)(C), disaggregated by grant recipient.

(x) A detailed account of how the grant funds were used, including executive compensation, overhead costs, and other indirect costs.

(xi) A description of any outreach activities conducted by the eligible entity in receipt of a grant with respect to services provided using the grant.

(xii) The number of individuals who seek services from the grant recipient who are not eligible individuals.

(C) SUBMITTAL OF INFORMATION BY GRANT RECIPIENTS.—The Secretary may require eligible entities receiving grants under this section to provide to Congress such information as the Secretary determines necessary regarding the elements described in subparagraph (B).

(2) FINAL REPORT.—Not later than three years after the date on which the first grant is awarded under this section, and annually thereafter for each year in which the program is in effect, the Secretary shall submit to the appropriate committees of Congress—

(A) a follow-up on the interim report submitted under paragraph (1) containing the elements set forth in subparagraph (B) of such paragraph; and

(B) a report on—

(i) the effectiveness of the provision of grants under this section, including the effectiveness of community partners in conducting outreach to eligible individuals and their families and reducing the rate of suicide among eligible individuals;

(ii) an assessment of the increased capacity of the Department to provide services to eligible individuals and their families, set forth by State, as a result of the provision of grants under this section;

(iii) the feasibility and advisability of extending or expanding the provision of grants consistent with this section; and

(iv) such other elements as considered appropriate by the Secretary.

(l) THIRD-PARTY ASSESSMENT.—

(1) STUDY OF GRANT PROGRAM.—

(A) IN GENERAL.—Not later than 180 days after the commencement of the grant program under this section, the Secretary shall seek to enter into a contract with an appropriate entity described in paragraph (3) to conduct a study of the grant program.

(B) ELEMENTS OF STUDY.—In conducting the study under subparagraph (A), the appropriate entity shall—

(i) evaluate the effectiveness of the grant program under this section in—

(I) addressing the factors that contribute to suicides;

(II) increasing the use of suicide prevention services;

(III) reducing mood-related symptoms that increase suicide and suicide risk; and

(IV) where such information is available due to the time frame of the grant program, reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide; and

(V) reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide among eligible individuals through eligible entities located in communities; and

(ii) compare the results of the grant program with other national programs in delivering resources to eligible individuals in the communities where they live that address the factors that contribute to suicide.

(2) ASSESSMENT.—

(A) IN GENERAL.—The contract under paragraph (1) shall provide that not later than 24 months after the commencement of the grant program under this section, the appropriate entity shall submit to the Secretary an assessment based on the study conducted pursuant to such contract.

(B) SUBMITTAL TO CONGRESS.—Upon receipt of the assessment under subparagraph (A), the Secretary shall transmit to the appropriate committees of Congress a copy of the assessment.

(3) APPROPRIATE ENTITY.—An appropriate entity described in this paragraph is a nongovernment entity with experience optimizing and assessing organizations that deliver services and assessing the effectiveness of suicide prevention programs.

(m) REFERRAL FOR CARE.—

(1) MENTAL HEALTH ASSESSMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual is at-risk of suicide or other mental or behavioral health condition pursuant to a baseline mental health screening conducted under subsection (q)(11)(A)(ii) with respect to the individual, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

(2) EMERGENCY TREATMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual furnished clinical services for emergency treatment under subsection (q)(11)(A)(iv) requires ongoing services, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

*(3) EMERGENT SUICIDE CARE.—In the case of an eligible individual who receives suicide prevention services provided or coordinated by an eligible entity in receipt of a grant under this section, the eligible entity shall notify—*

*(A) the eligible individual that the individual may be eligible for emergent suicide care under section 1720J of title 38, United States Code; and*

*(B) the Secretary, if an eligible individual notified under subparagraph (A) elects to receive such emergent suicide care.*

[(3)] *(4)* REFUSAL.—If an eligible individual refuses a referral by an entity under paragraph [(1) or (2)] *(1), (2), or (3)*, any ongoing clinical services provided to the eligible individual by the entity shall be at the expense of the entity.

(n) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—

*(1) IN GENERAL.*—When the Secretary determines it is clinically appropriate, the Secretary shall furnish to eligible individuals who are receiving or have received suicide prevention services through grants provided under this section an initial mental health assessment and mental health or behavioral health care services authorized under chapter 17 of title 38, United States Code, that are required to treat the mental or behavioral health care needs of the eligible individual, including risk of suicide.

*(2) TIME FRAME.—If the Secretary does not provide services under paragraph (1) to an eligible individual during the 72-hour period following a referral under subsection (m), such eligible individual shall be treated as eligible for emergent suicide care under section 1720J of title 38, United States Code.*

(o) AGREEMENTS WITH COMMUNITY PARTNERS.—

(1) IN GENERAL.—Subject to paragraph (2), an eligible entity may use grant funds to enter into an agreement with a community partner under which the eligible entity may provide funds to the community partner for the provision of suicide prevention services to eligible individuals and their families.

(2) LIMITATION.—The ability of a recipient of a grant under this section to provide grant funds to a community partner shall be limited to grant recipients that are a State or local government or an Indian tribe.

(p) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this [section a total of $174,000,000 for fiscal years 2021 through 2025.] *section—*

*(1) a total of $174,000,000 for fiscal years 2021 through 2025; and*

*(2) $52,500,000 for fiscal year 2026.*

(q) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term "appropriate committees of Congress" means—

(A) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

(2) DEPARTMENT.—The term "Department" means the Department of Veterans Affairs.

(3) ELIGIBLE ENTITY.—The term "eligible entity" means *an entity that has continuously provided mental health care or support services in the United States during the two-year period before the date on which the entity applies for a grant under this section and that is—*

(A) an incorporated private institution [or foundation]*, foundation, or health care provider—*

(i) no part of the net earnings of which incurs to the benefit of any member, founder, contributor, or individual; and

(ii) that has a governing board that would be responsible for the operation of the suicide prevention services provided under this section;

(B) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii) of subparagraph (A);

(C) an Indian tribe;

(D) a community-based organization that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact; or

(E) ⟦A⟧ *a* State or local government.

(4) ELIGIBLE INDIVIDUAL.—The term "eligible individual" includes a person at risk of suicide who is—

(A) a veteran as defined in section 101 of title 38, United States Code;

(B) an individual described in section 1720I(b) of such title; or

(C) an individual described in any of clauses (i) through (iv) of section 1712A(a)(1)(C) of such title.

(5) EMERGENCY TREATMENT.—⟦Medical services⟧ *The term "emergency treatment" means medical services*, professional services, ambulance services, ancillary care and medication (including a short course of medication related to and necessary for the treatment of the emergency condition that is provided directly to or prescribed for the patient for use after the emergency condition is stabilized and the patient is discharged) was rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. This standard is met by an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(6) FAMILY.—The term "family" means, with respect to an eligible individual, any of the following:

(A) A parent.

(B) A spouse.

(C) A child.

(D) A sibling.

(E) A step-family member.

(F) An extended family member.

(G) Any other individual who lives with the eligible individual.

(7) INDIAN TRIBE.—The term "Indian tribe" has the meaning given that term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

(8) RISK OF SUICIDE.—

(A) IN GENERAL.—The term "risk of suicide" means exposure to, or the existence of, any of the following (to a degree determined by the Secretary pursuant to regulations):

(i) Health risk factors, including the following:

(I) Mental health challenges.

(II) Substance abuse.

(III) Serious or chronic health conditions or pain.

(IV) Traumatic brain injury.

(ii) Environmental risk factors, including the following:

(I) Prolonged stress.

(II) Stressful life events.

(III) Unemployment.

(IV) Homelessness.

(V) Recent loss.

(VI) Legal or financial challenges.

(iii) Historical risk factors, including the following:

(I) Previous suicide attempts.

(II) Family history of suicide.

(III) History of abuse, neglect, or trauma.

(B) DEGREE OF RISK.—The Secretary may, by regulation, establish a process for determining degrees of risk of suicide for use by grant recipients to focus the delivery of services using grant funds.

(9) RURAL.—The term "rural", with respect to a community, has the meaning given that term in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

(10) SECRETARY.—The term "Secretary" means the Secretary of Veterans Affairs.

(11) SUICIDE PREVENTION SERVICES.—

(A) IN GENERAL.—The term "suicide prevention services" means services to address the needs of eligible individuals and their families and includes the following:

(i) Outreach to identify those at risk of suicide with an emphasis on eligible individuals who are at highest risk or who are not receiving health care or other services furnished by the Department.

(ii) A baseline mental health screening for risk, *which in the case of a grant made on or after the date of the enactment of the No Wrong Door for Veterans Act, shall be the Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale)*.

(iii) Education on suicide risk and prevention to families and communities.

(iv) Provision of clinical services for emergency treatment.

(v) Case management services.

(vi) Peer support services.

(vii) Assistance in obtaining any benefits from the Department that the eligible individual and their family may be eligible to receive, including—

(I) vocational and rehabilitation counseling;

(II) supportive services for homeless veterans;

(III) employment and training services;
(IV) educational assistance; and
(V) health care services.

(viii) Assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity.

(ix) Assistance with emergent needs relating to—
(I) health care services;
(II) daily living services;
(III) personal financial planning and counseling;
(IV) transportation services;
(V) temporary income support services;
(VI) fiduciary and representative payee services;
(VII) legal services to assist the eligible individual with issues that may contribute to the risk of suicide; and
(VIII) child care (not to exceed $5,000 per family of an eligible individual per fiscal year).

(x) Nontraditional and innovative approaches and treatment practices, as determined appropriate by the Secretary, in consultation with appropriate entities.

(xi) Such other services necessary for improving the mental health status and wellbeing and reducing the suicide risk of eligible individuals and their families as the Secretary considers appropriate, which may include—
(I) adaptive sports, equine assisted therapy, or in-place or outdoor recreational therapy;
(II) substance use reduction programming;
(III) individual, group, or family counseling; and
(IV) relationship coaching.

(B) EXCLUSION.—The term "suicide prevention services" does not include direct cash assistance to eligible individuals or their families.

(12) VETERANS CRISIS LINE.—The term "Veterans Crisis Line" means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

(13) VETERANS SERVICE ORGANIZATION.—The term "veterans service organization" means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

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**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 I—GENERAL

### § 1701. Definitions

For the purposes of this chapter—

(1) The term "disability" means a disease, injury, or other physical or mental defect.

(2) The term "veteran of any war" includes any veteran awarded the Medal of Honor.

(3) The term "facilities of the Department" means—

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term "non-Department facilities" means facilities other than Department facilities.

(5) The term "hospital care" includes—

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter—

(i) wheelchairs, artificial limbs *(including adaptive prostheses and terminal devices for sports and other recreational activities)*, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(H) Chiropractic services.

(I) The provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use.

(7) The term "domiciliary care" includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term "rehabilitative services" means such professional, counseling, chiropractic, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term "preventive health services" means—

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) chiropractic examinations and services;

(G) immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

(H) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(I) genetic counseling concerning inheritance of genetically determined diseases;

(J) routine vision testing and eye care services;

(K) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(L) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(10) The term "recommended adult immunization schedule" means the schedule established (and periodically reviewed and, as appropriate, revised) by the Advisory Committee on Immunization Practices established by the Secretary of Health and Human Services and delegated to the Centers for Disease Control and Prevention.

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# PART IV—GENERAL ADMINISTRATIVE PROVISIONS

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## CHAPTER 55—MINORS, INCOMPETENTS, AND OTHER WARDS

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### § 5503. Hospitalized veterans and estates of incompetent institutionalized veterans

(a)(1)(A) Where any veteran having neither spouse nor child is being furnished domiciliary care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care.

(B) Except as provided in subparagraph (D) of this paragraph, where any veteran having neither spouse nor child is being furnished nursing home care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care. Any amount in excess of $90 per month to which the veteran would be entitled but for the application of the preceding sentence shall be deposited in a revolving fund at the Department medical facility which furnished the veteran nursing care, and such amount shall be available for obligation without fiscal year limitation to help defray operating expenses of that facility.

(C) No pension in excess of $90 per month shall be paid to or for a veteran having neither spouse nor child for any period after the month in which such veteran is readmitted for care described in subparagraph (A) or (B) of this paragraph and furnished by the Department if such veteran is readmitted within six months of a period of care in connection with which pension was reduced pursuant to subparagraph (A) or (B) of this paragraph.

(D) In the case of a veteran being furnished nursing home care by the Department and with respect to whom subparagraph (B) of this paragraph requires a reduction in pension, such reduction shall not be made for a period of up to three additional calendar months after the last day of the third month referred to in such subparagraph if the Secretary determines that the primary purpose for the furnishing of such care during such additional period is for the Department to provide such veteran with a prescribed program of rehabilitation services, under chapter 17 of this title, designed to restore such veteran's ability to function within such veteran's family and community. If the Secretary determines that it is necessary, after such period, for the veteran to continue such program of rehabilitation services in order to achieve the purposes of such program and that the primary purpose of furnishing nursing home care to the veteran continues to be the provision of such program to the veteran, the reduction in pension required by subparagraph (B) of this paragraph shall not be made for the number of calendar months that the Secretary determines is necessary for the veteran to achieve the purposes of such program.

(2) The provisions of paragraph (1) shall also apply to a veteran being furnished such care who has a spouse but whose pension is payable under section 1521(b) of this title. In such a case, the Secretary may apportion and pay to the spouse, upon an affirmative showing of hardship, all or any part of the amounts in excess of the amount payable to the veteran while being furnished such care which would be payable to the veteran if pension were payable under section 1521(c) of this title.

(b) Notwithstanding any other provision of this section or any other provision of law, no reduction shall be made in the pension of any veteran for any part of the period during which the veteran is furnished hospital treatment, or institutional or domiciliary care, for Hansen's disease, by the United States or any political subdivision thereof.

(c) Where any veteran in receipt of an aid and attendance allowance described in subsection (r) or (t) of section 1114 of this title is hospitalized at Government expense, such allowance shall be discontinued from the first day of the second calendar month which begins after the date of the veteran's admission for such hospitalization for so long as such hospitalization continues. Any discontinuance required by administrative regulation, during hospitalization of a veteran by the Department, of increased pension based on need of regular aid and attendance or additional compensation based on need of regular aid and attendance as described in subsection (*l*) or (m) of section 1114 of this title, shall not be effective earlier than the first day of the second calendar month which begins after the date of the veteran's admission for hospitalization. In case a veteran affected by this subsection leaves a hospital against medical advice and is thereafter admitted to hospitalization within six months from the date of such departure, such allowance, increased pension, or additional compensation, as the case may be, shall be discontinued from the date of such readmission for so long as such hospitalization continues.

(d)(1) For the purposes of this subsection—

(A) the term "Medicaid plan" means a State plan for medical assistance referred to in section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)); and

(B) the term "nursing facility" means a nursing facility described in section 1919 of such Act (42 U.S.C. 1396r), other than a facility that is a State home with respect to which the Secretary makes per diem payments for nursing home care pursuant to section 1741(a) of this title.

(2) If a veteran having neither spouse nor child is covered by a Medicaid plan for services furnished such veteran by a nursing facility, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the month of admission to such nursing facility.

(3) Notwithstanding any provision of title XIX of the Social Security Act, the amount of the payment paid a nursing facility pursuant to a Medicaid plan for services furnished a veteran may not be reduced by any amount of pension permitted to be paid such veteran under paragraph (2) of this subsection.

(4) A veteran is not liable to the United States for any payment of pension in excess of the amount permitted under this subsection that is paid to or for the veteran by reason of the inability or fail-

ure of the Secretary to reduce the veteran's pension under this subsection unless such inability or failure is the result of a willful concealment by the veteran of information necessary to make a reduction in pension under this subsection.

(5)(A) The provisions of this subsection shall apply with respect to a surviving spouse having no child in the same manner as they apply to a veteran having neither spouse nor child.

(B) The provisions of this subsection shall apply with respect to a child entitled to pension under section 1542 of this title in the same manner as they apply to a veteran having neither spouse nor child.

(6) The costs of administering this subsection shall be paid for from amounts available to the Department of Veterans Affairs for the payment of compensation and pension.

(7) This subsection expires on [November 30, 2031] *January 30, 2033*.

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## MINORITY VIEWS

The amendment in the nature of a substitute (A.N.S.) to the No Wrong Door for Veterans Act (H.R. 1969), as amended, reauthorizes the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program for one year and makes additional changes.

While Democratic members appreciate the importance of the Staff Sergeant Parker Gordon Fox Suicide Prevention grant program in VA's overall suicide prevention strategy and generally support reauthorizing the program, we want to ensure that it is reauthorized a way that ensures it is as effective and robust as possible. We are concerned that this bill, as amended and reported by the Committee, will not meet that goal.

First, based on the two congressionally mandated reports that VA has so far provided to the Committee, the Fox grant program has not been implemented in a way that enables VA and Congress to evaluate its overall effectiveness. VA has not established enough metrics to monitor the success of the program. Further, grantees are not collecting or reporting complete data for all participants, which limits Congress's ability to determine whether this grant program is meeting its intended purposes. H.R. 1969 does not take steps to address these concerns, and in fact includes provisions that would further limit the collection of robust, complete data from grantees.

This bill would also require grantees to use the Columbia Suicide Severity Rating Scale (CSSRS) to screen participants for their baseline mental health when entering the program. While this tool is a widely accepted, clinically validated behavioral health screening instrument, its primary use is to measure a patient's suicidal ideation and the severity of suicidal risk at a given point in time. As the Fox grant program is currently implemented, grantees have the option to screen participants' baseline mental health with the following screening tools: Patient Health Questionnaire, General Self-Efficacy Scale, Interpersonal Support Evaluation List, Socio Economic Status, and the Warwick Edinburgh Mental Well-Being Scale. These other instruments measure the degree of depression a patient is experiencing; their levels of emotion, optimism, and work satisfaction; and their perceptions of social support. Since the Fox grant program is intended to address "upstream" factors of mental health that contribute to veterans' suicide risk, it seems that the CSSRS would be the least useful tool for measuring the program's effectiveness, as it assesses acute suicidality. Limiting grantees to the use of a single screening instrument that measures suicide risk at a point in time will further limit our ability to evaluate the overall effectiveness of the Staff Sergeant Parker Gordon Fox Suicide Prevention grant program on improving veterans' mental health.

In testimony delivered during the March 11, 2025, Health Subcommittee legislative hearing, VA addressed its concerns with the bill as drafted:

> "VA is concerned about allowing grantees to use a different protocol for the baseline mental health screening for risk besides the protocol furnished by the Secretary. The current baseline mental health screening protocol is the collection of five screenings that assess mental health, well-being, financial stability, and social support. These inform the individual's treatment plan and referral needs; they also are vital to program evaluation because they are conducted both pre- and post-service delivery. To determine service and program effectiveness, it is essential that all grantees use the same protocol for this. The Columbia-Suicide Severity Rating Scale is currently a tool used by VA as one component of eligibility screening, in that it identifies individuals with suicidal thoughts and behaviors. If Congress's intent is simply to allow grantees to use a different protocol to determine the degree of risk for eligibility, we believe this needs to be clarified, though this could raise concerns with creating disparate approaches."

Committee Democrats agree that we must ensure grantees use the same protocol to conduct both baseline- and post-service *mental health* screenings of program participants to properly evaluate the effectiveness of this program. However, artificially restricting VA and grantees to using one tool that only measures *suicide* risk through statute will fail to meet this goal.

In addition, we are concerned about provisions of H.R. 1969, as amended, that would dramatically alter the entities that would be eligible to receive grants. Specifically, we oppose language that would add "health care providers" as eligible grantees. The Staff Sergeant Parker Gordon Fox Suicide Prevention grant program was designed to allow community-based organizations to help address upstream suicide risk factors and provide services to support veterans' needs. It was never intended to directly provide clinical care, particularly mental health care. H.R. 1969, as amended, would create a loophole for selected community providers to receive grants of up to $750,000 to furnish mental healthcare to veterans at VA's expense, without any requirements to coordinate the veterans' care with VA. Combined with our existing concerns about the bill's lack of requirements to strengthen data collection and demonstration of effective outcomes, we remain extremely concerned that the lack of guardrails or oversight will weaken the quality of care provided to veterans.

In its current form, H.R. 1969, as amended, does not reauthorize this grant program in a way that will meet the needs of our veterans. Accordingly, Democratic members offered several amendments to the bill at full Committee markup, all of which were summarily rejected by the majority. The amendments included:

1. Substitute amendment offered by Rep. Ramirez: Would have stricken the underlying language and replaced it with the text of S. 793, To amend the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 to

modify and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs. It is the belief of the Democratic members that any effort to reauthorize the Fox Grant program should be in coordination with our Senate counterparts. We also feel that the Senate bill, as drafted, provides a better starting point for reauthorization of the Fox grant program and includes provisions that at least partially address our concerns; namely, the provision in Section 1(c) that will require VA to collect additional measures and metrics, to provide better accountability to Congress and reflect lessons learned from interim reporting on and evaluation of the grant program.

2. Amendment offered by Rep. Budzinski: Would have required grantees to prioritize serving veterans who have experienced job loss or unemployment since January 20, 2025. More than 700,000 veterans are federal employees, which accounts for about a quarter of the entire federal workforce. Many of these individuals are either facing job loss or extreme uncertainty about their continued employment, in light of President Trump's efforts to reduce the federal workforce. Because job loss and job insecurity are both known to lead to higher suicide risk for both men and women veterans, we believe grantees should prioritize providing services to these veterans.

3. Amendment offered by Ranking Member Takano: Would have helped strengthen the data collection requirements in this bill by requiring grantees to conduct post-intervention mental health assessments using the same validated mental health screening tool used to conduct the baseline mental health screening. It is critical for grantees to demonstrate improvements in veterans' mental health and suicide risk factors, to show that the program is working as intended. Ensuring the grantees are using the same screening tools to conduct pre- and post-intervention screenings will help VA and Congress conduct more robust oversight of the grant program.

Committee Democrats support reauthorization of the Staff Sergeant Parker Gordon Fox Suicide Prevention grant program and improving veterans' access to programs that help reduce suicide risk. However, as outlined above, we remain concerned about numerous provisions in H.R. 1969, as amended, and we would like to see a number of changes made before reauthorization legislation is enacted.

MARK TAKANO,
*Ranking Member.*

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