

Clay Hunt Suicide Prevention for American Veterans Act (H.R. 5059)

Prevention of veteran suicides should be among the foremost of VA's goals, and Congress should be performing aggressive oversight to ensure existing programs and authorities are striving to this end.

However, this bill creates a number of new programs and \$22 million in new federal spending. In almost every case, VA already has the tools and authorities it needs to address these problems. The department needs leadership, not another piece of ineffective legislation. Congress should be holding the VA accountable rather than adding to its list of poorly managed programs. The VA has proven that questions need to be asked before it is entrusted with the lives of veterans or the money of taxpayers.

Dr. Coburn has the following specific concerns about this bill:

- **Cost:** The Congressional Budget Office scored this bill as having a total cost of \$22 million over five years, with no offsets. The bill tries to “require” that no additional appropriations may be made for this bill, but it’s just a shell game. Ultimately, the VA will need an additional \$22 million to carry out these programs. The bill does not specify which lower priority VA programs will lose funding in lieu of these new programs.
- **Pilot program for psychiatrists:** The bill creates a new loan repayment pilot program for psychiatrists that duplicates VA’s existing programs and authorities. Cost is \$3 million over five years.
 - The VA already carries out a loan repayment program and has authority to target it to any physician specialties that have shortages. For example, the President ordered VA to target the hiring mental health professionals in 2012-2013, including through use of loan repayment benefits.¹
 - The recently passed Veterans Access, Choice, and Transparency Act gave the VA authority to use a \$5 billion slush fund for any critical hiring needs and increased the maximum payment allowed for student loan repayments from \$60,000 to \$120,000.
 - The Choice Act also requires VA Inspector General to identify the top 5 critically needed specialties each year. VA is required to target its resources – including its

¹ Section 4 of Executive Order 13625 (dated August 31, 2012)

existing student loan repayment program -- to those specialties. VA was also authorized to hire up to 1,500 new residency positions that could be used for psychiatrists.

- Effective November 30, VA has moved to increase starting salaries by as much as \$35,000 for all physicians to better attract and retain doctors.
- Congress should be doing oversight of how VA is using existing tools to address these needs (where needs actually exist).
- **Pilot program for community outreach** – The bill requires VA to establish a pilot program to help active duty soldiers transition to civilian life by connecting with peer support groups. Cost is \$6 million over five years.
 - Peer support for veterans is an essential tool for transitioning out of the military. While this component of the bill is well intentioned, VA already operates peer support groups and has authority to expand them. In fact, in 2012 the President ordered the VA to hire 800 peer support counselors within one year.²
 - Congress should be doing oversight of existing peer support programs and counselors rather than creating additional programs that complicate service delivery.
- **Other components of the bill that are not offset:**
 - Extends the VA eligibility for veterans of the Iraq and Afghanistan wars. This extension will cost \$6 million over five years.
 - Requires an annual third-party evaluation of VA's mental health and suicide prevention programs. This evaluation will cost \$5 million over five years.
 - Requires VA to establish a website with all of VA's mental health resources. Cost is \$1 million over five years.
 - Allow VA to exchange suicide prevention training and best practices with non-profits. Cost is \$1 million over five years.

² Section 4 of Executive Order 13625 (dated August 31, 2012)