

# ASSEMBLY, No. 1094

## STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

**Assemblyman WAYNE P. DEANGELO**

**District 14 (Mercer and Middlesex)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Co-Sponsored by:**

**Assemblywoman Reynolds-Jackson and Assemblyman Dancer**

**SYNOPSIS**

Requires DMVA conduct outcomes and efficacy study of veteran to veteran peer support helpline.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT requiring the Department of Military and Veterans Affairs  
2 to conduct a study on the outcomes and efficacy of the veteran to  
3 veteran peer support helpline.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. a. The Adjutant General of the Department of Military and  
9 Veterans Affairs, or a designee, shall conduct a two-year study on  
10 the outcomes and efficacy of the veteran to veteran peer support  
11 helpline, established pursuant to section 2 of P.L.2011, c.116  
12 (C.38A:13-11) and commonly referred to as the vet to vet hotline,  
13 and shall prepare and submit a written report to the Legislature,  
14 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), within six  
15 months of the conclusion of the study. The study shall be based on  
16 an analysis of national suicide data and data collected from the  
17 helpline, and shall include, but not be limited to:

18 (1) the efficacy of the helpline in leading veterans to sustained  
19 mental health regimens and suicide prevention;

20 (2) the helpline's visibility;

21 (3) the role of the helpline as part of the department's mental  
22 health care services;

23 (4) whether receiving sustained mental health care services  
24 affects suicidality and whether veterans previously receiving  
25 department mental health care services use the helpline in times of  
26 crisis;

27 (5) the helpline's effectiveness in assisting veterans at risk for  
28 suicide when contacted by a non-veteran;

29 (6) the helpline's overall efficacy in preventing suicides and  
30 whether the number of contacts affects such efficacy;

31 (7) the helpline's long-term efficacy in preventing repeated  
32 suicide attempts and when such efficacy is temporary;

33 (8) when referral to mental health care services affects the risk  
34 of suicide; and

35 (9) the helpline's efficacy in promoting continued mental health  
36 care for those veterans who are at high risk for suicide and whose  
37 suicide was prevented.

38 b. In addition to the written report submitted pursuant to  
39 subsection a. of this section, the Adjutant General, or a designee,  
40 may submit a proposal for legislation that improves the laws of this  
41 State regarding the efficacy of the veteran to veteran peer support  
42 helpline.

43  
44 2. This act shall take effect immediately.

45  
46 STATEMENT

47  
48 This bill requires the Adjutant General of the Department of  
49 Military and Veterans Affairs to conduct a study on the outcomes

1 and efficacy of the veteran to veteran peer support helpline,  
2 commonly referred to as the vet to vet hotline, and to submit a  
3 report of its findings to the Legislature, and permits the Adjutant  
4 General to submit a proposal for legislation that improves the laws  
5 of this State regarding the efficacy of the veteran to veteran peer  
6 support helpline. The study will be for a two-year period and will  
7 be based on an analysis of national suicide data and data collected  
8 from the helpline.

9 The study will include, but not be limited to:

10 (1) the efficacy of the helpline in leading veterans to sustained  
11 mental health regimens and suicide prevention;

12 (2) the helpline's visibility;

13 (3) the role of the helpline as part of the department's mental  
14 health care services;

15 (4) whether receiving sustained mental health care services  
16 affects suicidality and whether veterans previously receiving  
17 department mental health care services use the helpline in times of  
18 crisis;

19 (5) the helpline's effectiveness in assisting veterans at risk for  
20 suicide when contacted by a non-veteran;

21 (6) the helpline's overall efficacy in preventing suicides and  
22 whether the number of contacts affects such efficacy;

23 (7) the lines long-term efficacy in preventing repeated suicide  
24 attempts and when such efficacy is temporary;

25 (8) when referral to mental health care services affects the risk  
26 of suicide; and

27 (9) the helpline's efficacy in promoting continued mental health  
28 care for those veterans who are at high risk for suicide and whose  
29 suicide was prevented.