

118TH CONGRESS 1ST SESSION H.R. 4157

To require the Secretary of Veterans Affairs to prepare an annual report on suicide prevention, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

June 15, 2023

Mr. Connolly (for himself and Ms. Mace) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To require the Secretary of Veterans Affairs to prepare an annual report on suicide prevention, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Not Just a Number
- 5 Act".
- 6 SEC. 2. NATIONAL VETERAN SUICIDE PREVENTION AN-
- 7 **NUAL REPORT.**
- 8 (a) In General.—Not later than 18 months after
- 9 the date of the enactment of this Act, and not later than
- 10 September 30 of each year thereafter, the Secretary of

- 1 Veterans Affairs shall submit to the appropriate committees of Congress and publish on a publicly available website of the Department of Veterans Affairs a report to be known as the "National Veteran Suicide Prevention 5 Annual Report". 6 (b) Extension.— 7 (1) In General.—If the Secretary requires an extension of the deadline for a report under sub-8 9 section (a), the Secretary shall submit to the appro-10 priate committees of Congress a written request for 11 such an extension. 12 (2) Elements.—Each written request under 13 paragraph (1) for an extension for a report shall in-14 clude the following: 15 (A) The rationale for the delay in submit-16 ting the report. 17 (B) An explanation of the need for an ex-18 tension. 19 (C) A proposed amended date for the sub-20 mittal and publication of the report. (c) Briefing.—Before submitting a report under 21 22 subsection (a), the Secretary shall brief the appropriate 23 committees of Congress on the report.
- 24 (d) Elements of Report.—

1	(1) In general.—Each report under sub-
2	section (a) shall include the findings of the national
3	analysis of veteran suicide rates for the latest year
4	data is available and shall include trends and com-
5	parisons to previous years.
6	(2) Additional elements.—Each report
7	under subsection (a) shall include, for the year cov-
8	ered by the report, the following:
9	(A) Suicide rates of veterans disaggregated
10	by age, gender, and race or ethnicity.
11	(B) Trends in suicide rates of veterans
12	compared to engagement of those veterans with
13	health care from the Veterans Health Adminis-
14	tration, including an examination of trends in
15	suicide rates or deaths among—
16	(i) veterans who have recently received
17	health care from the Veterans Health Ad-
18	ministration as compared to veterans who
19	have never received health care from the
20	Veterans Health Administration;
21	(ii) veterans who are enrolled in the
22	patient enrollment system of the Depart-
23	ment of Veterans Affairs under section
24	1705(a) of title 38, United States Code, as

1	compared to veterans who have never en-
2	rolled in such system;
3	(iii) veterans who have recently used
4	services from a Vet Center as compared to
5	veterans who have never used such serv-
6	ices;
7	(iv) veterans who have a diagnosis of
8	substance use disorder; and
9	(v) other groups of veterans relating
10	to engagement with health care from the
11	Veterans Health Administration, as the
12	Secretary considers practicable.
13	(C) Trends in suicide rates of veterans
14	compared to engagement of those veterans with
15	benefits from the Veterans Benefits Administra-
16	tion, including an examination of trends in sui-
17	cide rates or deaths among—
18	(i) veterans who are currently using,
19	have previously used, or have never used
20	educational assistance under the laws ad-
21	ministered by the Secretary;
22	(ii) veterans who are currently receiv-
23	ing, have previously received, or have never
24	received services or assistance under chap-
25	ter 31 of title 38, United States Code;

1	(iii) with respect to compensation
2	under chapter 11 of such title—
3	(I) veterans who were recipients
4	of such compensation as compared to
5	veterans who never applied for such
6	compensation prior to death;
7	(II) veterans who had a claim de-
8	nied for such compensation prior to
9	death;
10	(III) veterans who had a pending
11	claim for such compensation at time
12	of death; and
13	(IV) veterans who had an entitle-
14	ment for such compensation reduced
15	prior to death;
16	(iv) veterans who are currently receiv-
17	ing or have never received pension under
18	chapter 15 of title 38, United States Code,
19	excluding those who have never received
20	pension benefits but who were receiving
21	compensation benefits;
22	(v) veterans who are currently using,
23	have previously used, or have never used
24	programs or services provided by the
25	Homeless Programs Office of the Depart-

1	ment, including an examination of trends
2	in suicide rates or deaths among veterans
3	who made contact with such office but
4	were denied or deemed ineligible for any
5	such program or service;
6	(vi) with respect to housing loans
7	guaranteed by the Secretary under chapter
8	37 of title 38, United States Code—
9	(I) veterans who applied for such
10	a loan, whether their application was
11	accepted or not;
12	(II) veterans who are current re-
13	cipients of, were previously recipients
14	of, or have never received such a loan;
15	and
16	(III) veterans who were turned
17	down for such a loan by a lender;
18	(vii) with respect to financial hard-
19	ships—
20	(I) veterans facing health care
21	debts;
22	(II) veterans owing debts to the
23	Department;
24	(III) veterans facing foreclosure
25	or bankruptcy; and

1	(IV) other relevant debts owed by
2	a veteran related to claims for bene-
3	fits under the laws administered by
4	the Secretary;
5	(viii) veterans who were involved in a
6	veterans treatment court program, whether
7	they graduated successfully or not; and
8	(ix) veterans who were successfully
9	contacted, unsuccessfully contacted, or
10	never contacted by the Department
11	through the Solid Start program under
12	section 6320 of title 38, United States
13	Code.
14	(3) Strategy and recommendations.—
15	(A) Initial report.—The initial report
16	under subsection (a) shall include a strategy
17	and recommendations developed by the Sec-
18	retary of Veterans Affairs, in collaboration with
19	the Director of the Centers for Disease Control
20	and Prevention and the Secretary of Defense,
21	for—
22	(i) improving data collection at the
23	State and local levels to accurately capture
24	suicide deaths of veterans;

1	(ii) improving the timeliness, efficacy,
2	and standardization of data reporting on
3	suicide deaths of veterans at the Federal
4	level, including by the Centers for Disease
5	Control and Prevention, the Department of
6	Defense, and the Department of Veterans
7	Affairs;
8	(iii) improving the timeliness of identi-
9	fication and analysis of suicide deaths of
10	veterans by Federal agencies, including the
11	Centers for Disease Control and Preven-
12	tion, the Department of Defense, and the
13	Department of Veterans Affairs; and
14	(iv) any other necessary process im-
15	provements for improving the timeliness,
16	efficacy, and standardization of reporting
17	of data relating to suicide deaths of vet-
18	erans, particularly with respect to the an-
19	nual report under this section.
20	(B) Subsequent reports.—Each report
21	after the initial report under subsection (a)
22	shall include updates on actions taken to meet
23	the strategy and recommendations developed
24	under subparagraph (A).
25	(e) DEFINITIONS.—In this section:

1 (1)APPROPRIATE COMMITTEES OF CON-2 GRESS.—The term "appropriate committees of Congress" means the Committee on Veterans' Affairs of 3 the Senate and the Committee on Veterans' Affairs of the House of Representatives. 6 (2) Vet center.—The term "Vet Center" 7 means a center for readjustment counseling and re-8 lated mental health services for veterans under sec-9 tion 1712A of title 38, United States Code. 10 SEC. 3. REPORT ON ADDITIONAL BENEFITS AND SERVICES 11 FROM DEPARTMENT OF VETERANS AFFAIRS 12 TO PREVENT VETERAN SUICIDE. 13 (a) In General.—Not later than three years after the date of the enactment of this Act, the Secretary of 14 15 Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Vet-16 erans' Affairs of the House of Representatives and publish on a publicly available website of the Department of Vet-18 19 erans Affairs a report that analyzes which benefits and 20 services from the Department, including the Veterans 21 Benefits Administration, have the greatest impact on prevention of suicide among veterans, including recommenda-

tions for potential expansion of services and benefits to

reduce the number of veteran suicides.

1	(b) Assessment of Solid Start Program.—The
2	report required by subsection (a) shall include an analysis
3	of the effectiveness of the Solid Start program under sec-
4	tion 6320 of title 38, United States Code, on prevention
5	of suicide among veterans.
6	SEC. 4. TOOLKIT FOR STATE AND LOCAL CORONERS AND
7	MEDICAL EXAMINERS ON BEST PRACTICES
8	FOR IDENTIFYING AND REPORTING ON SUI-
9	CIDE DEATHS OF VETERANS.
10	(a) In General.—The Secretary of Veterans Af-
11	fairs, in collaboration with the Director of the Centers for
12	Disease Control and Prevention, shall develop a toolkit for
13	State and local coroners and medical examiners that con-
14	tains best practices for—
15	(1) accurately identifying and reporting suicide
16	deaths of veterans, including how to identify veteran
17	status; and
18	(2) reporting such deaths to the Centers for
19	Disease Control and Prevention and other applicable
20	entities.
21	(b) AVAILABILITY.—Not later than two years after
22	the date of the enactment of this Act, the Secretary shall
23	make the toolkit developed under subsection (a) available
24	on a publicly available website of the Department of Vet-
25	erans Affairs.

1	(c) Outreach.—The Secretary, in collaboration with
2	the Director of the Centers for Disease Control and Pre-
3	vention, shall conduct outreach to appropriate State and
4	local agencies to promote the availability and use of the
5	toolkit developed under subsection (a).
6	SEC. 5. STUDY ON FEASIBILITY AND ADVISABILITY OF CRE-
7	ATING A SUICIDE PREVENTION OFFICE OF
8	THE DEPARTMENT OF VETERANS AFFAIRS.
9	(a) IN GENERAL.—After the submittal by the Comp-
10	troller General of the United States to the Committee on
11	Veterans' Affairs of the Senate and the Committee on Vet-
12	erans' Affairs of the House of Representatives of the man-
13	agement review required under section 403 of the Com-
14	mander John Scott Hannon Veterans Mental Health Care
15	Improvement Act of 2019 (Public Law 116–171; 134
16	Stat. 810), which required a management review of the
17	mental health and suicide prevention services provided by
18	the Department of Veterans Affairs, the Secretary of Vet-
19	erans Affairs shall—
20	(1) review the findings and recommendations of
21	the management review; and
22	(2) conduct a study on the feasibility and advis-
23	ability of creating a suicide prevention office of the
24	Department of Veterans Affairs at the level of the
25	Office of the Secretary that would elevate suicide

prevention as a top priority across the entire Department, including with respect to the work and programs of the Veterans Benefits Administration and under partnerships with other entities, including other Federal agencies and non-governmental partners.

(b) Report to Congress.—

- (1) IN GENERAL.—Not later than two years after the submittal by the Comptroller General of the management review described in subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report summarizing—
 - (A) any actions planned or taken, including reorganizations or changes to reporting or governance structures, in response to the management review, including any completion dates or targeted completion dates for any such actions; and
 - (B) the results of the study required under subsection (a)(2), which shall include an examination of the considerations for creating a suicide prevention office of the Department of Vet-

1	erans Affairs at the level of the Office of the
2	Secretary, including—
3	(i) benefits and potential drawbacks;
4	(ii) projected costs and staffing needs,
5	including new full-time equivalent employ-
6	ees and transferred full-time equivalent
7	employees; and
8	(iii) suggested organizational and
9	leadership structure and principal activities
10	and functions of the suicide prevention of-
11	fice.
12	(2) Recommendations regarding organiza-
13	TION AND LEADERSHIP STRUCTURE.—In providing
14	suggestions for organizational and leadership struc-
15	ture under the report under paragraph (1)(B)(iii),
16	the Secretary shall—
17	(A) assess whether the suicide prevention
18	office of the Department should be led by a po-
19	litical appointee, a career employee in a Senior
20	Executive Service position (as defined in section
21	3132 of title 5, United States Code) or equiva-
22	lent, or another position type; and
23	(B) detail which functions would remain in
24	the current Office of Mental Health and Suicide
25	Prevention of the Veterans Health Administra-

tion, including an assessment of where management of the Veterans Crisis Line under section

1720F(h) of title 38, United States Code,
should reside.

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