National Association for Behavioral Healthcare

Access. Care. Recovery.

NABH Statement for the Record:
Breaking Down Barriers: Providing Veterans ACCESS to Lifesaving Care
U.S. House Subcommittee on Health Oversight Hearing
March 25, 2025

The National Association for Behavioral Healthcare (NABH) applauds the House Veterans Affairs Committee's continued focus on improving access to timely and appropriate behavioral healthcare, specifically treatment for substance use disorder, serious mental illness, and suicide-prevention for America's veterans by introducing the *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025.* NABH supports the U.S. Veterans Affairs Department's (VA) renewed commitment to removing barriers to care through the Community Care Network (CCN). We are encouraged by the continued congressional oversight of the VA, and we advocate for empowering veterans with information they need to make decisions about their healthcare.

NABH represents behavioral healthcare providers along the full behavioral healthcare spectrum of care in all settings, including inpatient, residential treatment, partial hospitalization, and intensive outpatient programs, as well as medication assisted treatment centers and other facility-based outpatient programs for children, adolescents, adults, and older adults in 49 states and Washington, DC. NABH is proud to represent behavioral healthcare providers who are dedicated to treating our nation's veterans. We share our members' concern that VA gatekeepers have erected barriers to veterans seeking behavioral healthcare services guaranteed to them through the *Mission Act of 2018* through a culture of denying and delaying coverage.

NABH staff has engaged with the House Veterans' Affairs Committee and is pleased with Committee's continued focus and engagement with the Trump administration to ensure both the *MISSION Act of 2018* and the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (*Dole Act), (P.L. 118-210) – which became law on Jan. 2, 2025 – are implemented fully. We also strongly urge Congress to pass the *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025*, which will 1) codify current community care access standards as the minimum access standards; 2) expand them to include all extended care services, including mental health residential rehabilitation; and 3) require the VA to ensure that veterans are screened for mental health residential rehabilitation treatment programs within 48 hours of the time the veteran or his or her provider requests admittance, among numerous other important provisions.

Our nation's veterans' behavioral healthcare needs are critical. Veterans have disproportionately high levels of behavioral healthcare need relative to the general population. According to both the VA and the National Institute of Mental Health, for the years 2022-2021 (which is the most up-to-date reporting) the suicide rate among veterans was 57.3% higher than the general population. The VA reported that 6,407 veterans died by suicide in 2022, with the highest rates among men (22 times higher than women) and recent veterans between the ages of 18 and 34. While many veterans have undiagnosed needs, 43% have been diagnosed with a mental health and/or substance use disorder.

Among those who died from suicide that year, 39% were diagnosed with depression, 26% with anxiety, 25% with Post Traumatic Stress Disorder (PTSD), 20% with alcohol use disorder, 9% with cannabis use

disorder, 8% with bipolar disorder, 4% with personality disorder, 4% with opioid use disorder, 4% with psychotic disorders,3% with ADHD, and 3% with schizophrenia. According to the National Institute on Drug Abuse (NIDA), more than one in ten veterans have been diagnosed with a substance use disorder, which is slightly higher than the general population.

The Community Care Network gives veterans expanded choice in their healthcare, and supplements complex cases and long wait times. In 2022, Congress passed the *PACT Act*, which led to more veterans than ever qualifying for VA coverage. The *MISSION Act* requires the VA offer care in the community to veterans who need care when wait times for mental healthcare appointment exceed 20 days or longer than 28 days for a Specialty appointment (or if the drive time to a primary or mental healthcare appointment is longer than 30 minutes). This is because delays in care can be deadly, particularly for suicidal patients. According to the VA, it operates "about 250 programs at around 120 residential rehab sites across the country with enough beds to accommodate more than 6,500 Veterans." This is not nearly enough programs to meet the need for services. And the VA acknowledges this fact. During a House Veterans' Affairs Committee hearing on Sept. 10, 2024, then-Under Secretary of Veterans Affairs for Health Shereef Elnahal, M.D., M.B.A. said the VA does rely on its community care partners to provide care in certain areas because "We simply do not have the institutional capacity."

In early 2023, NABH members who provide care to veterans through the Community Care Program sounded the alarm to NABH staff that VA gatekeepers increasingly denied clinically appropriate and timely care to veterans receiving behavioral healthcare services. Members noticed a pattern of delayed care that exceeded the amount of time the *Mission Act of 2018* promises them. Veterans who need residential treatment services have faced waiting times for services that far exceed the 28-day limit for specialty care, making them eligible to seek community care services. And while different VA VISNs and regions operate independently, this situation is not confined to any particular geographic region. VA referrals to providers in the CCN are down more than 80% – a fact multiple NABH members have corroborated. In fact, some markets appear to have ceased third-party referrals altogether.

Under the CCN contracts, VA requires contractors to meet two primary network adequacy standards for specialty care, which includes mental health. These standards establish limits on how long veterans should have to travel to, or wait for, an appointment. VA uses claims data to assess contractor performance against these standards. GAO found that VA's methodology excludes certain claims if the claims do not meet the applicable standard, such as when veterans prefer a specific provider or appointment day or time. In contrast, VA includes these claims if it meets the standard. As a result, VA's methodology may result in an incomplete, and potentially misleading, assessment of network adequacy. This poses a risk to VA's ability to fully assess the extent to which its CCNs can meet veterans' healthcare needs adequately.

For example, some VA patients have reported they were told to switch enrollment from one VA to another to receive care- a process that itself can take months. In addition, the VA has escalated the administrative burden required to make a third-party referral, not only for third-party providers, but for VA Medical Centers and for patients. And if a veteran refuses to travel away from home to receive care, his or her chart is often marked as "declining care." Consequently, their names to no appear on VA waiting lists.

Waiting times can have life-changing impacts. For instance, one of our members shared a story about a veteran who received care for substance use disorder in one of this member's facilities. The clinicians recommended the veteran stay longer to complete treatment; however, the VA denied the longer stay, and, after nearly a month, located a bed in a VA-operated facility. The wait for that facility was fewer than 28 days, but in total that veteran waited for appropriate treatment for much longer than the *MISSION Act* dictates. One day before this veteran was scheduled for admission to a VA facility, the veteran received a DUI.

NABH supports the bills the House Veterans' Affairs Health Subcommittee marked up on March 25 and the provisions in the *ACCESS Act*. We also offer the following suggestions to increase transparency in the system and remove barriers to behavioral healthcare services:

- VA transparency: waiting times and reports on residential rehabilitation services should be public, providing data for veterans to make informed decisions. Performance metrics should be public and should be checked quarterly to ensure there are no hidden wait lists.
- VA lacks comprehensive information on the factors that contribute to scheduling challenges, which could include network adequacy difficulty identifying a community provider. This is because VA does not ensure that facility staff members do not give a reason when they encounter scheduling delays or are unable to schedule an appointment. Having this information would help the VA determine whether an insufficient number of providers could be affecting veterans' access to community care. It could also help the VA take targeted actions, including actions to strengthen the CCN, if appropriate.
- VA standardized screening processes should be implemented as soon as possible. A potential way to prioritize access is to use criteria from the American Society of Addiction Medicine.
- Assess the extent to which CCNs are adequate to meet veterans' needs, including for mental healthcare.
- Given the high demand for mental health and substance use disorder treatment, residential treatment, and the insufficient amount of VA treatment facilities, special provisions must be made. Veterans are often waiting more than 48 days for life saving treatment.
- Community Care: If A VA program bed is not available within the allocated timeframe (48 hours for priority, 20 days for routine), veterans should have the choice to seek care outside the VA, and they should understand they are entitled to timely and appropriate care. The veteran should have recourse either to challenge the VA's denial and understand what their options are outside the VA.
- Homeless veterans often have no access to transportation, especially in rural areas, so care in the community may be the most viable option. Veterans with limited access to transportation or experiencing homelessness should be considered a priority.
- We support federal efforts to ensure that veterans receive care from high-performing community clinicians.
- VA facilities administer comprehensive training to VA staff about the *MISSION Act* and what the law provides for America's veterans.

Thank you for the opportunity to offer our recommendations to improve transparency in the VA healthcare system and remove barriers to care for veterans seeking residential and inpatient behavioral healthcare treatment. We appreciate the Committee's continued focus on this issue and commitment to our nation's veterans.

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