

STATEMENT FOR THE RECORD
JOY J. ILEM
DEPUTY NATIONAL LEGISLATIVE DIRECTOR
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
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H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act
Or the Clay Hunt SAV Act

The Clay Hunt SAV Act would require the Department of Veterans Affairs (VA) and Defense (DoD) to conduct annual evaluations of mental health services and suicide prevention programs, to review characterization of discharge or separation for certain service members and establish a pilot program on loan repayment for psychiatrists who agree to serve in each agency.

Specifically, Section 2 of the bill would require the VA and DoD to submit to an independent third party evaluation of each Department's mental health care and suicide prevention programs on an annual basis to determine best practices in those programs and cost effectiveness. An annual report would be required for the Committees on Armed Services and the House and Senate Committees on Veterans Affairs.

Section 3 would require a military review Board for veterans with mental health disorders that are alleged to affect the terms of their discharge from the Armed Forces. The person's application for relief must be based at least in part on post-traumatic stress disorder (PTSD) or traumatic stress disorder (TBI) related to military service or sexual trauma. The Board would be tasked to review medical evidence presented by the veteran with a presumption of administrative irregularity, and place the burden on VA or DoD to prove that no error or injustice occurred.

Section 4 would instruct the VA Secretary to publish a website that is regularly updated and serves as a centralized source of information for veterans regarding all of VA's mental health care services including the names and contact information for all appropriate offices and staff.

Section 5 would require the VA and DoD Secretaries, in consultation with the Chief of the National Guard Bureau, to enter into formal strategic relationships to facilitate:

- mental health referrals of reserve members who have a service-connected disability and are being discharged from active duty
- timely behavioral health services for such members
- Communication between the Departments when such members are at risk for behavioral health reasons, and the transfer of documentation for line-of-duty and fitness-for-duty determinations.

Section 5 also requires GAO to assess and report on the transition of care of individuals with PTSD or TBI to include the programs, policies, and regulations that affect the transition of care, particularly with respect to those who have been prescribed or are taking antidepressants, stimulants, antipsychotics, mood stabilizers, anxiolytic, depressants, or hallucinogens. The report

will also analyze the extent to which the pharmaceutical treatment plan of an individual changes once they are seen at VA, and the factors determining such changes. The report will further look at the extent in which the Secretaries of Defense and Veterans Affairs have worked together to identify and apply best pharmaceutical treatment practices to include a description of the off-formulary waiver process of the VA Secretary and the extent to which the process is applied efficiently at the treatment level and the benefits and challenges of combining the formularies across DoD and VA.

Section 6 instructs the VA Secretary to initiate a 3 year pilot program to repay the education loans relating to psychiatric medicine that are incurred by those who demonstrate a commitment to a long-term career as a psychiatrist in VA, who are eligible to practice psychiatric medicine in the VA, or who are enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine. The Secretary must select at least 10 individuals to participate annually in the pilot program and determine an appropriate length of obligated service to the Department. The bill requires a Report two years following the establishment of the pilot program requiring detailed information on the number of individuals who participated, locations and assessment of quality of work performed.

As part of the Yellow Ribbon G.I. Education Enhancement Program, Section 7 would require the VA Secretary carry out a program in partnership with an institution of higher education (IHE) and agree to cover the full cost of charges not covered by the post-9/11 G. I. Bill incurred by veterans who are pursuing an advanced degree in mental health at the IHE and intend to seek employment as a mental health professional in VA.

Section 8 requires the DOD Secretary to submit to Congress a zero-based review of the staffing requirements for individual State National Guard Commands with respect to Directors of Psychological Health.

Section 9 instructs the VA Secretary to establish a second pilot program in at least five VA Veterans Integrated Service Networks (VISNs) to assist transitioning veterans and improve the access of veterans to mental health services. The pilot program at each VISN would include a community oriented veteran peer support network, and a community outreach team for each medical center in such VISN. A report is due not later than 18 months after the date the pilot is established with detailed information about the program including participation data and recommendations on implementing peer support networks throughout the Department.

The overall intent of H.R. 5059 reflects two of DAV's key National Resolutions. The first is Resolution No. 193 which, in part, states that the DoD and VA share a unique obligation to meet the mental health care needs of veterans who are suffering from readjustment difficulties as a result of wartime service, and that program improvements and enhanced resources are necessary to ensure suicide prevention is a key priority for the Departments. DAV Resolution No. 202 calls on Congress to adequately fund VA Vet Centers which are an integral part of VA's mental health system in treating post-deployment mental health challenges. In part the resolution notes how Vet Centers lead all VA mental health programs in conducting veteran-to-veteran peer counseling services. The peer-to-peer program has been expanded in VA and is proving to be extremely beneficial in coaching veterans into care and keeping them engaged in recovery oriented treatment. For these reasons DAV is pleased to support this important measure which

seeks to make program improvements related to suicide prevention and improves access to appropriate mental health services for service members and all veterans.