AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

Written Testimony
of
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Subcommittee on Health

"Psychedelic-Assisted Therapies for Veterans: The Path Forward"

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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 insights regarding psychedelic-assisted therapies for veterans. I am Dr. Raquel Halfond, APA Senior Director for Evidence-Based Practice and Health Equity.

The American Psychological Association and its companion organization APA Services, Inc. (APA/APASI) serve as the nation's largest scientific and professional 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. As we share our thoughts and guidance with the Subcommittee on ways to ensure safe and effective delivery of new innovative treatments such as psychedelics, we do so focused on our mission to promote the advancement and application of psychological science to benefit society and improve lives.

The Department of Veterans Affairs (VA) leads the way in establishing high-quality standards for practice, exceptional training programs, and strong research protocols that serve veterans and our entire healthcare system. For more than 100 years, the VA research program has been a pioneering force in medical and clinical advancement, including in mental and behavioral health, and the profession of psychology has played a significant role in its discoveries and

treatments. For this reason, we applaud the Administration for recognizing the VA as a thorough, safe, and effective place for the study of psychedelics. The very principles that guide VA research demand the highest standards for the quality and ethics of its clinical professionals and help ensure scientific rigor and integrity.[1]

Our testimony today outlines three key areas of consideration as we collectively chart a path forward for the study and application of psychedelic-assisted therapies for veterans' mental health conditions: **1.) Transparency and Accountability, 2.) Infrastructure and Associated Therapy, and 3.) Workforce Demands. Each of these areas is necessary to make veteran protection and safety the utmost priority**.

TRANSPARENCY AND ACCOUNTABILITY

Transparency and accountability are bedrocks of sound, quality science. Veteran protection and safety require informed consent, the highest ethical standards, thoughtful protocol for trauma-exposed patients, clinically substantive follow-up, on-site human observation, and monitoring and reporting of outcomes and adverse events.

It is imperative that any care model includes complete informed consent for the veteran, including a review of potential benefits versus potential harms of treatment. Informed consent allows the patient to be fully informed when making decisions about treatment together with the licensed provider and should be done on an ongoing process, not simply a one-time signed form. Informed consent should include[i] all potential harms (acute, long term, symptom worsening, and others), policies regarding physical contact, any monitoring via video, audio, biometric, or other means, limits of confidentiality, costs and obligations, and information about effective treatments that are alternatives to psychedelic-assisted therapy.

The VA and all federal partners in the development, study and implementation of psychedelic-assisted therapies must uphold the highest ethical standards for any training and care delivery models developed. This includes consideration of any potential conflicts of interest and sources of financial interests and bias when establishing these training and care delivery models. It also includes using science that is free from potential bias or influence, science that is rigorous and follows best practices for how to conduct research and evaluate potential benefits versus potential harms of a treatment. On this point, we remain encouraged that the VA continues a tradition of strong research protocols and a commitment to sound, quality

science. Further, to ensure generalizability of the science to all veterans, it is important to ensure clinical study of diverse veterans, and the VA is uniquely able to do this. Many current private sector clinical trials have been small and without a diverse population of study.

It is also critical to set strong protections for trauma-exposed veterans. Patients receiving psychedelic treatment can be highly suggestible and dependent on treatment personnel. Programs should therefore require explicit policies on physical contact and boundaries, steps to reporting misconduct and independent complaint review, availability of chaperones or second providers, trauma informed training (including reactions), and patient control over features of optional elements of treatment such as recording or music.

Follow-up mental health appointments should be required and clinically substantive. Follow-up should assess suicidality and self-harm risk, symptom outcomes, how the patient is functioning across various areas of their life (including any changes), and any adverse events or use of healthcare following psychedelic administration. It must also provide an opportunity for integration of the psychedelic experience with prior understandings, as well as to assess the need for continuing psychotherapy or psychiatric treatment.

Administration should require on-site human observation. Although telehealth may be appropriate for some services such as screening, preparation, and follow-up, it should *not* replace a clinician on-site during psychedelic drug administration given significant cognitive, perceptual, or behavioral changes. Each patient should have at minimum one trained professional continuously and immediately available. There should be a second qualified staff member on-site who is able to promptly respond. Two-person coverage may be needed for drug formulations with less predictable or longer effects or higher-risk patients.

Outcomes and adverse-event monitoring must be required. We encourage VA and all federal partners to support a standardized national data framework to include safety, effectiveness, access, patient experience, disparities, and longer-term outcomes. This should not be limited to only acute medical events. It should include both positive and harmful or unsuccessful outcomes.

INFRASTRUCTURE AND ASSOCIATED THERAPY

Beyond proving the effectiveness of treatments, we must create an infrastructure that utilizes an interdisciplinary, competency-based model and **it is imperative that any care model**

developed around psychedelics include licensed mental health providers, an associated psychotherapy component, and plans for wraparound care. Preparation to ensure that this treatment is right for patients should be conducted in advance. In the integration phase following psychedelic administration, it will be important for providers to help patients understand and make meaning from their psychedelic experience so patients can work to incorporate desired changes in their lives. Furthermore, these licensed mental health providers must have understanding and training in military and veteran culture. **The therapy component is *central,* and training *is essential*.**

It is also important to emphasize here today that there are current effective treatments for disorders such as posttraumatic stress disorder (PTSD), depression, and more. These first line treatments work and are supported by extensive research demonstrating both safety and enduring effects over time and are recommended in clinical practice guidelines from APA,[2] the VA,[3] and more. It should be the obligation of providers to inform veterans of all available proven evidence-based treatments within the VA.

Finally, we must address veteran access to treatment. We implore the VA to devote resources for the recruitment and retention of clinicians in rural areas, patient transportation and overnight lodging, disability accommodations, language access, and referral pathways for patients with complex needs

While our recommendations here apply to psychedelic-assisted therapy broadly speaking, "psychedelics" refers to a class of psychoactive substances that vary significantly in compound, effects, and delivery mode. Thus, protocols, training, workforce, and delivery needs vary by molecule and patient population. Individual patient needs in light of diagnoses must be considered, and treatment protocols and provider training adapted accordingly. Moreover, treatment histories will vary by patient. For example, the mental health needs of someone with untreated illness will contrast with the needs of a patient who has consistent access to mental health services. Psychedelic-assisted therapy approaches must retain flexibility to address the unique needs of individual patients.

WORKFORCE DEMANDS

The study and administration of psychedelic-assisted therapy will be a labor-intensive endeavor. Preparation, extended administration sessions, and follow-up demand more time from clinicians than other currently available proven treatments for mental and behavioral health. Given the rising demand for mental health care in the VA,[4] it is imperative that the VA be adequately staffed and funded.

While the Veterans Health Administration (VHA) employs nearly 7,000 psychologists to treat veterans, its psychology workforce has declined by more than 300 clinicians since November 2024 and psychology remains one of the five most acute clinical shortages. Such staffing deficits are a predictable consequence of recent personnel policies, with the Department having reduced its total workforce by 30,000 employees, imposed facility-level staffing caps, and eliminated tens of thousands of vacant positions during a period of rising veteran demand for behavioral health care.

Referring veterans to private-sector providers through community care programs isn't a universal solution, as the broader domestic healthcare system confronts comparable capacity constraints. Nationally, the number of designated mental health Health Professional Shortage Areas (HPSAs) increased from 5,930 in 2021 to 6,807. As of December 2025, an estimated 137.1 million individuals resided in regions lacking sufficient mental health practitioners to meet clinical demand.[5]

Adequate staffing with trained, experienced, and competent staff is ***necessary*** to establish a proper infrastructure for safe and effective delivery of new innovative treatments. It is important to maintain safety and quality of care at the forefront and not rush to expand too rapidly outside the VA without these infrastructure, staffing, and oversight protections in place. We must not forget that training and protocols may vary by molecule and workforce and delivery needs may also vary depending on the patient population.

Conclusion

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee, APASI is grateful for your leadership and for allowing us to share in this conversation today. We appreciate the work being done to research and identify new innovative treatments for mental and behavioral health conditions. VA has consistently led the way in groundbreaking mental health care research and the development of effective treatments, and we are proud of psychology's role within the VA.

In closing, APASI has recently submitted comments to both the Health Resources and Services Administration (HRSA)[6] and the Food and Drug Administration (FDA)[7] regarding the path forward for psychedelic-assisted treatments. We also participate in the CEO Alliance on Mental Health which recently released its *Vision and Guiding Principles for Psychedelic-Assisted Therapy*.[8] We stand committed to serving as a resource and partner moving forward.

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APASI encourages VA and all federal partners to adopt a stepped, interdisciplinary care model regarding the development of psychedelic-assisted therapy following rigorous and ethical research, with national minimum competencies; independent medical and psychological assessments; strong ethical safeguards and informed consent; on-site human monitoring; structured follow-up; and drug-specific staffing requirements. With strong VA research standards and clinical trial protocols being put in place, we are encouraged by the ability of the VA to lead the way with scientific rigor and integrity.

[1] https://news.va.gov/61231/five-principles-va-research-every-veteran-know/
[2] https://www.apa.org/ptsd-guideline/ptsd.pdf
[3] https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/MH/mdd/VADODMDDCPGFinal508.pdf

[4] https://www.govinfo.gov/content/pkg/CMR-VA1-00181657/pdf/CMR-VA1-00181657.pdf
[5] https://www.kff.org/other-health/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[6] https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/APA%20Comment%20Letter%20_HRSA%20RFI%2091%20FR%2043103.pdf
[7] https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/FDA%20letter%20October%202026.pdf
[8] CEO Alliance Statement on Psychedelic Assisted Therapy - CEO Alliance for Mental Health