

119TH CONGRESS
2^D SESSION

H. R. 8793

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.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2026

Mr. HUIZENGA (for himself, Mr. CORREA, Mr. WALBERG, Mr. LAWLER, and Mr. SMITH of New Jersey) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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 2026”.

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.

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