



VERBAL TESTIMONY

OF

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CHIEF EXECUTIVE OFFICER

MISSION ROLL CALL

JANUARY 13, 2026

TO THE

HOUSE VETERANS AFFAIRS HEALTH SUBCOMMITTEE

UNITED STATES HOUSE OF REPRESENTATIVES

ON

*H.R.2283, Recognizing Community Organizations for Veteran Engagement and Recovery Act (Rep. Bost); H.R.2426, Veterans Mental Health and Addiction Therapy Quality of Care Act (Rep. Fallon); Discussion draft, Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act of 2025 (Rep. Bergman); H.R.6444, Blast Overpressure Research and Mitigation Task Force Act (Rep. Jackson); Discussion draft, Data Driven Suicide Prevention and Outreach Act of 2025 (Rep. Mackenzie); Discussion draft, Veterans Health Desert Reform Act of 2025 (Rep. Miller-Meeks); H.R. 6526, Clarity on Care Options Act (Rep. Kiggans); Discussion draft, U.S. Vets of the FAS Act (Del. King Hinds); H.R. 4509, NOPAIN for Veterans Act; H.R. 5999, to direct the Secretary of Veterans Affairs to furnish an opioid antagonist to a veteran without requiring a prescription or copayment; H.R. 6001, Veterans with ALS Reporting Act; Discussion draft, Whole Health for Veterans Act.*



Good afternoon, Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Health Subcommittee.

Thank you for the opportunity to testify today on behalf of Mission Roll Call and the veteran community. Our mission is straightforward: we collect data from veterans, and we make sure that data helps inform decisions made in Washington. We use polling and direct engagement to bring real, unfiltered veteran perspectives to policymakers and the public. Amplifying this data on behalf of veterans and their families allows us to advocate for meaningful change that improves the lives of those who have served.

The legislation under consideration today seeks to address issues and improve the lives of multiple generations of veterans, addressing traumatic brain injury, suicide prevention, access to care in remote or rural areas, mental health, opioid addiction, and more. Mission Roll Call's survey data shows a strong need within the veteran community to address these issues in ways that place veterans first and delivers care when and how a veteran will benefit most.

One area where that need is especially clear is suicide prevention and mental health care delivered outside of VA facilities. In Mission Roll Call's national suicide prevention polling in July 2025, nearly 80 percent of veterans told us that preventing suicide requires clinical treatment and community-based support working together, not in isolation. More than 90 percent said it is extremely or very important to include community-based organizations in prevention efforts, and an equally strong majority emphasized the importance of training, coordination, and accountability.

The RECOVER Act reflects those priorities by strengthening evidence-based mental health capacity in the community, ensuring providers are trained to understand veteran risk, and requiring outcome reporting so Congress and the VA can assess what is actually working. To veterans, this is about a system that meets veterans where they are, especially when timely access to care can be the difference between stability and crisis.



While suicide prevention often brings veterans into the mental health system, many of the underlying drivers of risk begin earlier and go untreated. Mission Roll Call's survey data shows that over 95 percent of veterans say it is extremely or very important to have access to specialized TBI care, including care delivered outside the VA. Yet, among veterans seeking care for TBI-related symptoms, 73 percent report that accessing appropriate treatment is somewhat or very difficult.

The BEACON Act responds directly to that gap by creating a structured, evidence-based framework for evaluating innovative neurorehabilitation approaches for veterans with chronic TBI, including rigorous outcome measurement and independent evaluation. Veterans are asking the VA to test promising therapies responsibly, publish results, and expand access when evidence supports it. From the veteran perspective, the BEACON Act is about restoring function, reducing downstream mental health risk, and giving clinicians better tools to intervene before injuries compound into lifelong disability.

In addition, Mission Roll Call supports efforts to modernize veteran care by expanding evidence-based options while holding the system accountable for outcomes. The NOPAIN for Veterans Act moves VA toward broader use of effective non-opioid pain management therapies, while the Veterans Mental Health and Addiction Therapy Quality of Care Act ensures Congress and the VA have reliable, independent data on how mental health and addiction care performs across VA and community settings. These measures reflect what veterans consistently ask for in our surveys: care that is grounded in evidence, reduces risk, and is evaluated based on real-world results rather than assumptions.

Mission Roll Call has always advocated that geography should not determine whether a veteran receives timely care, and supports legislation that addresses access gaps for veterans who live far from VA facilities or outside the continental United States. The Veterans Health Desert Reform Act and the U.S. Vets of the Freely Associated States Act recognize this reality and seek to leverage community providers, telehealth, and mail-order pharmacy services to close those gaps.



We believe good policy starts with listening to the veteran community and ends with accountability. Veterans overwhelmingly seek better access to care in a manner that supports their life and family, rules they can easily understand, and outcomes that can be measured and improved. The legislation before you reflects meaningful progress toward those goals, and we appreciate the Subcommittee's continued focus on practical solutions that make the veteran and their family central to the provision of care.

Mission Roll Call has submitted a Statement for the Record that provides additional detail and supporting veteran data on these issues.

Chairman, Ranking Member, and Members of the Subcommittee, thank you, and I look forward to your questions.