

AMENDMENT TO THE RULES COMMITTEE PRINT
118-36
OFFERED BY MR. CONNOLLY OF VIRGINIA

At the end of subtitle C of title XVII, insert the following new section:

1 **SEC. ____ . NATIONAL VETERAN SUICIDE PREVENTION AN-**
2 **NUAL REPORT.**

3 (a) **IN GENERAL.**—Not later than 18 months after
4 the date of the enactment of this Act, and not later than
5 September 30 of each year thereafter, the Secretary of
6 Veterans Affairs shall submit to the appropriate commit-
7 tees of Congress and publish on a publicly available
8 website of the Department of Veterans Affairs a report
9 to be known as the “National Veteran Suicide Prevention
10 Annual Report”.

11 (b) **EXTENSION.**—

12 (1) **IN GENERAL.**—If the Secretary requires an
13 extension of the deadline for a report under sub-
14 section (a), the Secretary shall submit to the appro-
15 priate committees of Congress a written request for
16 such an extension.

1 (2) ELEMENTS.—Each written request under
2 paragraph (1) for an extension for a report shall in-
3 clude the following:

4 (A) The rationale for the delay in submit-
5 ting the report.

6 (B) An explanation of the need for an ex-
7 tension.

8 (C) A proposed amended date for the sub-
9 mittal and publication of the report.

10 (c) BRIEFING.—Before submitting a report under
11 subsection (a), the Secretary shall brief the appropriate
12 committees of Congress on the report.

13 (d) ELEMENTS OF REPORT.—

14 (1) IN GENERAL.—Each report under sub-
15 section (a) shall include the findings of the national
16 analysis of veteran suicide rates for the latest year
17 data is available and shall include trends and com-
18 parisons to previous years.

19 (2) ADDITIONAL ELEMENTS.—Each report
20 under subsection (a) shall include, for the year cov-
21 ered by the report, the following:

22 (A) Suicide rates of veterans disaggregated
23 by age, gender, and race or ethnicity.

24 (B) Trends in suicide rates of veterans
25 compared to engagement of those veterans with

1 health care from the Veterans Health Adminis-
2 tration, including an examination of trends in
3 suicide rates or deaths among—

4 (i) veterans who have recently received
5 health care from the Veterans Health Ad-
6 ministration as compared to veterans who
7 have never received health care from the
8 Veterans Health Administration;

9 (ii) veterans who are enrolled in the
10 patient enrollment system of the Depart-
11 ment of Veterans Affairs under section
12 1705(a) of title 38, United States Code, as
13 compared to veterans who have never en-
14 rolled in such system;

15 (iii) veterans who have recently used
16 services from a Vet Center as compared to
17 veterans who have never used such serv-
18 ices;

19 (iv) veterans who have a diagnosis of
20 substance use disorder; and

21 (v) other groups of veterans relating
22 to engagement with health care from the
23 Veterans Health Administration, as the
24 Secretary considers practicable.

1 (C) Trends in suicide rates of veterans
2 compared to engagement of those veterans with
3 benefits from the Veterans Benefits Administra-
4 tion, including an examination of trends in sui-
5 cide rates or deaths among—

6 (i) veterans who are currently using,
7 have previously used, or have never used
8 educational assistance under the laws ad-
9 ministered by the Secretary;

10 (ii) veterans who are currently receiv-
11 ing, have previously received, or have never
12 received services or assistance under chap-
13 ter 31 of title 38, United States Code;

14 (iii) with respect to compensation
15 under chapter 11 of such title—

16 (I) veterans who were recipients
17 of such compensation as compared to
18 veterans who never applied for such
19 compensation prior to death;

20 (II) veterans who had a claim de-
21 nied for such compensation prior to
22 death;

23 (III) veterans who had a pending
24 claim for such compensation at time
25 of death; and

1 (IV) veterans who had an entitle-
2 ment for such compensation reduced
3 prior to death;

4 (iv) veterans who are currently receiv-
5 ing or have never received pension under
6 chapter 15 of title 38, United States Code,
7 excluding those who have never received
8 pension benefits but who were receiving
9 compensation benefits;

10 (v) veterans who are currently using,
11 have previously used, or have never used
12 programs or services provided by the
13 Homeless Programs Office of the Depart-
14 ment, including an examination of trends
15 in suicide rates or deaths among veterans
16 who made contact with such office but
17 were denied or deemed ineligible for any
18 such program or service;

19 (vi) with respect to housing loans
20 guaranteed by the Secretary under chapter
21 37 of title 38, United States Code—

22 (I) veterans who applied for such
23 a loan, whether their application was
24 accepted or not;

1 (II) veterans who are current re-
2 cipients of, were previously recipients
3 of, or have never received such a loan;
4 and

5 (III) veterans who were turned
6 down for such a loan by a lender;

7 (vii) with respect to financial hard-
8 ships—

9 (I) veterans facing health care
10 debts;

11 (II) veterans owing debts to the
12 Department;

13 (III) veterans facing foreclosure
14 or bankruptcy; and

15 (IV) other relevant debts owed by
16 a veteran related to claims for bene-
17 fits under the laws administered by
18 the Secretary;

19 (viii) veterans who were involved in a
20 veterans treatment court program, whether
21 they graduated successfully or not; and

22 (ix) veterans who were successfully
23 contacted, unsuccessfully contacted, or
24 never contacted by the Department
25 through the Solid Start program under

1 section 6320 of title 38, United States
2 Code.

3 (3) STRATEGY AND RECOMMENDATIONS.—

4 (A) INITIAL REPORT.—The initial report
5 under subsection (a) shall include a strategy
6 and recommendations developed by the Sec-
7 retary of Veterans Affairs, in collaboration with
8 the Director of the Centers for Disease Control
9 and Prevention and the Secretary of Defense,
10 for—

11 (i) improving data collection at the
12 State and local levels to accurately capture
13 suicide deaths of veterans;

14 (ii) improving the timeliness, efficacy,
15 and standardization of data reporting on
16 suicide deaths of veterans at the Federal
17 level, including by the Centers for Disease
18 Control and Prevention, the Department of
19 Defense, and the Department of Veterans
20 Affairs;

21 (iii) improving the timeliness of identi-
22 fication and analysis of suicide deaths of
23 veterans by Federal agencies, including the
24 Centers for Disease Control and Preven-

1 tion, the Department of Defense, and the
2 Department of Veterans Affairs; and

3 (iv) any other necessary process im-
4 provements for improving the timeliness,
5 efficacy, and standardization of reporting
6 of data relating to suicide deaths of vet-
7 erans, particularly with respect to the an-
8 nual report under this section.

9 (B) SUBSEQUENT REPORTS.—Each report
10 after the initial report under subsection (a)
11 shall include updates on actions taken to meet
12 the strategy and recommendations developed
13 under subparagraph (A).

14 (e) REPORT ON ADDITIONAL BENEFITS AND SERV-
15 ICES FROM DEPARTMENT OF VETERANS AFFAIRS TO
16 PREVENT VETERAN SUICIDE.—

17 (1) IN GENERAL.—Not later than three years
18 after the date of the enactment of this Act, the Sec-
19 retary of Veterans Affairs shall submit to the Com-
20 mittee on Veterans' Affairs of the Senate and the
21 Committee on Veterans' Affairs of the House of
22 Representatives and publish on a publicly available
23 website of the Department of Veterans Affairs a re-
24 port that analyzes which benefits and services from
25 the Department, including the Veterans Benefits

1 Administration, have the greatest impact on preven-
2 tion of suicide among veterans, including rec-
3 ommendations for potential expansion of services
4 and benefits to reduce the number of veteran sui-
5 cides.

6 (2) ASSESSMENT OF SOLID START PROGRAM.—
7 The report required by paragraph (!) shall include
8 an analysis of the effectiveness of the Solid Start
9 program under section 6320 of title 38, United
10 States Code, on prevention of suicide among vet-
11 erans.

12 (f) TOOLKIT FOR STATE AND LOCAL CORONERS AND
13 MEDICAL EXAMINERS ON BEST PRACTICES FOR IDENTI-
14 FYING AND REPORTING ON SUICIDE DEATHS OF VET-
15 ERANS.—

16 (1) IN GENERAL.—The Secretary of Veterans
17 Affairs, in collaboration with the Director of the
18 Centers for Disease Control and Prevention, shall
19 develop a toolkit for State and local coroners and
20 medical examiners that contains best practices for—

21 (A) accurately identifying and reporting
22 suicide deaths of veterans, including how to
23 identify veteran status; and

1 (B) reporting such deaths to the Centers
2 for Disease Control and Prevention and other
3 applicable entities.

4 (2) AVAILABILITY.—Not later than two years
5 after the date of the enactment of this Act, the Sec-
6 retary shall make the toolkit developed under this
7 section available on a publicly available website of
8 the Department of Veterans Affairs.

9 (3) OUTREACH.—The Secretary, in collabora-
10 tion with the Director of the Centers for Disease
11 Control and Prevention, shall conduct outreach to
12 appropriate State and local agencies to promote the
13 availability and use of the toolkit developed under
14 this subsection.

15 (g) STUDY ON FEASIBILITY AND ADVISABILITY OF
16 CREATING A SUICIDE PREVENTION OFFICE OF THE DE-
17 PARTMENT OF VETERANS AFFAIRS.—

18 (1) IN GENERAL.—After the submittal by the
19 Comptroller General of the United States to the
20 Committee on Veterans' Affairs of the Senate and
21 the Committee on Veterans' Affairs of the House of
22 Representatives of the management review required
23 under section 403 of the Commander John Scott
24 Hannon Veterans Mental Health Care Improvement
25 Act of 2019 (Public Law 116–171; 134 Stat. 810),

1 which required a management review of the mental
2 health and suicide prevention services provided by
3 the Department of Veterans Affairs, the Secretary of
4 Veterans Affairs shall—

5 (A) review the findings and recommenda-
6 tions of the management review; and

7 (B) conduct a study on the feasibility and
8 advisability of creating a suicide prevention of-
9 fice of the Department of Veterans Affairs at
10 the level of the Office of the Secretary that
11 would elevate suicide prevention as a top pri-
12 ority across the entire Department, including
13 with respect to the work and programs of the
14 Veterans Benefits Administration and under
15 partnerships with other entities, including other
16 Federal agencies and non-governmental part-
17 ners.

18 (2) REPORT TO CONGRESS.—

19 (A) IN GENERAL.—Not later than two
20 years after the submission by the Comptroller
21 General of the management review described in
22 paragraph (1), the Secretary shall submit to the
23 Committee on Veterans' Affairs of the Senate
24 and the Committee on Veterans' Affairs of the

1 House of Representatives a report summa-
2 rizing—

3 (i) any actions planned or taken, in-
4 cluding reorganizations or changes to re-
5 porting or governance structures, in re-
6 sponse to the management review, includ-
7 ing any completion dates or targeted com-
8 pletion dates for any such actions; and

9 (ii) the results of the study required
10 under subsection (a)(2), which shall in-
11 clude an examination of the considerations
12 for creating a suicide prevention office of
13 the Department of Veterans Affairs at the
14 level of the Office of the Secretary, includ-
15 ing—

16 (I) benefits and potential draw-
17 backs;

18 (II) projected costs and staffing
19 needs, including new full-time equiva-
20 lent employees and transferred full-
21 time equivalent employees; and

22 (III) suggested organizational
23 and leadership structure and principal
24 activities and functions of the suicide
25 prevention office.

1 (B) RECOMMENDATIONS REGARDING OR-
2 GANIZATION AND LEADERSHIP STRUCTURE.—In
3 providing suggestions for organizational and
4 leadership structure under the report under
5 subparagraph (A)(ii)(III), the Secretary shall—

6 (i) assess whether the suicide preven-
7 tion office of the Department should be led
8 by a political appointee, a career employee
9 in a Senior Executive Service position (as
10 defined in section 3132 of title 5, United
11 States Code) or equivalent, or another po-
12 sition type; and

13 (ii) detail which functions would re-
14 main in the current Office of Mental
15 Health and Suicide Prevention of the Vet-
16 erans Health Administration, including an
17 assessment of where management of the
18 Veterans Crisis Line under section
19 1720F(h) of title 38, United States Code,
20 should reside.

21 (h) DEFINITIONS.—In this section:

22 (1) The term “appropriate committees of Con-
23 gress” means the Committee on Veterans’ Affairs of
24 the Senate and the Committee on Veterans’ Affairs
25 of the House of Representatives.

1 (2) The term “Vet Center” means a center for
2 readjustment counseling and related mental health
3 services for veterans under section 1712A of title 38,
4 United States Code.

