

Statement for the Record

House Committee on Veterans' Affairs
Subcommittee on Health
Hearing on Legislation
March 11, 2025

Dear Chairwoman Miller-Meeks and Ranking Member Brownley:

We are writing on behalf of the American Association for Marriage and Family Therapy (“AAMFT”) and the California Association of Marriage and Family Therapists (“CAMFT”), organizations that represent the professional interests of more than 81,000 licensed marriage and family therapists (“MFTs”) who provide individual, family, and group psychotherapy services throughout the United States. Thank you for providing AAMFT and CAMFT with an opportunity to comment in response to legislation considered on March 11, 2025 by the Committee on Veterans’ Affairs Subcommittee on Health.

We are commenting in support of H.R. 658, legislation introduced by Ranking Member Julia Brownley to correct a problem that impacts care and treatment for Veterans. AAMFT and CAMFT would like to thank Ranking Member Brownley for sponsoring this legislation. H.R. 658 seeks to expand access to licensed MFTs for Veterans and their families by removing unnecessary guidelines and policies that currently restrict the promotion of many VA MFT employees to supervisory positions, resulting in barriers to a qualified mental health workforce and barriers to timely access to care. H.R 658 would allow MFTs in the VA who are authorized to provide clinical supervision under state law to be eligible to provide clinical supervision in the VA.

Background

In 2006, the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461) was signed into law. This legislation established MFTs as recognized professionals within the VA. The VA started hiring MFTs in 2010 after the adoption of the first qualification standard for MFTs.¹ In 2018, the VA issued its second and current qualification standard for MFTs.² This 2018 standard added a new requirement that all MFTs in the VA who are supervising or who want to serve at a supervisory or managerial level and above designation must first have obtained the AAMFT Approved Supervisor designation in order to supervise.³ This requirement prevents well-trained and highly qualified MFTs who are serving in the VA at the GS-11 full performance level from advancing within the VA into a supervisory role. In addition, no such requirement exists in almost all other employment settings, and a similar requirement in the VA does not exist for psychologists, clinical social workers, or professional mental health counselors.

¹ VA Handbook 5005/41, Part II, Appendix G42

² VA Handbook 5005/101, Part II, Appendix G44

³ The VA does allow MFTs to be working to obtain the AAMFT Approved Supervisor designation to serve as supervisors in the VA. These providers have two years from the date of placement to obtain the AAMFT Approved Supervisor designation.

Currently, the VA requires that MFTs must hold the AAMFT Approved Supervisor designation to be promoted to supervisory positions. While AAMFT is proud of its high caliber supervisory designation, the AAMFT Approved Supervisor designation is not intended to be the only pathway for an MFT to become a clinical supervisor in the VA or in other settings. The VA does not require that licensed professional mental health counselors (“LPMHCs”), licensed clinical social workers (“LCSWs”) or other clinicians obtain a designation from a private organization in order to serve as a clinical supervisor in the VA.

The Current MFT Supervisor Requirement is an Unnecessary Barrier

The current MFT supervisor requirement is not necessary, and serves as a barrier for providers and Veterans. This requirement places MFTs at a disadvantage when it comes to the retention and promotion of MFTs within the VA. There are thousands of MFTs who are recognized as state-approved supervisors, yet they are not able to supervise within the VA because they do not have the AAMFT Approved Supervisor designation. We are aware of MFTs who have left VA employment because of this restriction, including MFTs that are Veterans themselves. We have heard that some hiring authorities within the VA are reluctant to hire MFTs for entry level positions due to the shortage of MFTs eligible to supervise in the VA, thus unnecessarily increasing workforce shortages and hampering Veteran’s timely access to care.

The Current MFT Supervisor Requirement Does Not Align with State Requirements

The VA’s current MFT supervisor requirement is not in alignment with state law. All 50 states and the District of Columbia license MFTs. States require that in order to become a licensed MFT, an applicant must hold a master’s degree or doctoral degree in marriage and family therapy or a related field, have two years of clinical supervised experience, and pass a clinical exam. All states have requirements for MFTs who want to provide clinical supervision.

Based upon a review of the licensure laws governing MFTs in all 50 states and the District of Columbia, only two states - North Carolina and Tennessee - require that clinical supervisors providing supervision for MFT licensure must be AAMFT Approved Supervisors. In all 48 other states, a clinical supervisor of a candidate for licensure as an MFT does not need to be an AAMFT Approved Supervisor. Instead, these 48 states allow MFTs who have experience and/or training in supervision to obtain a state MFT supervisor designation or otherwise legally provide supervision to supervisees in those states. For example, under Texas law, a person can become a Texas MFT supervisor if have either successfully completed a 3-semester hour course in MFT supervision, completed a 40-hour continuing education course in clinical supervision, or completed a supervision course approved by AAMFT.⁴

In many states, the supervisor requirements for MFTs are identical to, or closely similar to, the state supervisor requirements for other mental health professionals. For example, in Iowa, the requirements to be an eligible supervisor for MFTs and LPMHCs are identical: hold an active license, have a minimum of three years of independent practice experience, complete at least a six-hour continuing education course in supervisor or one graduate-level course in supervision, and knowledge of the law and ethics rules governing supervisees in Iowa.⁵

⁴ 22 TX Admin Code §801.143. In addition, all candidates for the MFT supervisor status in Texas must document the completion of 3,000 hours of MFT practice over a minimum of three years.

⁵ Iowa Admin Code r. 481.891.7

The VA's current additional MFT supervisor requirement does not align with the VA's own clinical supervisor requirements for other healthcare professionals. The VA generally recognizes clinical providers in the VA as eligible to supervise if state law allows them to supervise. For example, within the mental health professions, LPMHCs and LCSWs can provide clinical supervision if they are licensed to provide clinical supervision under state law or otherwise can legally provide supervision for licensure under state law.⁶ Instead of following clinical supervisor requirements under state law, the VA MFT supervisor requirement is unique in requiring those applying for a supervisory position or having the ability to supervise trainees to obtain a supervision designation from a nongovernmental organization. Since the VA generally defers to state law pertaining to the minimum standards necessary to work in the VA, such as meeting a state's requirements for licensure in a recognized healthcare profession, the VA should allow MFTs who are authorized to provide clinical supervision under state law to be eligible to provide clinical supervision in the VA.

HR 658 Would Increase the Number of MFT Supervisors While Providing the Best Quality of Care to Veterans

HR 658 would expand access to licensed MFTs for Veterans and their families by removing unnecessary regulations that currently prohibit many MFTs employed by the VA from being promoted to supervisory positions. This legislation would significantly increase the number of current MFTs in the VA who would be eligible to provide clinical supervision. By increasing the pool of MFTs eligible to become clinical supervisors and be promoted within the VA, this bill would increase the retention of MFTs within the VA. Increasing the number of supervisors and improving retention of MFTs within the VA will also improve access to care in a timely manner for Veterans. H.R 658 protects Veterans by requiring that all MFT supervisors must be an AAMFT Approved Supervisor or authorized by a state to provide clinical supervisor. As with all clinical supervisors of any profession within the VA, under this bill, the VA would still retain the ability to manage VA employees, investigate supervisors, and take any action against employees who are not providing the best care for Veterans.

We would like to thank the Committee for the opportunity to submit comments in support of H.R. 658. AAMFT and CAMFT look forward to working with the Committee on this legislation.

⁶ VA Handbook 5005/106, Part II, Appendix G43 (LPMHCs) & VA Handbook 5005/120, Part II, Appendix G39 (LCSWs)