A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Not Just a Number Act”.

SEC. 2. NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT.

(a) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, and not later than September 30 of each year thereafter, the Secretary of
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 Annual Report”.

(b) Extension.—

(1) In general.—If the Secretary requires an extension of the deadline for a report under subsection (a), the Secretary shall submit to the appropriate committees of Congress a written request for such an extension.

(2) Elements.—Each written request under paragraph (1) for an extension for a report shall include the following:

(A) The rationale for the delay in submitting the report.

(B) An explanation of the need for an extension.

(C) A proposed amended date for the submittal and publication of the report.

(c) Briefing.—Before submitting a report under subsection (a), the Secretary shall brief the appropriate committees of Congress on the report.

(d) Elements of Report.—
(1) IN GENERAL.—Each report under subsection (a) shall include the findings of the national analysis of veteran suicide rates for the latest year data is available and shall include trends and comparisons to previous years.

(2) ADDITIONAL ELEMENTS.—Each report under subsection (a) shall include, for the year covered by the report, the following:

(A) Suicide rates of veterans disaggregated by age, gender, and race or ethnicity.

(B) Trends in suicide rates of veterans compared to engagement of those veterans with health care from the Veterans Health Administration, including an examination of trends in suicide rates or deaths among—

(i) veterans who have recently received health care from the Veterans Health Administration as compared to veterans who have never received health care from the Veterans Health Administration;

(ii) veterans who are enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, as
compared to veterans who have never enrolled in such system;

(iii) veterans who have recently used services from a Vet Center as compared to veterans who have never used such services;

(iv) veterans who have a diagnosis of substance use disorder; and

(v) other groups of veterans relating to engagement with health care from the Veterans Health Administration, as the Secretary considers practicable.

(C) Trends in suicide rates of veterans compared to engagement of those veterans with benefits from the Veterans Benefits Administration, including an examination of trends in suicide rates or deaths among—

(i) veterans who are currently using, have previously used, or have never used educational assistance under the laws administered by the Secretary;

(ii) veterans who are currently receiving, have previously received, or have never received services or assistance under chapter 31 of title 38, United States Code;
(iii) with respect to compensation under chapter 11 of such title—

(I) veterans who were recipients of such compensation as compared to veterans who never applied for such compensation prior to death;

(II) veterans who had a claim denied for such compensation prior to death;

(III) veterans who had a pending claim for such compensation at time of death; and

(IV) veterans who had an entitlement for such compensation reduced prior to death;

(iv) veterans who are currently receiving or have never received pension under chapter 15 of title 38, United States Code;

(v) veterans who are currently using, have previously used, or have never used programs or services provided by the Homeless Programs Office of the Department, including an examination of trends in suicide rates or deaths among veterans who made contact with such office but
were denied or deemed ineligible for any
such program or service;

(vi) with respect to housing loans
guaranteed by the Secretary under chapter
37 of title 38, United States Code—

(I) veterans who applied for such
a loan, whether their application was
accepted or not;

(II) veterans who are current re-
cipients of, were previously recipients
of, or have never received such a loan;

and

(III) veterans who were turned
down for such a loan by a lender;

(vii) with respect to financial hard-
ships—

(I) veterans facing health care
debts;

(II) veterans owing debts to the
Department;

(III) veterans owing debts to for-
profit businesses assisting veterans
with claims for benefits under the
laws administered by the Secretary;

and
(IV) veterans facing foreclosure or bankruptcy;

(viii) veterans who were involved in a veterans treatment court program, whether they graduated successfully or not; and

(ix) veterans who were successfully contacted, unsuccessfully contacted, or never contacted by the Department through the Solid Start program under section 6320 of title 38, United States Code.

(3) Strategy and recommendations.—

(A) Initial report.—The initial report under subsection (a) shall include a strategy and recommendations developed by the Secretary of Veterans Affairs, in collaboration with the Director of the Centers for Disease Control and Prevention and the Secretary of Defense, for—

(i) improving data collection at the State and local levels to accurately capture suicide deaths of veterans;

(ii) improving the timeliness, efficacy, and standardization of data reporting on suicide deaths of veterans at the Federal
level, including by the Centers for Disease Control and Prevention, the Department of Defense, and the Department of Veterans Affairs;

(iii) improving the timeliness of identification and analysis of suicide deaths of veterans by Federal agencies, including the Centers for Disease Control and Prevention, the Department of Defense, and the Department of Veterans Affairs; and

(iv) any other necessary process improvements for improving the timeliness, efficacy, and standardization of reporting of data relating to suicide deaths of veterans, particularly with respect to the annual report under this section.

(B) SUBSEQUENT REPORTS.—Each report after the initial report under subsection (a) shall include updates on actions taken to meet the strategy and recommendations developed under subparagraph (A).

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means the Committee on Veterans’ Affairs of
the Senate and the Committee on Veterans’ Affairs
of the House of Representatives.

(2) Vet Center.—The term “Vet Center”
means a center for readjustment counseling and re-
lated mental health services for veterans under sec-
tion 1712A of title 38, United States Code.

SEC. 3. REPORT ON ADDITIONAL BENEFITS AND SERVICES
FROM DEPARTMENT OF VETERANS AFFAIRS
TO PREVENT VETERAN SUICIDE.

(a) In General.—Not later than three years after
the date of the enactment of this Act, the Secretary of
Veterans Affairs shall submit to the Committee on Vet-
erans’ Affairs of the Senate and the Committee on Vet-
erans’ Affairs of the House of Representatives and publish
on a publicly available website of the Department of Vet-
erans Affairs a report that analyzes which benefits and
services from the Department, including the Veterans
Benefits Administration, have the greatest impact on pre-
vention of suicide among veterans, including recommenda-
tions for potential expansion of services and benefits to
reduce the number of veteran suicides.

(b) Assessment of Solid Start Program.—The
report required by subsection (a) shall include an analysis
of the effectiveness of the Solid Start program under sec-
tion 6320 of title 38, United States Code, on prevention
of suicide among veterans.

SEC. 4. TOOLKIT FOR STATE AND LOCAL CORONERS AND
MEDICAL EXAMINERS ON BEST PRACTICES
FOR IDENTIFYING AND REPORTING ON SUICIDE DEATHS OF VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Af-
fairs, in collaboration with the Director of the Centers for
Disease Control and Prevention, shall develop a toolkit for
State and local coroners and medical examiners that con-
tains best practices for—

(1) accurately identifying and reporting suicide
deaths of veterans, including how to identify veteran
status; and

(2) reporting such deaths to the Centers for
Disease Control and Prevention and other applicable
entities.

(b) AVAILABILITY.—Not later than two years after
the date of the enactment of this Act, the Secretary shall
make the toolkit developed under subsection (a) available
on a publicly available website of the Department of Vet-
ers Affairs.

(e) OUTREACH.—The Secretary, in collaboration with
the Director of the Centers for Disease Control and Pre-
vention, shall conduct outreach to appropriate State and
local agencies to promote the availability and use of the
toolkit developed under subsection (a).

SEC. 5. STUDY ON FEASIBILITY AND ADVISABILITY OF CREATING A SUICIDE PREVENTION OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—After the submittal by the Comptroller General of the United States to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives of the management review required under section 403 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; 134 Stat. 810), which required a management review of the mental health and suicide prevention services provided by the Department of Veterans Affairs, the Secretary of Veterans Affairs shall—

(1) review the findings and recommendations of the management review; and

(2) conduct a study on the feasibility and advisability of creating a suicide prevention office of the Department of Veterans Affairs at the level of the 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 Veterans Affairs at the level of the Office of the Secretary, including—

(i) benefits and potential drawbacks;
(ii) projected costs and staffing needs, including new full-time equivalent employees and transferred full-time equivalent employees; and

(iii) suggested organizational and leadership structure and principal activities and functions of the suicide prevention office.

(2) Recommendations Regarding Organization and Leadership Structure.—In providing suggestions for organizational and leadership structure under the report under paragraph (1)(B)(iii), the Secretary shall—

(A) assess whether the suicide prevention office of the Department should be led by a political appointee, a career employee in a Senior Executive Service position (as defined in section 3132 of title 5, United States Code) or equivalent, or another position type; and

(B) detail which functions would remain in the current Office of Mental Health and Suicide Prevention of the Veterans Health Administration, including an assessment of where management of the Veterans Crisis Line under section
1720F(h) of title 38, United States Code, should reside.