



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

SERVICES, INC.

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Committee on Veterans' Affairs

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Legislative Hearing On: H.R. 7541 - VA Zero Suicide Demonstration Project Act, H.R. 7504 - VA Clinical TEAM Culture Act of 2020, H.R. 7784 - VA Police Improvement and Accountability Act, H.R. 7879 - VA Telehealth Expansion Act, H.R. 7747 - VA Solid Start Reporting Act, H.R. 7888 - REACH VET Reporting Act, H.R. 7964 - Peer Support for Veteran Families Act, H.R. 3450 - Second Amendment, H.R. 3788 - VA Child Care Protection Act of 2019, H.R. 3826 - Veterans 2nd Amendment Protection Act, H.R. 6092 - Veteran's Prostate Cancer Treatment and Research Act, H.R. 7469 - Modernizing Veterans' Healthcare Eligibility Act, H.R. 8005 - Veterans Access to Online Treatment Act, H.R. 8033 - Access to Suicide Prevention Coordinators Act, H.R. 8084 - Lethal Means Safety Training Act, H.R. 8068 - American Indian and Alaska Native Veterans Mental Health Act, H.R. 8149 - VA Precision Medicine Act, H.R. 8148 - VA Data Analytics and Technology Assistance Act, H.R. 8108 - VA Serious Mental Illness Act, H.R. 8144 - VA Mental Health Staffing Improvement Act, H.R. 8145 - VA Mental Health Counseling Act, H.R. 8130 - VA Peer Specialists Act, H.R. 8107 - VA Emergency Department Safety Planning Act, H.R. 8147 - TREAT Act, Discussion Draft - ANS for Veterans' ACCESS Act, Discussion Draft - Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020, Discussion Draft - Ensuring Veterans' Smooth Transition Act, Discussion Draft - VA Research Technology Act, Discussion Draft - VA High Altitude and Suicide Research Act, Discussion Draft - VA Expanded Care Hours Act, Discussion Draft - Veterans Burn Pits Exposure Recognition Act of 2020 (Rep. Luria)

Chairman Takano, Ranking Member Roe, and members of the Committee, the American Psychological Association (APA) would like to thank you for this opportunity to provide our views on legislation concerning the Department of Veterans Affairs (VA) that is pending before the Committee.

APA is the largest scientific and professional organization representing psychology in the U.S., numbering over 121,000 researchers, educators, clinicians, consultants, and students. For decades, psychologists have played vital roles within VA, as providers of clinical services to

veterans, and as scientific researchers investigating mental health issues that frequently affect veterans, such as Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Today, VA employs more than 5,000 psychologists who, along with psychologists in the community and academia, continue to bring unique and critical expertise that is essential to meeting the mental health needs of veterans.

As veteran suicide rates continue to rise and more veterans than ever are seeking mental health services from VA, expanding access to VA's mental health care, supporting clinicians, and addressing suicide risk are more crucial than ever. APA previously endorsed S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act and is excited to see many of the House's additions that will improve upon that bill, including the addition of expanded practice authority for psychologists, mandatory quality standards for non-VA care, and lethal means safety trainings. Thank you again for this opportunity to provide our views on these important pieces of legislation.

Discussion Draft, Veterans Comprehensive Prevention, Access to Care, and Treatment ("Veterans COMPACT") Act of 2020

APA is supportive of several sections of this bill, highlighted below:

Sec. 105. Physical Examination and Mental Health Assessment required during the 90-day Period before Separation from the Armed Forces

APA supports mandatory mental health assessments within 90 days of active duty servicemembers separating from the military. These mental health assessments will make it easier for these servicemembers to later receive VA benefits because they can document any service-connected mental health condition. Additionally, incorporating health care in a servicemember's transition plan will improve coordination during the transition period, a time when recent veterans are at particularly high risk for suicide.

Sec. 504. Treatment of Psychologists

APA supports moving psychologists from Hybrid Title 38 hiring authority to Full Title 38 hiring authority. Moving psychologists to this hiring authority would improve recruitment and retention of VA psychologists by granting them the same hiring privileges as other doctoral-level VA staff. Psychologists have been on the VA Office of Inspector General staffing shortage list since the list's inception and moving psychologists to Full Title 38 hiring authority would make VA more competitive with the private sector.

Sec. 505. Pilot Program on Prescription of Medication by Psychologists of Department of Veterans Affairs

APA supports the pilot program that would allow licensed prescribing psychologists to safely prescribe psychotropic medication in the Department. Psychologists have been safely prescribing medication for over 25 years, and currently have such authority in five states and Guam, as well as within the Department of Defense, Indian Health Service, and Public Health Service systems. Our men and women in uniform and their families are receiving care from prescribing psychologists in the Department of Defense, but can no

longer get that same care through VA. Prescribing psychologists are fully able to treat complex mental and behavioral health conditions, whether that is through psychotherapy or pharmacotherapy, and our servicemembers should not have to stop receiving care from a prescribing psychologist once they become veterans. VA must rectify this disparity and allow prescribing psychologists in VA to practice to the full scope of their license. Prescribing psychologists are able to reduce wait times and increase access to veterans who want or need certain medications – there is a severe staffing shortage of psychiatrists not only in VA but also in the community. Allowing prescribing psychologists to practice at the top of their license would increase access to mental health care for our veterans.

APA also supports suicide prevention and lethal means counseling tailored to veterans (Sec. 201), which would require education and training for VA providers and community care providers on lethal means safety and suicide prevention and would direct VA to create a veteran-specific lethal means counseling and suicide prevention session. Nearly 70 percent of suicide deaths were due to firearms, compared to less than 50 percent in the general population.¹ Additionally, APA supports Sec. 501, which would create a scholarship program for psychologists who agree to work at Vet Centers after graduating.

H.R. 7504, VA Clinical TEAM Culture Act of 2020

APA supports the VA Clinical TEAM Culture Act of 2020, which would require VA to develop standards for the provision of mental health care by non-VA providers through the Community Care program, and require community care providers to complete specified training, including training on suicide and military sexual trauma.

As expressed in our letter on July 20, 2020 to Rep. Blunt-Rochester and Rep. Bilirakis, APA believes that providers participating in the Community Care Network should be held to the same high-quality standards as VA employees. Our veterans deserve nothing less.

H.R. 7784, VA Police Improvement and Accountability Act

APA supports the VA Police Improvement and Accountability Act, which would require VA to implement an array of measures aimed at improving transparency within VA law enforcement, including staff training to reduce racial profiling and mandatory use of body cameras. APA has worked with the Committee on strengthening this language to include recommendations from recent VA Office of Inspector General reports and supports incorporating these changes in the bill at markup.

H.R. 8084, Lethal Means Safety Training Act

APA supports access to lethal means training for VA providers, VA Community Care Program participants, and veteran caregivers. However, APA is concerned that the bill as drafted would make veteran Caregiver Program benefits contingent on completing this training. APA supports a mandatory requirement for VA employees, including contractors, and community providers, but does not support the same for caregivers. VA has struggled to successfully implement the Caregiver Program, and APA is concerned that further requirements will punish veteran caregivers by kicking them out of the program if they do not complete this training. APA

¹ 2019 National Veteran Suicide Prevention Annual Report. https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf

encourages the Committee to include additional language that clarifies that caregivers will not lose their benefits if they fail to complete the required training.

Discussion Draft, Ensuring Veterans' Smooth Transition Act

APA supports the Ensuring Veterans' Smooth Transition Act, which would automatically enroll veterans in Veterans Health Administration care, requiring the veterans to opt-out if they do not wish to be enrolled. Automatically enrolling eligible veterans in VA health care would be a massive step forward in increasing access to care for veterans not already receiving care at VA. APA also recommends requiring the Veterans Benefits Administration to transfer data regarding a veteran's service-connected disability to this new program in order to expedite the enrollment process. APA encourages VA to continue expedited hiring that took place during the COVID pandemic to ensure that veterans who are currently enrolled in VA health care, as well as those who would become enrolled under this legislation, have access to timely, high-quality VA care.

H.R. 8144, VA Mental Health Staffing Improvement Act

APA supports the VA Mental Health Staffing Improvement Act, which would require VA to develop a plan to improve staffing of mental health professionals. This bill also must be accompanied by a concerted effort on the part of the Department to recruit and retain mental health professionals, especially psychologists, who have been on the VA Office of Inspector General's list of severe staffing shortages since January 2015².

H.R. 8033, Access to Suicide Prevention Coordinators Act

APA supports the Access to Suicide Prevention Coordinators Act, which requires VA medical centers to have at least one suicide prevention coordinator on staff, and calls for a study on the feasibility of reorganizing suicide prevention coordinators to report to the Office of Mental Health and Suicide Prevention. Suicide Prevention Coordinators are vital to VA's efforts to reduce veteran suicide and ensuring appropriate staffing and prioritization of these positions within VA is a crucial step towards lowering rates of veteran suicides.

Discussion Draft, VA Serious Mental Illness Act

APA supports the VA Serious Mental Illness Act, which requires VA, in consultation with the Department of Defense and Department of Health and Human Services, to develop clinical practice guidelines for the treatment of serious mental illness, including schizophrenia, schizoaffective disorder, persistent mood disorder, and other disorders as identified by the Secretary. APA also recommends including consumers or consumer advocate groups in the "Serious Mental Illness Work Group" to ensure consideration of the needs and preferences of people with lived experiences.

H.R. 7879, VA Telehealth Expansion Act

APA supports the intent behind the VA Telehealth Expansion Act, which would establish a new VA grant program for veteran service organizations and other entities to expand the provision of telehealth services to veterans, with preference given to organizations serving veterans in rural areas and those located in medically underserved communities. However, APA is concerned that

² OIG Determination of Veterans Health Administration's Occupational Staffing Shortages. Jan. 30, 2015. <https://www.va.gov/oig/pubs/VAOIG-15-00430-103.pdf>. OIG Determination of Veterans Health Administration's Occupational Staffing Shortages. Sept. 30, 2019. <https://www.va.gov/oig/pubs/VAOIG-19-00346-241.pdf>

allowing providers who are part of the Veterans Community Care Program to provide telehealth services at these sites will dilute VA mental health care and complicate the provision of care at these sites. VA has the most robust telehealth network in the country that allows providers to connect with their patients, regardless of the state either are located. APA recommends removing community care network providers from this grant program.

H.R. 7964, Peer Support for Veteran Families Act

APA supports the Peer Support for Veteran Families Act, which directs VA to establish an education program and a peer support program to caregivers and family members of veterans with a mental health condition. Educating family members of people with a mental health condition is not only a good clinical practice, it is also a way for family members to have greater insight into some of the issues their loved one is going through and the best ways they can be supportive.

Discussion Draft, ANS for Veterans' ACCESS Act of 2020

APA supports the Amendment in the Nature of a Substitute to the Veterans' ACCESS Act of 2020, which requires VA to cover "emergent suicide care" for a broader set of former servicemembers than those who are currently eligible for VA health care without any cost to the former servicemember.

Former servicemembers with other than honorable discharges or dishonorable discharges have higher rates of substance use disorder, depression, and fewer peer or family supports – all of which increase the former servicemember's risk for suicide. Ensuring that VA covers the cost of this care will also remove the financial burden that may hinder lower-income former servicemembers from seeking care. Financial problems also increase risk for suicide, making VA's financial support an important part of the equation when dealing with suicide prevention.

H.R. 8005, Veterans Access to Online Treatment Act

APA is concerned about the drafting of the Veterans Access to Online Treatment Act, which directs VA to carry out a 2-year pilot program to treat veterans with depression, anxiety, PTSD, military sexual trauma, or substance use disorder, potentially through computerized cognitive behavioral therapy. Online Cognitive Behavioral Therapy has shown efficacy in treating individuals with various mental and behavioral health conditions, and there are several ongoing studies in rural and veteran populations. However, the current drafting of the language leaves open the possibility for coverage of other treatments that are not proven to be safe or effective by stating that the pilot "may" use cognitive behavioral therapy. Additionally, the requirement that veterans must already be receiving evidence-based treatment from the Department to be eligible to participate in the pilot limits the pool of veterans who could potentially benefit from this program.

H.R. 8068, American Indian and Alaska Native Veterans Mental Health Act

APA supports the American Indian and Alaska Native Veterans Mental Health Act, which would staff every VA medical center with a minority veteran coordinator and train those coordinators in culturally appropriate mental health and suicide prevention services for American Indian and Alaska Native veterans. Ensuring access to high quality, culturally appropriate care is vital, especially among American Indians and Alaska Natives, groups that serve in our Armed Forces

at the highest rates, but also have some of the highest suicide rates. APA also recommends inclusion of Native Hawaiians in this bill, as well as future consideration of other ethnic and racial minority groups that should also be receiving culturally appropriate mental health care.

Discussion Draft, VA Emergency Department Safety Planning Act; **H.R. 7747**, a bill to direct the Secretary of Veterans Affairs to submit to Congress an annual report on the Solid Start program of the Department of Veterans Affairs, and for other purposes; **H.R. 7888**, REACH VET Reporting Act

APA supports safety planning in the emergency department, the REACH VET predictive analytics initiative, and the Veterans Benefits Administration Solid Start Program. These initiatives all must be monitored and evaluated to ensure they are appropriately implemented across the system. APA recommends reporting requirements are not duplicative or take away from the important work of implementing the programs.

APA thanks the Committee for the opportunity to comment on this legislation. If you have any questions, please contact Sophie Friedl at SFriedl@apa.org.