AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

Written Testimony
of
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Before the U.S. House of Representatives
House Committee on Veterans' Affairs
Subcommittee on Health
Legislative Hearing

January 13, 2026

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee, on behalf of the American Psychological Association (APA), thank you for the opportunity to testify and provide comments regarding legislation being considered today. I am Conwell Smith, APA Deputy Chief for Military and Veterans Policy.

The American Psychological Association and its companion organization APA Services, Inc. (APA/APASI) serve as the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology. Our organization has more than 190,000 members and affiliates who are clinicians, researchers, educators, consultants, and students. Within the Veterans Health Administration, there are over 7,000 psychologists serving veterans. That number has declined by nearly 300 psychologists since November 2024.[1] APA is proud of the decades of clinical and research advancements made in mental and behavioral health thanks to psychology's role within the VA since World War II. The VA has long led the way in establishing standards for practice, training and research that serve veterans and our entire healthcare system.

We appreciate the Committee's willingness to take on the challenges surrounding the critical delivery of and access to mental health care for our nation's veterans. Demand for VA mental health care has increased steadily over the past 20 years and continues to outpace other care within the VA.[2] Meeting this demand while maintaining the VA's high level of clinical excellence should be the priority.

My testimony will focus primarily on ways in which legislation discussed today should aim to provide veterans with care of the highest quality, regardless of site of service – care that is on par with the current standards of practice that exist within the Veterans Health Administration. Several bills being considered today create new delivery models, access points, and processes separate and apart from VHA. APASI is concerned that the creation of new systems of care outside of VA direct care or the Veterans Community Care Program (VCCP) and without VA authorization or referral only further fragments veteran care, isolating veterans and compromising the benefits of an

[1] SECVA Workforce Dashboard
[2] https://www.govinfo.gov/content/pkg/CMR-VA1-00181657/pdf/CMR-VA1-00181657.pdf

integrated care model. APASI is also concerned that two well intentioned bills focused on ***access*** to care, the Recognizing Community Organizations for Veteran Engagement and Recovery or RECOVER Act (H.R. 2283) and the draft Health Desert Reform Act, risk reducing the ***quality*** of veteran health care without certain safeguards put in place.

APASI recognizes the need to supplement VHA care due to staffing, funding, specialty care and location considerations; however, veterans should expect the following when receiving mental health care outside of the VHA integrated health system: (1) Providers who have received key trainings currently required within the VA; (2) The use of treatments scientifically proven to be effective; (3) Quality assurance, oversight, and accountability; (4) Coordinated care and shared health records; and (5) Adequate information for informed choice.

Providers Trained to Best Serve Veterans[3]

For years, the VA has made tremendous strides in universal suicide prevention risk assessments and required trainings for providers including training in suicide prevention, lethal means safety, military culture, and military sexual trauma. The RECOVER Act, which would provide $60 million in grants to mental health facilities serving veterans, fails to require that its clinicians meet the training rigor and responsibility of VA providers. Even suicide prevention training is not required, even though the legislation appropriately targets areas with high veteran suicide risk.

APASI supports requiring key trainings for all VA community providers, including those providing mental health services through separate VA funded grant programs. A May 2025 Government Accountability Office (GAO) report recommended that VA better monitor whether community providers have completed any of eight core trainings, following findings that a mere "two percent of the community providers with a behavioral health referral from fiscal years 2021 through 2023 had completed one or more of these trainings."

The Use of Treatments Scientifically Proven to be Effective

APA strongly believes in leading with psychological science and takes seriously the development of treatments scientifically proven to be effective for the assessment and treatment of mental health disorders.[4] The RECOVER Act does not require provider training in evidence-based practices, overlooking the clear need for knowledge and training on common veteran conditions such as post-traumatic stress and traumatic brain injury.

Another bill being considered today, the Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide or BEACON Act of 2025, aims to increase research on mild traumatic brain injury and mental health interventions outside "the scope of traditional Department of Veterans Affairs pathways." APASI is concerned that this approach might also undermine the bedrock of rigorous scientific study that is the gold standard of existing VA traumatic brain injury research and treatment. APASI views this alternative pathway as unnecessary, likely to duplicate internal efforts, and potentially reducing standards necessary for evidence-based care.

[3] Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training | U.S. GAO

[4] Guidelines for Practitioners

Quality Assurance, Oversight and Accountability

APASI encourages strong quality assurance standards and facility accreditation for any grant recipient providing mental and behavioral services to veterans. The RECOVER Act currently does not require accreditation from either The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF). This is a significant departure from quality assurance standards within the VA. APASI also encourages that both the RECOVER Act and the Veterans Health Desert Act incorporate utilization review to ensure that overutilization and unnecessary duplication of services are adequately addressed both for the quality of care for veterans and good stewardship of taxpayer funds. Finally, it is important that the RECOVER Act create a meaningful standard and process to ensure that the expressed intention to demonstrate improved clinical outcomes is fully met and enforced. We should learn from recent findings in the Congressionally mandated final report of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program whereby, despite requirements for recipients to administer both baseline and follow-up assessments, significant numbers of grantees failed to do so. Without evidence of grantee level effectiveness, we fail to understand both positive and negative impacts on veterans.

Care Coordination and Shared Health Records

Known benefits of integrated health care systems include improved care coordination, transdisciplinary care teams, efficient resource utilization, prevention and early intervention, and improved patient experience. Perhaps this is why, in 2024, VA hospitals outperformed non-VA hospitals in both patient satisfaction and hospital quality ratings[5]and 79.5 percent of Veterans using VA services responded in 2025 that they trust the VA. Removing the VA as coordinator of care and creating increased fragmentation of VA services will further weaken communication and coordination among veterans' health care providers.

Furthermore, the same GAO report listed above[6] found that 33 percent of VA referrals for behavioral health services were missing initial visit records. The quality of care for veterans can be negatively impacted by the lack of shared health records. APASI recommends that all providers of veteran care be required to participate in timely medical record exchange.

Adequate Information for Informed Choice

APASI lauds two bills today that aim to better inform veterans. APASI is encouraged by the creation of a publicly available directory of health care providers that accept assignments under the CHAMPVA program, as required in the draft Clarity on Care Options Act.

[5] https://news.va.gov/press-room/va-health-care-outperforms-non-va-care-in-two-independent-nationwide-quality-and-patient-satisfaction-reviews/

[6] Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training | U.S. GAO

The Veterans Mental Health and Addiction Therapy Quality of Care Act, H.R. 2426, also strives to provide veterans with information needed to make informed healthcare choices. APASI supports the intent of the legislation but is concerned that it falls short of intended goals as currently written. For example, the bill does require contracts with Third Party Administrators to include the expectation of assessing patients' treatment progress. It also does not authorize the VA to access VCCP health care records. Unless the bill requires VCCP providers to submit key uniform measurement and health care record information to the VA, valid comparisons cannot be made. APASI also suggests that wait time, provider training, and additional quality metrics be added.

Finally, APASI would like to acknowledge H.R. 4509, the NOPAIN for Veterans Act and the draft Whole Health for Veterans Act for their focus on the health and well-being of veterans. By making it easier for veterans to access and afford non-opioid medications and whole health well-being services, these bills contribute to prevention and resiliency.

Conclusion

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee, APASI thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation. We know that each of you are earnest in your efforts to improve veteran health care access *and* quality. The VA has consistently led the way in groundbreaking mental health care research, the development of effective treatments, and the training of an exceptional health care workforce serving all Americans and we are proud of psychology's role within the VA. APASI believes in this high standard of care and in meeting the expectation of veterans to receive it.

In closing, it is an honor to serve the American Psychological Association, advocating for the vital work psychologists do every day for our veterans and military. Importantly, I speak as the spouse of an Army veteran who receives his care through the Hampton VA Medical Center. There is nothing more important to me than ensuring he and all others who serve receive the best care in every setting. Thank you.