

JOHNNY ISAKSON, GEORGIA,
CHAIRMAN
JERRY MORAN, KANSAS
JOHN BOOZMAN, ARKANSAS
DEAN HELLER, NEVADA
BILL CASSIDY, LOUISIANA
MIKE ROUNDS, SOUTH DAKOTA
THOM TILLIS, NORTH CAROLINA
DAN SULLIVAN, ALASKA

JOHN TESTER, MONTANA,
RANKING MEMBER
PATTY MURRAY, WASHINGTON
BERNARD SANDERS, VERMONT
SHERROD BROWN, OHIO
RICHARD BLUMENTHAL, CONNECTICUT
MAZIE HIRONO, HAWAII
JOE MANCHIN III, WEST VIRGINIA

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

September 12, 2018

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Mr. Secretary:

I write today regarding the Department of Veterans Affairs (VA) efforts to provide comprehensive mental health care and reduce the veteran suicide rate. Because every veteran suicide is a tragic outcome, fully understanding each veteran's life is key to making progress against this American public health crisis. Further to your acknowledgement that VA's number one clinical priority remains suicide prevention, I look forward to working with you closely on a number of areas to help support VA's endeavors to eliminate veteran suicide.

The June 2018 release of the *VA National Suicide Data Report 2005-2015* provided continued evidence that VA is a national leader in mental health and suicide prevention, and it should continue to lead American health care with the strongest focus on suicide prevention. I support VA rededicating itself to the public health approach it committed to in President Obama's August 31, 2012 Executive Order (EO) on veteran suicide prevention.

With the renewed focus on enrolling veterans to receive care at VA as they transition from active duty, it was promising to see the Suicide Data Report's more granular focus on veterans' demographics and Branch of Service. Specific data should enable VA to more effectively target at-risk groups of veterans who need more services. Our women veterans remain twice as likely as non-veterans to complete suicide, and younger veterans have a higher suicide rate than older veterans. I continue to be alarmed by these disparities, and I support all efforts to educate women and younger veterans about the benefits of Veterans Health Administration's health services. While I applaud the decision to provide all new veterans with a year of mental health care upon separation from the military, please inform Congress if there are any additional resources required by VA to furnish such care. Congress will look closely at the progress VA makes in meeting the targets it set for itself in the Joint Action Plan of May 3, 2018.

Further, in addition to better connecting veterans to care, there are several risk prevention strategies that could help VA's suicide prevention efforts. First, the Department should ensure it is adapting medical treatments to the specific needs of veterans living at higher altitudes. Several studies have suggested elevation is an independent risk factor as well as a connection to the higher rates of rural veteran suicides. Second, VA clinicians should focus on lethal means

reduction efforts at medical facilities and Vet Centers. Third, VA must focus on implementing crisis response plans (CRP) as studies have shown them to be effective in both identifying those at risk of attempting suicide and preventing suicidal actions. A recent study by Dr. Craig Bryan of the University of Utah showed that CRPs were highly effective in reducing suicidal ideation among active duty Army personnel. A renewed focus by VA clinicians on establishing CRPs will better serve veterans and could meet the goal of bringing more focused care to the Selected and Universal populations of transitioning service members identified in EO 1382, signed January 9, 2018.

Strong health care follows from strong research. I believe VA can more effectively utilize its research functions by deploying clinical trial management best practices. VA researchers should face minimal barriers when researching PTS, TBI, and other signature injuries of recent combat. I urge VA to reexamine its procedures regarding institutional review boards as well as information security and data sharing, and I ask that you report back whether there are any impediments or legislative changes needed to update VA's practices.

Next, to ensure VA can provide veterans with timely, high-quality mental health care, I urge you to focus efforts on fully funding the Mental Health Hiring Initiative. It is important that all VA medical centers meet the minimum staffing ratio of 7.72 mental health clinicians per 1,000 mental health patients and that all Vet Centers are able to fill empty positions timely. To facilitate this, the Department should examine and report back on whether it can move psychologists into full Title 38 status without legislative action. More competitive psychologist salaries would help VA address its shortages in this chronically understaffed discipline. Additionally, VA should work with the Office of Personnel Management to create an Occupational Series for Licensed Professional Mental Health Counselors and Marriage and Family Therapists and use these counselors to address personnel shortages.

Finally, I urge VA to expedite releasing regulations for the telehealth authority granted in Section 151 of the VA MISSION ACT, Public Law 115-182. I was a proud cosponsor of the underlying legislation because I believe it is important to give VA clinicians the freedom to practice over state lines off federal property so that veterans can more easily receive the high-quality mental health care that VA provides. Having this program in place before the winter begins will provide peace of mind to veterans and loved ones who may otherwise have dangerous drives to receive care at VA or community health facilities.

Thank you for your continued support of our nation's veterans.

Sincerely,

A handwritten signature in blue ink that reads "Jon Tester". The signature is stylized with a long, sweeping underline that extends to the right.

Jon Tester
Ranking Member