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March 17, 2023

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The Honorable Denis Richard McDonough
Office of Integrated Veteran Care (16EO3)
Veterans Health Administration
Department of Veterans Affairs
Pttarmigan at Cherry Creek
Denver, CO 80209

RE: Emergent Suicide Care (RIN 2900-AR50)

Dear Secretary McDonough,

The American Psychiatric Association (APA) is the nation's medical specialty society that represents more than 38,000 psychiatric physicians and their patients. We appreciate having the opportunity to respond to the Veterans Health Administration's (VA) thoughtful and timely interim final rule on emergent suicide care. APA supports the VA in finalizing this important rule to support veterans in crisis.

The interim final references the 2021 National Veteran Suicide Prevention Annual report stating that in 2019, the average number of Veterans suicide was 17.2 per day.¹ Studies have also shown an increased rate of suicide after pandemics, which makes a case for finalizing this interim final. The 2021 National Veteran Suicide Prevention Annual report also states that 19.2 percent of Veterans screened positive for suicidal ideation during the pandemic. Veterans should not wait another day concerned about paying for or accessing care in life-threatening situations.

APA supports the VA in expanding eligibility for care to individuals who previously were not eligible to receive stabilizing care and offering additional benefits at no cost to the individual, including no copays and coverage of emergency transportation necessary to receive care without the individual having to meet otherwise applicable transportation criteria.

We applaud the VA for removing the unnecessary burdens that an individual could face in times of crisis, such as affording emergency transportation to a facility. The interim final rule acknowledges the need for broad interpretation for many of the provisions to allow for individualized veteran care. However, APA does encourage the VA to provide clarifications to new rules to remove any hesitation that may still exist among veterans to

¹ 2021 National Veteran Suicide Prevention Annual Report. Office of Mental Health and Suicide Prevention. Page 5. September 2021.
<https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf>

ask for help due to financial concerns. For example, in the interim final rule, emergency transportation is not defined but described: “it is reasonable to characterize it as an ambulance or air ambulance, as these are common transports for individuals... it is also reasonable to interpret that emergency transport can be furnished to either a VA or non-VA facility...”.² There may be localized options that could raise questions and while not the intent of the VA to cause confusion or unintended worry amongst veterans, increased clarification would facilitate successful implementation.

As this rule is finalized, consider incorporating partners across the country to ensure this information is shared accurately and with cultural and structural competency. Providing veteran education materials and additional resources to crisis lines will be important considering the increased calls and texts to both the Veterans Crisis Line and the 988 Suicide and Crisis Lifeline. Moreover, providing clear information to providers, facilities, and programs on changes, procedures, and billing will be vital for a smooth transition.

Thank you for the opportunity to respond to this interim final rule for Emergent Suicide Care. If you have any questions or would like to discuss these comments in more details, please contact Brooke Trainum, Director of Practice Policy, at btrainum@psych.org.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" followed by "M.D., M.P.A." in smaller letters.

Saul Levin, M.D., M.P.A., FRCP-E, FRCPsych
CEO and Medical Director
American Psychiatric Association

² Federal Register, Vol. 88, No.10, Tuesday January 17, 2023. Page 2532 <https://www.govinfo.gov/content/pkg/FR-2023-01-17/pdf/2023-00298.pdf>