



HOUSE COMMITTEE ON
VETERANS' AFFAIRS
Republicans | Ranking Member Phil Roe, M.D.

S.785: The Commander John Scott Hannon Veterans Mental Health Care Improvement Act

BLUF: The Commander John Scott Hannon Veterans Mental Health Care Improvement Act would make a number of improvements and enhancements to the VA's suicide prevention programs, increase VA's mental health workforce, and expand access to care in VA medical facilities and through community-based organizations to help save the lives of the approximately 20 servicemembers and veterans who die by suicide each day.

SUMMARY

Section 101 would require the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to submit a strategic plan to Congress on providing VA health care to veterans during the one-year period after discharge.

Section 102 would require VA and DoD to review the records of all former members of the Armed Forces within the previous five years who died by suicide within one year of separation.

Section 103 would require VA to report to Congress on the impact of VA's REACH-VET predictive model on the veteran suicide rate.

Section 104 would add a date to VA's report to Congress on veterans with Other-Than-Honorable discharges.

Section 201 would create a VA grant program to support community-based organizations who provide suicide prevention services to veterans and former members of the Armed Forces.

Section 202 would require VA to assess the feasibility and advisability of providing certain complementary and integrative health services.

Section 203 would create a pilot program to increase veteran access to animal therapy, agritherapy, sports and recreation therapy.

Section 204 would require VA the National Academy of Sciences to study the connection, if any, of certain prescription medications on veteran suicide risk and require the Government Accountability Office (GAO) to report on VA mental health staffing.

Section 205 would require a GAO report on VA's management of veterans at high-risk for suicide.

Section 301 would require VA to study the connection, if any, between veterans who live in high altitude areas and risk of suicide.

Section 302 would require VA and DOD to create a toolkit for healthcare providers on caring for veterans with concurrent mental health conditions and substance abuse disorders.

Section 303 would require VA and DOD to update clinical practice guidelines for the assessment and management of servicemembers and veterans who at risk for suicide.

Section 304 would require VA and DOD to establish clinical practice guidelines for the treatment of servicemembers and veterans with serious mental illness.

Section 305 would require VA to create a precision medicine initiative to advance the medical and scientific understanding of veterans' mental health conditions and suicidal ideation.

Section 306 would authorize VA to enter into a contract or other agreement with an academic institution or other qualified entity to carry out statistical analyses and data evaluation.

Section 401 would require a non-federal entity to study the effectiveness of VA's suicide prevention and mental health outreach materials.

Section 402 would require VA to assess the Department's mental health and suicide prevention media outreach campaigns and develop goals for such campaigns.

Section 403 would require a GAO report on VA's mental health and suicide prevention services.

Section 404 would require a GAO report on VA's efforts to integrate mental health services into primary care clinics.

Section 405 would require VA and DOD to report to Congress on the two Departments' joint mental health programs and to analyze alternatives to establishing a joint Intrepid Spirit Center.

Section 501 would require VA and the VA Inspector General (IG) to develop and report to Congress on a plan to improve VA's mental health staffing and require VA to create an occupational series for licensed professional mental health counselors and marriage and family therapists.

Section 502 would require VA to create a scholarship program to increase staffing in VA Vet Centers.

Section 503 would require a GAO report on VA Vet Centers.

Section 504 would expand the information regarding VA Vet Centers that VA is required to include in reports to Congress.

Section 505 would require VA to survey employees regarding the benefits, if any, of alternative work schedules on veteran access to care and brief Congress on the feasibility and advisability of offering appointments to veterans outside of traditional operating hours.

Section 506 would require VA to assess and report to Congress on the alignment of VA Suicide Prevention Coordinators.

Section 507 would require VA to report to Congress on VA's efforts to improve safety planning in VA Emergency Departments.

Section 601 would require the Women Veterans Call Center to develop text message capabilities.

Section 602 would require VA to create a website for women veterans.

Section 701 would expand the provision of telehealth services to veterans.

Section 702 would require VA to research hyperbaric oxygen therapy for the treatment of post-traumatic stress disorder and traumatic brain injury.

Section 703 would require VA to set forth provide technical qualifications to support the appointment of licensed hearing aid specialists within the VA healthcare system and require each VA medical center to have at least one licensed hearing aid specialist on staff within two years of enactment.

Section 704 would authorize VA to use accredited commercial institutional review boards (IRBs) to review research proposals for VA-sponsored clinical research and require a report to Congress on all VA-approved commercial IRBs.

Section 705 would establish a VA Office of Research Review to assist with security reviews and maintain a centralized list of commercially available software for use in clinical trials and require VA to report to Congress on the Office.