



(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To direct the Secretary of Veterans Affairs to establish a list of covered providers that complete annual training on the prevention of suicide among veterans and to make such list available to veterans.

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IN THE HOUSE OF REPRESENTATIVES

Mr. HUIZENGA introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To direct the Secretary of Veterans Affairs to establish a list of covered providers that complete annual training on the prevention of suicide among veterans and to make such list available to veterans.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Suicide Pre-  
5 vention and Care Enhancement Act of 2025”.

1 **SEC. 2. ESTABLISHMENT OF PREFERRED PROVIDER LIST**  
2 **FOR VETERANS COMMUNITY CARE PROGRAM**  
3 **OF THE DEPARTMENT OF VETERANS AF-**  
4 **FAIRS.**

5 (a) IN GENERAL.—Not later than 180 days after the  
6 date of the enactment of this Act, the Secretary of Vet-  
7 erans Affairs shall make available to covered providers an-  
8 nual, evidence-based training on the prevention of suicide  
9 among veterans.

10 (b) PREFERRED PROVIDER LIST.—

11 (1) IN GENERAL.—The Secretary shall—

12 (A) establish and maintain a list (to be  
13 known as the “preferred provider list”) of each  
14 covered provider that completes the training  
15 under subsection (a); and

16 (B) make such list publicly available to  
17 veterans eligible for health care under the laws  
18 administered by the Secretary.

19 (2) NON-DEPARTMENT TRAINING.—The Sec-  
20 retary shall include on the preferred provider list  
21 any covered provider that the Secretary determines  
22 has completed training that—

23 (A) is substantially similar to the training  
24 required by such subsection; and

25 (B) meets the applicable competency  
26 standard for military health care professionals.

1           (3) OPT-OUT.—A covered provider desiring to  
2           be removed from the preferred provider list may sub-  
3           mit to the Secretary a request in such form, at such  
4           time, and containing such information as the Sec-  
5           retary determines appropriate.

6           (4) ANNUAL REVIEW.—The Secretary shall, on  
7           an annual basis, review the preferred provider list to  
8           ensure each covered provider included on such list  
9           has completed such training.

10          (c) COVERED PROVIDER DEFINED.—In this section,  
11          the term “covered provider” means—

12               (1) a health care provider specified in sub-  
13               section (c) of section 1703 of title 38, United States  
14               Code; and

15               (2) an eligible entity or medical provider that  
16               has entered into a Veterans Care Agreement under  
17               section 1703A of such title.

18          **SEC. 3. REPORT.**

19          (a) IN GENERAL.—Not later than 180 days after the  
20          day of enactment of this Act, and annually thereafter, the  
21          Secretary of Veterans Affairs shall submit to the appro-  
22          priate congressional committees a report on the following:

23               (1) The number of providers who completed the  
24               VA-offered suicide prevention training prior to the

1 implementation of the Preferred Provider List out-  
2 line in Sec. 2(b).

3 (2) The number of Community Care Network  
4 providers who completed a different suicide preven-  
5 tion training not offered by the VA prior to the im-  
6 plementation of the Preferred Provider List.

7 (3) The number of providers currently on the  
8 Preferred Provider List, bifurcated by those who uti-  
9 lized the VA-offered suicide prevention training and  
10 those providers who received the waiver outlined in  
11 Sec. 2(b)(2).

12 (4) The likelihood of veterans utilizing providers  
13 on the Preferred Provider List rather than a pro-  
14 vider not found on the Preferred Provider List.

15 (5) Any patterns apparent to the Secretary  
16 based on the review of the implementation of the  
17 Preferred Provider List.

18 (6) Any recommendations for further action  
19 that would improve and enhance the Preferred Pro-  
20 vider List with the objective of increasing access to  
21 care for veterans.

22 (b) APPROPRIATE CONGRESSIONAL COMMITTEES  
23 DEFINED.—In this section, the term “appropriate con-  
24 gressional committees” means—

- 1           (1) the Committee on Veterans' Affairs of the
- 2           House of Representatives; and
- 3           (2) the Committee on Veterans' Affairs of the
- 4           Senate.