

117TH CONGRESS }
2d Session }

SENATE

{ REPORT
117-69 }

NATIONAL SUICIDE HOTLINE DESIGNATION
ACT OF 2019

R E P O R T

OF THE

COMMITTEE ON COMMERCE, SCIENCE, AND
TRANSPORTATION



FEBRUARY 9, 2022.—Ordered to be printed

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ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

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Ms. CANTWELL, from the Committee on Commerce, Science, and
Transportation, submitted the following

R E P O R T

[Including cost estimate of the Congressional Budget Office]

The Committee on Commerce, Science, and Transportation, to which was referred the bill (S. 2661) to amend the Communications Act of 1934 to designate 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline and through the Veterans Crisis Line, and for other purposes, having considered the same, ordered to be reported favorably thereon with an amendment (in the nature of a substitute) and recommended that the bill (as amended) do pass. The bill was discharged and passed with an amendment (in the nature of a substitute) in the Senate by unanimous consent. On May 14, 2020, S. 2661 was received in the House of Representatives. On September 21, 2020, a motion to suspend the rules and pass the bill was agreed to by voice vote in the House of Representatives. On October 17, 2020, S. 2661 was signed by the President and became Public Law 116-72.

PURPOSE OF THE BILL

The purpose of the National Suicide Hotline Designation Act of 2019 (S. 2661) is to designate the three-digit dialing code 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system. S. 2661 also would reserve the ability of States to assess fees to support the hotline system, and make other changes to the law to enhance the effectiveness of the hotline system.

BACKGROUND AND NEEDS

Suicide is one of the leading causes of death in the United States.¹ In 2017, over 47,000 Americans committed suicide,² and more than 1.4 million adults attempted suicide.³ The Centers for Disease Control and Prevention (CDC) found that, between 1999 and 2016, the number of suicides increased in 49 of 50 States, and in more than 25 States, the number of suicides increased by over 20 percent.⁴

Segments of the U.S. population are at higher risk, including teens, veterans, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.⁵ For example, the rise in teenage suicides has outpaced the increase in suicides in general.⁶ Between 2007 and 2017, the rate of suicide among those aged 10 to 24 increased by 56 percent.⁷ According to the Trevor Project, LGBTQ youth (1) contemplate suicide at almost three times the rate of heterosexual youth and (2) are almost five times more likely to have attempted suicide compared to heterosexual youth.⁸ According to one filing with the Federal Communications Commission (FCC or Commission), it was projected that 500,000 LGBTQ youth would attempt suicide in 2019.⁹ Additionally, more than 20 veterans die by suicide every day.¹⁰ Between 2006 and 2016, more than 6,000 veterans committed suicide each year.¹¹

The National Suicide Prevention Lifeline (Lifeline) currently provides suicide prevention assistance at 1-800-273-8255 (TALK).¹² The Lifeline is a national network of 163 crisis centers that is funded by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).¹³

¹ Kenneth D. Kochanek et al., "Deaths: Final Data for 2017," *National Vital Statistics Reports* 68, no. 9 (Jun. 24, 2019) (https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf) (accessed May 7, 2020).

² National Institute of Mental Health, "Suicide," updated Apr. 2019 (<https://www.nimh.nih.gov/health/statistics/suicide.shtml>) (accessed May 7, 2020).

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Suicide Hotline Improvement Act: The Substance Abuse and Mental Health Services Administration Report to the Federal Communications Commission*, Feb. 7, 2019, WC docket no. 18-336, CC docket no. 92-105, at 2 (<https://ecfsapi.fcc.gov/file/1022280990575/19021504-1.pdf>) (accessed May 7, 2020).

⁴ Federal Communications Commission, Wireline Competition Bureau, Office of Economics and Analytics, *Report on the National Suicide Hotline Improvement Act of 2018*, Aug. 14, 2019, 1 (<https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf>) (accessed May 7, 2020).

⁵ FCC report at para. 1.

⁶ EJ Dickson, "Teen Suicide Is on the Rise and No One Knows Why," *Rolling Stone*, Oct. 18, 2019 (<https://www.rollingstone.com/culture/culture-news/teen-suicide-study-increase-why-900711/>) (accessed May 7, 2020).

⁷ Jane E. Brody, "The Crisis in Youth Suicide," *The New York Times*, Dec. 2, 2019 (<https://www.nytimes.com/2019/12/02/well/mind/the-crisis-in-youth-suicide.html>) (accessed May 7, 2020).

⁸ The Trevor Project, "Preventing Suicide: Facts About Suicide" (<https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>) (accessed May 7, 2020).

⁹ Letter from U.S. Senators Tammy Baldwin and Dan Sullivan to Hon. Ajit Pai, Chairman, Federal Communications Commission, Jul. 18, 2019 (<https://ecfsapi.fcc.gov/file/108062439600670/Letter%20to%20Chairman%20Pai%20re%20Hotline%20Improvement%20Act%20Implementation%207.18.19.pdf>) (accessed May 7, 2020).

¹⁰ Id.

¹¹ U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention, *Veteran National Suicide Data Report 2005-2016*, Sep. 2018, 4 (https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf) (accessed May 7, 2020).

¹² The Lifeline can also be accessed via multiple toll-free numbers, including 1-800-784-2433 (1-800-SUICIDE), 1-888-784-2433 (1-888-SUICIDE), and 1-877-2432 (SUICIDA). See U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, *Petition for the Permanent Reassignment of Three Toll Free Suicide Prevention Hotline Numbers*, WC docket no. 07-271, CC docket no. 95-155, order, 27 FCC Red 2965 (WCB 2012); see also SAMHSA report at 3.

¹³ Id.

Trained counselors answered over 2.2 million calls and over 100,000 online chats in 2018.¹⁴ In 2007, SAMHSA and Veterans Affairs partnered to establish this number as the access point for the Veterans Crisis Line, which can be reached by pressing option 1.¹⁵ “The Veterans Crisis Line is comprised of 3 linked call centers in Canandaigua, New York, Atlanta, Georgia, and Topeka, Kansas, and it collaborates with a network of over 400 Suicide Prevention Coordinators, which are located at VA facilities across the country.”¹⁶ Since the Veterans Crisis Line was launched in 2007, more than 3.8 million calls have been answered.¹⁷

Stakeholders have recommended the adoption of a nationwide, easy-to-remember three-digit dialing code to “make it easier for people in the U.S. experiencing a crisis to receive immediate and appropriate mental health support and referral.”¹⁸ The National Suicide Hotline Improvement Act of 2018¹⁹ directed the FCC, in coordination with the Assistant Secretary of Health and Human Services for Mental Health and Substance Use and the Secretary of Veterans Affairs, to analyze the effectiveness of the existing National Suicide Prevention Lifeline and examine the feasibility of designating a three-digit dialing code for the national suicide prevention and mental health crisis hotline system.²⁰ After reviewing the SAMHSA Report, the 2018 VA National Suicide Data Report, and an extensive record of public comments, the Commission issued the required report on August 24, 2019.²¹

The Commission’s report found that a three-digit dialing code could help the existing suicide prevention lifelines be more effective in preventing suicides and providing crisis intervention.²² According to the FCC, the reports from SAMHSA, the VA, the North American Numbering Council, and public comments supported “the use of a dedicated three-digit dialing code to increase effectiveness of suicide prevention efforts, ease access to crisis services, and reduce the stigma surrounding suicide and mental health conditions.”²³ The report concluded that designating a three-digit code dedicated solely for the purpose of the Lifeline would likely make it easier for Americans in crisis to access potentially life-saving resources.²⁴ The report also recommended the FCC conduct a rulemaking to consider designating 9–8–8 as the three-digit code.²⁵ On

¹⁴ SAMHSA report at 5.

¹⁵ U.S. Department of Veterans Affairs, Veterans Health Administration, *National Suicide Hotline Improvement Act of 2018*, Feb. 7, 2019, WC docket no. 18–336, CC docket no. 92–105, 4 (<https://ecfsapi.fcc.gov/file/10222879923948/19021504-2.pdf>) (accessed May 7, 2020); see also FCC report at 5.

¹⁶ Federal Communications Commission, *Notice of Proposed Rulemaking: Implementation of the National Suicide Hotline Improvement Act of 2018*, WC docket no. 18–336, rel. December 16, 2019, at para 7 (internal citations omitted) (https://ecfsapi.fcc.gov/file/121669091890/FCC-19-128A1_Rcd.pdf) (accessed Feb. 17, 2021).

¹⁷ See *Notice of Proposed Rulemaking* at para 7. The Crisis Line has also answered more than 439,000 online chats and nearly 108,000 texts since those services began.

¹⁸ NAMI, “Action Alert: Join Us In Supporting A 3-Digit Number For Suicide Prevention” (<https://namica.org/action-alert-join-us-in-supporting-a-3-digit-number-for-suicide-prevention/>) (accessed May 7, 2020).

¹⁹ National Suicide Hotline Improvement Act of 2018; Pub. L. 115–233, 132 Stat. 3425.

²⁰ Id. Section 3(a)(2)(A)–(B).

²¹ FCC report.

²² FCC report at 1, 9, 18.

²³ Id.

²⁴ FCC report at 1, 9, 18.

²⁵ FCC report at 1, 18.

December 12, 2019, the FCC initiated a proceeding to establish rules to designate 9-8-8 as the three-digit code.²⁶

Groups supporting the designation of 9-8-8 have argued that Congress should advance legislation declaring 9-8-8 as the universal three-digit dialing code for suicide prevention to provide certainty to communications providers, the hotlines, and consumers seeking help. Such legislation also can accelerate the timeline for communications providers to complete the work necessary to implement necessary changes in their networks to implement the new number. In addition, legislation naming 9-8-8 as the dialing code can address other issues associated with that move, including the authority of States, localities, and other jurisdictions to assess fees or other charges to support the 9-8-8 system. Finally, legislation can address ancillary issues associated with the proposed 9-8-8 system, like the possibility of including automatic location information with calls and the ability of the suicide prevention lifelines to properly meet the needs of LGBTQ and other high-risk populations.

SUMMARY OF PROVISIONS

S. 2661 would do the following:

- Designate 9-8-8 as the universal telephone number for the National Suicide Prevention and Mental Health Hotline System and the Veterans Crisis Line.
- Require the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs to develop a report detailing the resources necessary to use 9-8-8, while affirming State and local authority over fees to support a future 9-8-8 system.
- Require the FCC to report on the feasibility and cost of including automatic dispatchable location information for 9-8-8 calls, and require the Assistant Secretary for Mental Health and Substance Use to report on a strategy for training programs to better serve high risk populations, including youth who are lesbian, gay, bisexual, transgender, or queer.

LEGISLATIVE HISTORY

S. 2661, the National Suicide Hotline Designation Act of 2019, was introduced in the 116th Congress on October 22, 2019, by Senator Gardner (for himself and Senators Baldwin, Moran, and Reed) and was referred to the Committee on Commerce, Science, and Transportation of the Senate. On December 11, 2019, the Committee met in open Executive Session and, by voice vote, ordered S. 2661 reported favorably with an amendment (in the nature of a substitute). On May 13, 2020, S. 2661 was discharged and passed in the Senate with an amendment (in the nature of a substitute) by unanimous consent. On May 14, 2020, S. 2661 was received in the House of Representatives. On September 21, 2020, a motion to suspend the rules and pass the bill was agreed to by voice vote in the House of Representatives. On October 17, 2020, S. 2661 was signed by the President and became Public Law 116-72.

²⁶ See *Notice of Proposed Rulemaking*.

S. 2661 is substantially similar to H.R. 4194, introduced on August 20, 2019, by Representative Chris Stewart in the House of Representatives.

On May 3, 2017, Senator Hatch introduced S. 1015, the National Suicide Hotline Improvement Act of 2017, with Senator Donnelly as an original cosponsor. S. 1015 directed the FCC to conduct a study on the feasibility of designating a three-digit dialing code for a national suicide prevention and mental health hotline system, among other things. A companion measure, H.R. 2345, was introduced in the House of Representatives by Representative Chris Stewart on the same day. H.R. 2345 was signed into law on August 14, 2018.

ESTIMATED COSTS

In accordance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate and section 403 of the Congressional Budget Act of 1974, the Committee provides the following cost estimate, prepared by the Congressional Budget Office:

S. 2661, National Suicide Hotline Designation Act of 2020 As passed by the Senate on May 13, 2020			
By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	*	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031?	No	Contains intergovernmental mandate?	Yes, Under Threshold
		Contains private-sector mandate?	Yes, Under Threshold
* = between zero and \$500,000.			

SUMMARY OF LEGISLATION

S. 2661 would designate 9–8–8 as the universal telephone number for suicide prevention and mental health assistance in the United States. People who call 9–8–8 would be routed to the National Suicide Prevention Lifeline maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Veterans Crisis Line maintained by the Department of Veterans Affairs (VA).

The act would require the following reports to the Congress:

- SAMHSA and VA on the level of resources necessary to bring the 9–8–8 system into operation;
- SAMHSA on its plans to support training for National Suicide Prevention Lifeline counselors, and its technology strategy to better serve lesbian, gay, bisexual, transgender, or queer youth and other high risk populations; and

- The Federal Communications Commission (FCC) on the feasibility and cost of automatically transmitting a caller's location to operators when 9-8-8 is called, and, two years after enactment, on how states are collecting and spending fees that support 9-8-8 services.

ESTIMATED FEDERAL COST

Using information from the affected agencies, CBO estimates that implementing the act would, on net, cost less than \$500,000 over the 2021–2025 period. CBO estimates that it would cost the FCC \$3 million to complete its required reports. However, because the FCC is authorized to collect regulatory fees in an amount sufficient to offset its annual appropriation, CBO expects that the change in net discretionary spending by the FCC would be negligible, assuming appropriation action consistent with that authority. CBO estimates that it would cost SAMHSA and VA less than \$500,000 to issue its required reports.

Because the FCC issued a final rule on July 16, 2020, that designated 9-8-8 as the National Suicide Prevention Hotline, CBO anticipates that any costs incurred by FCC, SAMSHA, and VA to establish the hotline would arise under current law.

MANDATES

S. 2661 would impose an intergovernmental mandate as defined by the Unfunded Mandates Reform Act (UMRA) by setting the structure for fees levied by state, local, and tribal governments on voice and mobile service providers to support the national suicide prevention and mental-health crisis hotline. Because those intergovernmental entities do not currently levy such fees, the mandate would impose no costs on those entities, and thus not exceed the threshold established in UMRA (\$84 million in 2020, adjusted annually for inflation).

If the FCC increases annual fee collections to offset the costs to implement provisions in the act, S. 2661 would increase the cost of an existing mandate on entities required to pay those fees. Using information from the FCC, CBO estimates that the incremental cost of the mandate would be small, and well below the threshold for private-sector mandates established in UMRA (\$168 million, adjusted annually for inflation).

The CBO staff contacts for this estimate are David Hughes (for the FCC), Katherine Young (for SAMHSA), Ann E. Futrell (for VA), and Rachel Austin (for mandates). The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

REGULATORY IMPACT STATEMENT

In accordance with paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee provides the following evaluation of the regulatory impact of the legislation:

NUMBER OF PERSONS COVERED

S. 2661 would designate 9-8-8 as the three-digit dialing code for specified suicide prevention hotlines. As such, S. 2661 would impose new obligations on providers of certain communications services, which are already subject to regulation by the FCC.

ECONOMIC IMPACT

S. 2661 would not have an adverse economic impact on the Nation. It is expected that whatever cost might be imposed on communications providers in complying with the bill would be small and below the threshold of the Unfunded Mandates Reform Act.

PRIVACY

S. 2661 would not have any adverse impact on the personal privacy of individuals.

PAPERWORK

S. 2661 would require four reports from the Federal Government. The first report would be submitted by the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs within 180 days after the date of enactment regarding the resources necessary to make use of 9–8–8. The second report would be submitted by the FCC to Congress no later than 180 days after the date of enactment concerning the feasibility and cost of conveying automatic dispatchable location information with a 9–8–8 call. The third reporting requirement would require the FCC to submit a report within 2 years after the date of enactment, and annually thereafter, related to fees assessed by States and localities to support or implement 9–8–8 services. The fourth reporting requirement would require the Assistant Secretary for Mental Health and Substance Use to submit a report to the appropriate committees of Congress no later than 180 days after the date of enactment on a strategy to offer, support, or provide technical assistance to training programs to increase competency in serving high risk populations, along with other information.

CONGRESSIONALLY DIRECTED SPENDING

In compliance with paragraph 4(b) of rule XLIV of the Standing Rules of the Senate, the Committee provides that no provisions contained in the bill meet the definition of congressionally directed spending items under the rule.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

This section would provide that the bill may be cited as the “National Suicide Hotline Designation Act of 2019”.

Section 2. Findings

This section would set out the key findings of the bill related to the need to designate a universal, easy-to-remember three-digit phone number for the national suicide hotline.

Section 3. Universal telephone number for national suicide prevention and mental health crisis hotline system

Subsection (a) of this section would amend section 251(e) of the Communications Act of 1934 to add a new paragraph (4) designating 9–8–8 as the universal telephone number within the United States for the purpose of the national suicide prevention and men-

tal health crisis hotline system operating through the National Suicide Prevention Lifeline and the Veterans Crisis Line.

Subsection (b) of this section would make the amendment in subsection (a) effective 1 year after the date of enactment of this Act.

Subsection (c) of this section would direct the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs to jointly prepare a report within 180 days of enactment that details the resources necessary to make the use of 9–8–8 operational and effective across the United States. Copies of the report would be submitted to several named congressional committees.

Section 4. State authority over fees

Subsection (a) of this section would establish that nothing in this Act, any amendment made by the Act, or any FCC regulation or order may prevent the imposition and collection of a fee for the support or implementation of 9–8–8 services applicable to a commercial mobile service or IP-enabled voice service by the following: (1) a State; (2) a political subdivision of a State; (3) an Indian Tribe; or (4) a village or regional corporation serving a region established pursuant to the Alaska Native Claims Act. Subsection (a) would further stipulate that any such fee must be held in a sequestered account to be obligated or expended only in support of 9–8–8 services, or enhancements of such services. Finally, this subsection states that any such fee applicable to subscribers of IP-enabled voice services may not exceed the amount of any such fee applied to the same class of subscribers to telecommunications services.

Subsection (b) of this section would require that not later than 2 years after the date of the enactment of S. 2661, and annually thereafter, the FCC shall submit to various named congressional committees a report that (1) details the status in each State of the collection and distribution of such fees or charges; and (2) includes findings on the amount of revenues obligated or expended by each State or political subdivision thereof for any purpose other than the purpose for which any such fees or charges are specified.

Subsection (c) would define five key terms used throughout the section.

Today Lifeline is partially funded by SAMHSA within the Department of Health and Human Services, and the Veterans Crisis Line by the Veterans Affairs Administration, in addition to the funding provided by States and community partners for local crisis call centers. The Committee does not intend for the Act's designation of 9–8–8 as the universal telephone number for national suicide prevention and mental health to change that—the Act would designate the number for the hotline operated through SAMHSA and the Secretary of Veterans Affairs.

The Committee does not intend for the Act to shift funding for 9–8–8 services away from the current sources to commercial mobile service or IP-enabled voice service providers. To the contrary, the Committee believes that Congress should consider providing additional funding to support those services, based on the anticipated additional use of Lifeline resulting from the designation of 9–8–8 for that purpose. But in the event there is deficient funding or a shortfall in funding from current and future sources, this section

would permit States, Indian Tribes, or villages or regional corporations serving a region established pursuant to the Alaska Native Claims Settlement Act to seek to supplement funding from commercial mobile service or IP-enabled voice service providers if that funding would be used for direct support of 9–8–8 services.

However, the Committee intends that, consistent with this section, the ability to require fees or charges from commercial mobile service or IP-related voice service providers is not unlimited. First, funds collected must: (i) be specifically to support 9–8–8 related services; (ii) be retained in a sequestered account; and (iii) used only for permitted purposes. Second, those permitted purposes are themselves limited. The Committee believes that the permitted supported 9–8–8 services must be attributed to call routing on the one hand and staffing and direct support of the 9–8–8 hotline and 9–8–8 crisis services on the other.

Section 5. Location identification report

Subsection (a) of this section would require the FCC to examine the feasibility and cost of including an automatic dispatchable location that would be conveyed with a 9–8–8 call, regardless of the technology used and including with calls from multi-line telephone systems. The FCC would be required to submit a report on its findings to various named congressional committees within 180 days after enactment of this Act.

Subsection (b) of this section would define two key terms used throughout the section. Of particular note, it would define the term “dispatchable location” to mean the street address of the calling party and additional information such as room number, floor number, or similar information necessary to adequately identify the location of the calling party.

Section 6. Report on certain training programs

Subsection (a) of this section would express that it is the sense of the Senate that:

- LGBTQ youth are four times more likely to contemplate suicide than their peers.
- One in five LGBTQ youth and more than one in three transgender youth report attempting suicide within the past year.
- SAMHSA must be equipped to provide specialized resources to this at-risk community.

Subsection (b) of this section would require the Assistant Secretary for Mental Health and Substance Abuse to submit a report to various named congressional committees within 180 days of enactment that does the following:

- Details a strategy for SAMHSA to offer, support, or provide technical assistance to training programs for Lifeline counselors that is developed through consultation with organizations with expertise in the suicide of LGBTQ youth and other high-risk populations;
- Includes recommendations regarding facilitating access to services provided by specially trained staff and partner organizations for LGBTQ individuals and other high-risk populations; and

- Includes recommendations regarding a strategy for optimally implementing an Integrated Voice Response, or other equally effective mechanism, to allow LGBTQ youth or high-risk population callers to Lifeline to access specialized services.

CHANGES IN EXISTING LAW

In compliance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, changes made by the bill, to existing law at the time the bill was ordered reported, are shown as follows: (existing law proposed to be omitted is enclosed in brackets, new matter is printed in *italic*, and existing law in which no change is proposed is shown in roman):

COMMUNICATIONS ACT OF 1934

* * * * *

[47 U.S.C. 251(e)]

SEC. 251. INTERCONNECTION.

(a) * * *

(b) * * *

(c) * * *

(d) * * *

(e) NUMBERING ADMINISTRATION.—

(1) * * *

(2) * * *

(3) * * *

(4) *UNIVERSAL TELEPHONE NUMBER FOR NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH CRISIS HOTLINE SYSTEM.—9–8–8 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) and through the Veterans Crisis Line maintained by the Secretary of Veterans Affairs under section 1720F(h) of title 38, United States Code.*

* * * * *

