



AMVETS WEEKLY LEGISLATIVE UPDATE

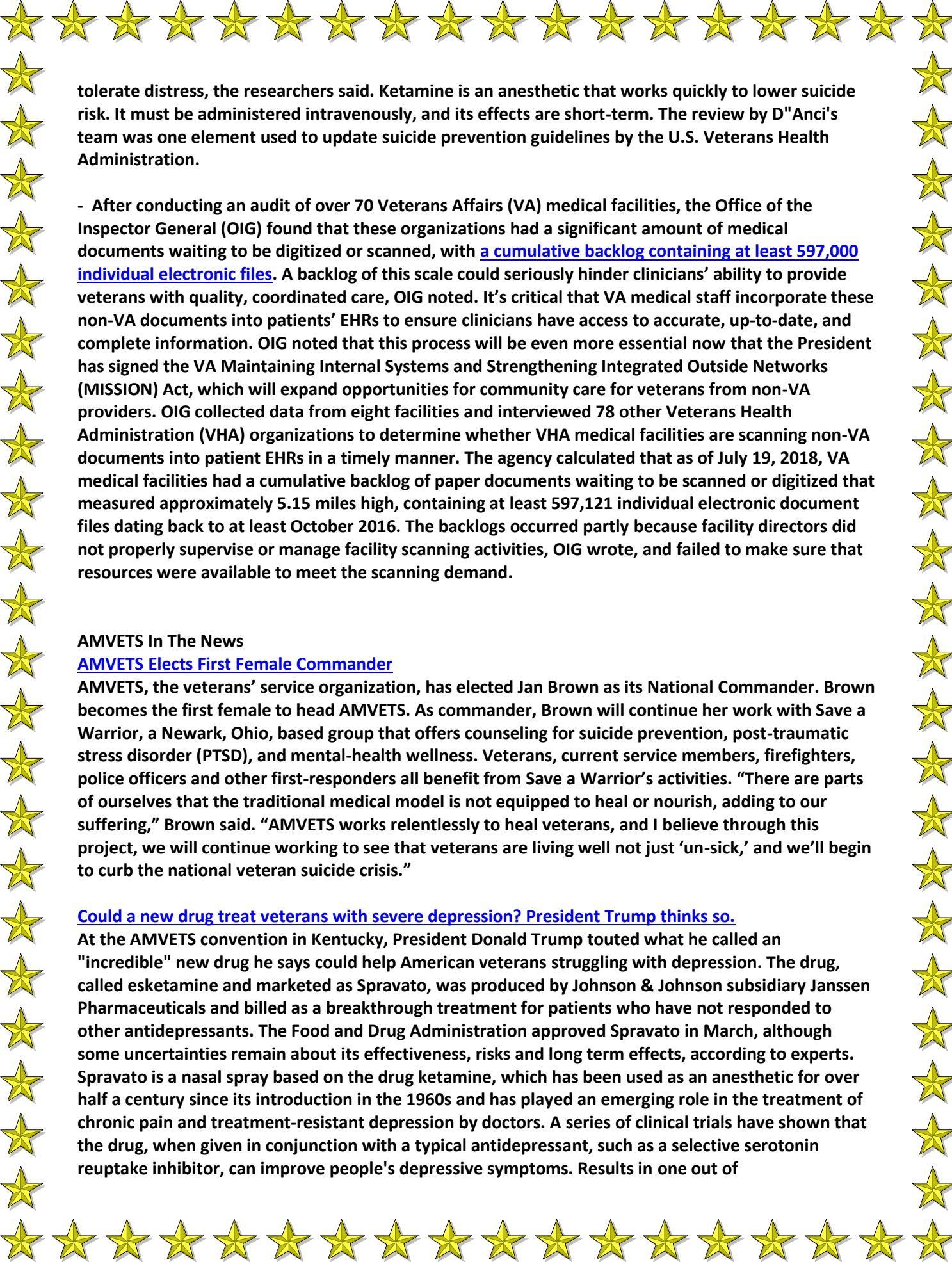
SEPTEMBER 4, 2019

News Driving the Week

- The news of [Sen. Johnny Isakson's pending resignation](#) will have consequences when it comes to committee rosters, most prominently with Kansas GOP Sen. Jerry Moran the next in line to be chairman of the Senate Veterans Affairs' Committee. Moran should be a familiar figure to veterans service organizations and other groups involved in policy, since he is a former chairman of the Military Construction-VA subcommittee of Appropriations. Senate Republicans tend to adhere to seniority rules, and Moran is the next lawmaker in line for the job. He also does not have any other full committee chairmanships, meaning there won't be as much of a domino effect. The growing concern around mental health and suicide will certainly be a top priority. In March, Moran teamed up with the committee's top Democrat, Jon Tester of Montana, to introduce a bill improving the VA's mental health services. The legislation would increase the number of mental health professionals, expand telehealth and increase access to alternative therapies. Rural health will also likely continue to be a focus, considering that roughly a quarter of veterans live in rural areas. Moran has expressed concern at the VA's ongoing backlog in medical claims processing. As of a September 2017 survey, nearly 200,000 Kansas residents were veterans, according to statistics from the VA. That is a bit over 9 percent of the state's population.

- The [VA and DOD updated their clinical practice guidelines](#) for screening, evaluation, treatment and management of patients at risk for suicide. To develop the guidelines, Kristen E. D'Anci, PhD, from the Center for Clinical Guidelines at the ECRI Institute, and colleagues conducted a systematic review of the literature. They used data from eight other systematic reviews and 15 randomized controlled trials published between November 2011 and May 2018 that evaluated therapies for patients at risk for suicide. The updated VA/DoD guidelines recommend that all patients be screened and evaluated for suicide risk. The guidelines also recommend that physicians use several methods to assess suicide risk, because just one tool may not accurately measure an individual's risk. Pharmacologic therapies recommended in the guidelines include ketamine infusions for patients with major depression, which provided rapid improvement in suicidal ideation symptoms after just one dose. Lithium was recommended to reduce risk for suicide among those with unipolar depression or bipolar disorders. In addition, the updated guidelines included nonpharmacologic approaches for patients with suicidal ideation, including cognitive behavioral therapy. Dialectical behavior therapy, which combines cognitive behavioral therapy with skill training and mindfulness techniques, was also recommended to treat suicidal ideation. Restricting access to firearms, poisons and medications associated with overdose were also listed in the guidelines as methods to reduce suicide.

- A new review has claimed to name [effective treatments that can reduce suicide risk](#). The study's lead author is Kristen D'Anci. She's senior associate director of the Center for Clinical Evidence and Guidelines at the ECRI Institute in Plymouth Meeting, Pa. D'Anci's team reviewed evidence from eight systematic reviews and 15 randomized clinical trials of treatments to prevent suicide. Some included people who were at current risk, others included people who had previously attempted suicide. Treatments included CBT, DBT, ketamine and lithium. CBT, which can be done in person or online, helps people build hope and skills to cope with distress, D'Anci said. DBT combines CBT with skills training and mindfulness techniques to help with emotion regulation, relationships and the ability to



tolerate distress, the researchers said. Ketamine is an anesthetic that works quickly to lower suicide risk. It must be administered intravenously, and its effects are short-term. The review by D'Anci's team was one element used to update suicide prevention guidelines by the U.S. Veterans Health Administration.

- After conducting an audit of over 70 Veterans Affairs (VA) medical facilities, the Office of the Inspector General (OIG) found that these organizations had a significant amount of medical documents waiting to be digitized or scanned, with [a cumulative backlog containing at least 597,000 individual electronic files](#). A backlog of this scale could seriously hinder clinicians' ability to provide veterans with quality, coordinated care, OIG noted. It's critical that VA medical staff incorporate these non-VA documents into patients' EHRs to ensure clinicians have access to accurate, up-to-date, and complete information. OIG noted that this process will be even more essential now that the President has signed the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, which will expand opportunities for community care for veterans from non-VA providers. OIG collected data from eight facilities and interviewed 78 other Veterans Health Administration (VHA) organizations to determine whether VHA medical facilities are scanning non-VA documents into patient EHRs in a timely manner. The agency calculated that as of July 19, 2018, VA medical facilities had a cumulative backlog of paper documents waiting to be scanned or digitized that measured approximately 5.15 miles high, containing at least 597,121 individual electronic document files dating back to at least October 2016. The backlogs occurred partly because facility directors did not properly supervise or manage facility scanning activities, OIG wrote, and failed to make sure that resources were available to meet the scanning demand.

AMVETS In The News

[AMVETS Elects First Female Commander](#)

AMVETS, the veterans' service organization, has elected Jan Brown as its National Commander. Brown becomes the first female to head AMVETS. As commander, Brown will continue her work with Save a Warrior, a Newark, Ohio, based group that offers counseling for suicide prevention, post-traumatic stress disorder (PTSD), and mental-health wellness. Veterans, current service members, firefighters, police officers and other first-responders all benefit from Save a Warrior's activities. "There are parts of ourselves that the traditional medical model is not equipped to heal or nourish, adding to our suffering," Brown said. "AMVETS works relentlessly to heal veterans, and I believe through this project, we will continue working to see that veterans are living well not just 'un-sick,' and we'll begin to curb the national veteran suicide crisis."

[Could a new drug treat veterans with severe depression? President Trump thinks so.](#)

At the AMVETS convention in Kentucky, President Donald Trump touted what he called an "incredible" new drug he says could help American veterans struggling with depression. The drug, called esketamine and marketed as Spravato, was produced by Johnson & Johnson subsidiary Janssen Pharmaceuticals and billed as a breakthrough treatment for patients who have not responded to other antidepressants. The Food and Drug Administration approved Spravato in March, although some uncertainties remain about its effectiveness, risks and long term effects, according to experts. Spravato is a nasal spray based on the drug ketamine, which has been used as an anesthetic for over half a century since its introduction in the 1960s and has played an emerging role in the treatment of chronic pain and treatment-resistant depression by doctors. A series of clinical trials have shown that the drug, when given in conjunction with a typical antidepressant, such as a selective serotonin reuptake inhibitor, can improve people's depressive symptoms. Results in one out of

three randomized controlled trials used by the FDA to fast-track the drug showed positive efficacy, but the size of the drug's impact on depressive symptoms has been critiqued. In the study used by the FDA, there was just a 4-point improvement in depression symptoms on a 60-point scale used by some clinicians to measure depression. The two trials that had positive results used by the FDA in their approval of Spravato were funded and conducted by Janssen. Another refrain among experts is that there is too little data to assess the medication's long term effects, including potential harms, and it has not shown to be efficacious in treating individuals over the age of 65 -- a population of particular relevance to the veteran community.

Upcoming Events

House Veterans Affairs Committee
Legislative Hearing
Wednesday, September 11
Time TBA
HVC210

AMVETS Legislative Priorities

[H.R. 1715](#) Charitable Equity for Veterans Act of 2019 introduced by Rep. Ron Kind of WI and Rep. Brad Wenstrup of OH

[H.R. 1997](#) Veterans Posttraumatic Growth Act introduced by Rep. Tim Ryan of OH

[H.R. 3495](#) Improve Well-Being for Veterans Act introduced by Rep. Jack Bergman of MI and Rep. Chrissy Houlahan of PA

[S. 1906](#) Improve Well-Being for Veterans Act introduced by Rep. John Boozman of AR

[H.R. 4154](#) Leave No Veteran Behind Act introduced by Rep. Susie Lee of NV and Rep. Steve Watkins of KS

[H.R. 3025](#) You Are Not Forgotten Act introduced by Rep. Mark Meadows of NC and Rep. Susie Lee of NV

Continued News

- House Committee on Veterans' Affairs [Chairman Mark Takano issued a statement](#) after the VA Office of Inspector General (IG) released a report on the tragic veteran suicide at the West Palm Beach VA Medical Center in March 2019. "By VA's own definition, inpatient suicide is considered a "never event"-- one that is preventable and should never happen. Although the facility had instituted 15-minute checks to ensure patient safety, chronic understaffing prevented nursing assistants from completing these life-saving safety checks on time. The facility installed security cameras 3 years ago to keep veterans safe, but never turned them on. Over-the-door alarms used to prevent veteran suicide were never installed -- despite a VA-wide recommendation. In fact, the IG report noted roughly 50 percent of VA facilities still don't have them. And perhaps worst of all, only one third of the employees at the facility who were responsible for maintaining a safe mental health environment for patients were even assigned the required suicide prevention training. I'm calling for VA to hold a nation-wide suicide stand-down within the next 15 days so every leadership executive, administrator, nurse, doctor, and employee across VA understands how to identify veterans in crisis and get them the help they need. VA must conduct a top-to-bottom review of its hospitals and clinics to ensure that all of its facilities offer a safe environment of care for veterans in crisis. We cannot keep delaying action. Americans must know that key policies to keep veterans safe are in place, that VA will enforce

them, and trust that senior VA leadership will be held accountable.”

- Multiple investigations have focused on a "person of interest" and possible wrongful injections of insulin in the [suspicious deaths of several veterans at the Louis A. Johnson VA Medical Center](#) in Clarksburg, West Virginia, according to Sen. Joe Manchin, D-West Virginia. A wrongful death suit filed against the Department of Veterans Affairs last week by the family of one of the veterans charges that an autopsy performed by an armed forces medical examiner ruled the 2018 death of 82-year-old retired Army Sgt. Maj. Felix Kirk McDermott a homicide. The lawsuit also charges that there were nine or 10 other suspicious deaths at the Clarksburg facility. In a statement Monday, Manchin said he had been told by VA Secretary Robert Wilkie and Dr. Glenn Snider, director of the Clarksburg VA, that there is a "person of interest" being investigated in the suspicious deaths and that the person "is no longer in any contact with veterans at the VA facility."

- The Defense Department reported a significant [uptick last year in the number of active-duty and reserve men and women who died by suicide](#). The suicide rate among veterans ages 18 to 34, some of whom served in Iraq and Afghanistan, shot up dramatically from 2015 to 2016, data show. Top officials from the Pentagon and the Department of Veterans Affairs, joined by specialists from across the private sector, gathered this week to search for solutions to what has become one of the most persistent, painful and frustrating crises facing the military community. Although the nation has grappled with veteran suicides for more than a century — officials note that some of the first academic research on the issue appeared in 1915 — many of the core challenges remain. Trump administration officials say a key factor is a reservation about addressing mental health care. The heart of the effort, officials say, is to make suicide prevention a national public health priority and to flood radio, TV and social media with a call to action.

- IBM and Department of Veterans Affairs partnered to develop a digital platform for veterans, active-duty service members and reservists that offers [brain assessments and mind training to help individuals understand and strengthen their mental health](#), social connections and well-being. Dubbed GRIT, the digital tool will undergo a field test beginning Aug. 29 through November to gather feedback from veterans, active-duty service members and reservists who use the platform. GRIT is one of the first branded digital tools that aims to help populations dealing with considerable stress and/or are going through a significant life transition, such as leaving the military to re-enter civilian life.

- DigitalOptometrics LLC, a telehealth company in the field of tele-optometry is a developer of patented technology, utilized in more than 20,000 eye exams, in the remote performance of comprehensive eye examinations, today announced the formation of a strategic alliance with Melling Medical to offer its [remote eye health and vision exam system to the Department of Veterans Affairs](#) hospitals, Indian Health Services, the Bureau of Prisons, and other federal government healthcare facilities in the United States.

- The Drug Enforcement Administration announced Monday it plans to increase the [number of producers who can grow marijuana for scientific research](#) — action taken after a lawsuit against the DEA filed by researchers studying the drug as a potential treatment for veterans with post-traumatic stress disorder. For decades, all of the marijuana used for clinical research in the U.S. has come from a single source — a University of Mississippi farm, run by the National Institute on Drug Abuse. In the final months of Barack Obama’s presidency, the DEA announced it would license more growers to produce marijuana for scientific research, a move meant to facilitate research into the drug. One of the first groups to apply — the Scottsdale Research Institute in Phoenix — filed a lawsuit in June,

asking the U.S. Court of Appeals for the District of Columbia to order the DEA to process the application it submitted in 2016. With approval from the DEA and the U.S. Food and Drug Administration, Scottsdale Research Institute has been studying veterans' marijuana use to determine whether it effectively and safely treats PTSD.

- [Veterans homelessness is down 49%](#) since the Departments of Housing and Urban Development and Veterans Affairs began an inter-agency effort to tackle the issue nine years ago. The committee held a hearing in San Diego, as more than a quarter of the nation's homeless veterans reside in California. And while both VA and HUD note progress nationally, California alone has experienced a 17% rise in veterans homelessness from 2016 to 2018, House Veterans Affairs Committee Chairman Mark Takano (D-Calif.) said. "We understand that veterans homelessness is a complicated issue and that jobs and education are part of the solution, but not the whole solution," Takano said. "We must look at veterans holistically and establish correlations between mental health, substance abuse, single parent status, rank, discharge status, as well as other indicators with homelessness in order to best utilize our resources." It's those resources, which Takano described as VA "wrap-around services," that need more focus and attention, housing officials and veterans told the committee.

- Some Boston-based suicide prevention advocates are backing a bill co-sponsored by Massachusetts U.S. Rep. Seth Moulton that would make 988 the phone number for [the National Suicide Prevention Lifeline](#). Creating an easy-to-remember three-digit number for the crisis hotline would improve access to mental health support and end stigma attached to getting that help, according to Moulton. He's a veteran who recently publicly shared that he sought help for post-traumatic stress after doing four tours of combat in Iraq.

- PsychArmor Institute launched a new course portfolio, "Transitioning Service Members & Their Families," to provide service members and veterans with the [information, tools, and resources needed to be successful in today's workforce and in the community](#). Supported by the Schultz Family Foundation, this series of 13 videos covers topics from building an effective transition plan to resume writing. Each course is presented in a visual, engaging style by experienced veterans, business and philanthropy leaders, and subject matter experts—including former Secretary of Defense Robert Gates, General Pete Chiarelli of the U.S. Army, and Howard Schultz, co-founder of the Schultz Family Foundation and former CEO of Starbucks.

- [Opinion](#): On the Town: Veterans suffering from PTSD get help from Wellness Works

- [Opinion](#): Improving Veterans' lives through partnerships that make a difference



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