



March 7, 2022

The Honorable Denis Richard McDonough
Secretary
Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

RE: AQ30-Proposed Rule - Modifying Copayments for Veterans at High Risk for Suicide

Submitted electronically via Regulations.gov

Dear Secretary McDonough:

NAMI, the National Alliance on Mental Illness, appreciates the opportunity to comment on the proposal by the Department of Veterans Affairs (VA) to eliminate copayments for outpatient care and reduce the copayment for medications dispensed to Veterans identified by VA as being at high risk for suicide. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, including our nation's Veterans. As we explain in more detail below, we believe this proposal will help increase access to mental health care for our nation's Veterans and we strongly encourage VA to finalize the changes as proposed.

Veteran Need Easier Access to Mental Health Care

Veterans, especially those who deployed overseas, face elevated risks of mental health conditions. In 2018, 3.7 million Veterans had a mental and/or substance use disorder.ⁱ About one in five Veterans returning from Iraq and Afghanistan has post-traumatic stress disorder (PTSD) or depression, and the VA estimates that 30 percent of Vietnam veterans will experience PTSD in their lifetime.ⁱⁱ

Sadly, these mental health challenges can be fatal. Suicide continues to be a leading cause of death in the United States,ⁱⁱⁱ and Veterans are no different. In 2017, Veterans accounted for 13.5 percent of all deaths by suicide among U.S. adults yet constituted only 7.9 percent of the U.S. adult population.^{iv} According to the VA's 2019 National Veteran Suicide Prevention Annual Report, the suicide rate among Veterans is 1.5 times greater than the non-Veteran adult population.^v Over 6,000 Veterans die by suicide each year.^{vi}

Despite the pressing need to address these mental health concerns, Veterans encounter many barriers to seeking needed mental health care, including stigma and career concerns.^{vii} There is a notable underutilization of mental health services among military populations, and ensuring at-risk individuals are connected with appropriate mental health care services remains an ongoing challenge. A systematic review of the literature revealed that less than one-third of military personnel with psychiatric problems in the past year reported service use and/or help-seeking for mental health problems during that same time frame.^{viii}

For these reasons, NAMI is grateful for VA's focus on ensuring that more Veterans are able to access needed mental health services. Specifically, we appreciate that VA named Veteran suicide prevention as the highest clinical priority in the Department of Veterans Affairs FY 2018–2024 Strategic Plan.^{ix} We also note that 2019 VA and the Department of Defense (DoD) Clinical Practice Guidelines recommend that health care professionals increase the frequency of outpatient mental health encounters to provide more intense care and preventive services for Veterans who are determined to be at high risk for suicide. While it's recognized that increasing the frequency of outpatient mental health visits can reduce the risk of suicide, financial barriers can be a detriment to receiving that care. Which is why this proposed rule is so important.

Eliminating Copayments will Help Veterans Access Mental Health Care

In this proposed rule, the VA seeks to amend its medical regulations that govern copayments for VA outpatient medical care and medications by eliminating the copayment for outpatient care and reducing the copayment for medications dispensed to Veterans identified by VA as being at high risk for suicide. These copayment changes would be applied until VA determines that the veteran is no longer at high risk for suicide.

Considerable research demonstrates that cost-sharing obligations can create barriers to health care for vulnerable patients and adversely affect health outcomes as a result. Cost sharing often works as a blunt tool that substantially reduces use of health care services, even when those services are of great necessity or benefit.^x This may prevent vulnerable groups like Veterans from receiving essential mental health treatment.

Currently, veterans at risk for suicide may pay \$15 or \$50 copayments for each outpatient visit, depending on whether the visit is qualified as primary or specialty care. While a nominal amount for some, this may amount to an economic burden for many others. Research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary health care services.^{xi} For these reasons, NAMI strongly supports the proposed changes and encourages VA to finalize the proposal as quickly as possible.

Finalize this Proposal

Thank you for the opportunity to comment on this important proposal. We believe this proposal will help eliminate barriers that hinder life-saving mental health treatment and help those who have served our nation live healthy, productive lives. We also encourage you to monitor implementation to ensure there are no negative unintended consequences of this change. If you would like to discuss these comments, please contact Jodi Kwarciany, Senior Manager of Mental Health Policy at jkwarciany@nami.org.

Sincerely,

/s/

Jennifer Snow
National Director of Government Relations and Policy

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- ⁱ https://www.samhsa.gov/data/sites/default/files/reports/rpt23251/6_Veteran_2020_01_14_508.pdf
- ⁱⁱ https://www.ptsd.va.gov/understand/common/common_veterans.asp#:~:text=It%20is%20estimated%20that%20about,had%20PTSD%20in%20their%20lifetime
- ⁱⁱⁱ <https://jamanetwork.com/journals/jama/fullarticle/2778234>
- ^{iv} https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf
- ^v https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf
- ^{vi} <https://afsp.org/military-and-veteran-suicide-prevention>
- ^{vii} <https://www.sciencedirect.com/science/article/abs/pii/S027273581530204X>
- ^{viii} <https://www.sciencedirect.com/science/article/abs/pii/S027273581530204X>
- ^{ix} <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>
- ^x <https://www.acpjournals.org/doi/full/10.7326/0003-4819-146-8-200704170-00011>
- ^{xi} <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>