Mindbloom

November 13, 2026

The Honorable Mariannette Miller-Meeks, M.D., Chairwoman
The Honorable Julia Brownley, Ranking Member
Subcommittee on Health
Committee on Veterans' Affairs
U.S. House of Representatives

Dear Chairwoman Miller-Meeks and Ranking Member Brownley:

Thank you for holding this hearing. We applaud the Subcommittee's attention to emerging psychedelic therapies and are excited about what they may offer Veterans. We commend the Department of Veterans Affairs (VA) and Congress for the research, access, and preparedness work underway to ensure these treatments reach the Veterans who need them.

Mindbloom, Inc. is one of the largest providers of ketamine therapy for depression, PTSD, and anxiety in the United States, with 900,000 at-home, telehealth-delivered treatments across 39 states since 2019, including for more than 3,000 Veterans. We eagerly await Food and Drug Administration approvals so we can offer additional psychedelic therapies to patients in need.

The need is immense, but it will take years for new treatments to reach Veterans.

About 2.1M Veterans in VA care have PTSD, major depressive disorder (MDD), or treatment-resistant depression.[1] Veterans with depression or PTSD die by suicide at twice the rate of those with no mental health diagnosis.[2]

VA's Senior Advisor on psychedelics, Andrew Gradison, said in October that "demand will exceed our ability to supply these therapies, no doubt," and "it'll be a challenge in the first year to treat four digits' worth of patients."[1]

Many psychedelic therapies show great promise. One is available today.

Ketamine is one of the most effective and rapid-acting tools for suicidal ideation and treatment-resistant depression, and VA provides ketamine or esketamine (Spravato) at roughly 50 VA sites.[3] Ketamine has been FDA approved as an anesthetic since 1970, is generic, and is used routinely in emergency departments at intramuscular doses of 6.5 to 13 mg/kg — 13–26x higher than the 0.5 mg/kg dose used in psychiatric treatment.[4]

Off-label use of ketamine is recommended in two VA/DoD Clinical Practice Guidelines:

- "For patients with MDD who have not responded to several adequate pharmacologic trials, we suggest ketamine or esketamine as an option for augmentation."[5]
- "We suggest offering ketamine infusion as an adjunctive treatment for short-term reduction in suicidal ideation in patients with the presence of suicidal ideation and MDD."[6]

However, repeated facility-based treatments remain largely inaccessible to many of the 4.5 million Veterans living in rural areas and 2.6 million mobility-impaired Veterans.[7,8]

Telehealth-supported, at-home ketamine therapy would materially expand access to psychedelic therapy for Veterans and build the foundation for treatments that follow.

Like the psychedelic medications in trials, ketamine is a departure from traditional psychiatric treatment. It has psychoactive effects that require preparation, monitoring, and integration. Expanding access to ketamine therapy today will advance the delivery infrastructure and the clinical culture that the psychedelics in the pipeline will require.

Effectiveness is not the open question. The question is whether the risks of serious medical and psychiatric adverse events, diversion, and misuse can be sufficiently mitigated.

For example, our telehealth delivery model includes safety protocols such as careful screening, prescription monitoring program checks, caps on doses per prescription, a trained adult present for every session, blood pressure and heart rate monitoring, real-time access to a clinician, and ongoing symptom and side effect assessments.

At-home delivery dramatically reduces:

- **Travel burden.** No clinic visits and no driver. At the Little Rock VA's ketamine program, 30% of patients travel more than 100 miles for treatment.[9]
- **Veteran time commitment.** Each at-home treatment occupies about two hours, with no travel on either end.
- **VA capacity requirements.** Secretary Collins has said that a single Veteran undergoing MDMA-assisted therapy may require more than 100 clinical hours, along with the required space and equipment.[10]
- **Cost of care.** Generic ketamine will be a fraction of the cost of patent-protected psychedelics, and at-home treatment eliminates facility costs.

Treatment	Cost per treatment (est.)	Annual cost per patient (est.)
Mindbloom, at home	$170	$4,420 (26 sessions)
IV ketamine, in clinic	$500	$13,000 (26 sessions)
Spravato	$1,500	$39,000 (26 sessions)
COMP360 (psilocybin)*	—	$50,000–65,000 (2–4 sessions)
Psychedelic therapy abroad**	$8,000	—

**Projected drug pricing; COMP360 is not FDA-approved.*[11]

***Cost of preparation, retreat, and post-retreat support.*[12]

Safety and effectiveness of at-home ketamine therapy have been demonstrated across large peer-reviewed studies, with co-authors from the VA and top academic institutions.[13]

The largest study of ketamine therapy in Veterans to date examines at-home ketamine therapy outcomes for 1,325 Veterans (25% of them rural) with depression, treatment-resistant depression, suicidal ideation, PTSD, and anxiety. VA co-authors include ketamine and esketamine program leaders at Atlanta VA and Minneapolis VA. The study is under peer review with the *Journal of Affective Disorders*.[14]

Study findings:

- Safety: No reported suicides or serious adverse events, and one reported emergency department visit across 5,663 prescriptions.
- Side effects: Less than 4% reported side effects, compared to 40–60% for antidepressants.
- Suicidal ideation: Among Veterans reporting suicidal ideation at baseline, 61% reported full resolution after six sessions and 49% after just two sessions.
- Clinically meaningful improvement rates after 6 sessions: 77% for treatment-resistant depression (TRD), 81% for non-TRD depression, 79% for suicidal ideation, 82% for PTSD, 82% for anxiety.
- Long-term: Benefits were sustained across multiple treatment cycles spanning 2+ years.

A separate study of 11,441 civilian and Veteran patients, one of the largest peer-reviewed studies of ketamine therapy, similarly reported serious adverse events in fewer than 0.1% of patients.[15]

These are real-world, observational studies. The data is largely patient-reported and drawn from patients who elected and paid for treatment. It complements controlled trials, and a VA demonstration could further validate results seen across these studies.

The Special Forces Foundation has funded at-home treatment for 20 Green Beret Veterans.

There have been no reported adverse events, 79% achieved clinically meaningful symptom improvement, 50% reached remission in at least one condition, and quality-of-life ratings across five indicators rose 76%.

"Our partnership with Mindbloom has delivered outcomes we rarely see at this speed and magnitude for members of the Special Forces community. Mindbloom's program structure, support, and at-home delivery are resonating with a population that is often difficult to reach."
— Mark Mallory, former CEO of Special Forces Foundation

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We ask the Subcommittee to urge VA to pilot telehealth-supported, at-home ketamine therapy for 500 rural Veterans with treatment-resistant depression.

This would require no new legislation, appropriation, or scheduling action. Twelve sessions per Veteran would total about $1M in treatment costs, not including VA oversight.

We are not asking the Subcommittee to direct VA toward any particular provider. The pilot will inform future VA guidance for at-home ketamine therapy and allow VA to address access gaps through community care providers who meet VA criteria.

We stand ready to support VA clinical leadership with the design of VA protocols and appropriate safeguards for this demonstration.

Respectfully,

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