

Kaki York-Ward, PhD
President
Association of VA Psychologist Leaders

U.S. House of Representatives Committee on Veterans' Affairs
Subcommittee on Health
Legislative Hearing
June 22, 2022

Chairman Brownley, Ranking Member Bergman, and distinguished members of the Subcommittee, thank you for inviting the Association of VA Psychologist Leaders (AVAPL) to submit a statement for the record for this important legislative hearing. AVAPL is a non-profit organization with a voluntary membership of psychologists with various roles within the Department of Veterans Affairs (VA). We represent more than 1400 psychologists from trainees to clinical executives to VA policymakers in Central Office. AVAPL has been invited to specifically comment on the REMOVE Copay's Act, and we will limit our comments to this specific piece of legislation.

Recently, VA issued a proposed rule¹ that would eliminate copayments for outpatient mental health visits and reduce copayments for all medications for Veterans identified at high risk for suicide. AVAPL is supportive of the VA's initiative and applauds Chairman Takano for seeking to expand and codify VA's recent proposed rule. Chairman Takano's REMOVE Copays Act (H.R. 7589)² would eliminate copayments on the first three outpatient mental health visits annually for all Veterans enrolled in VA, regardless of suicide risk status. By removing the requirement to be categorized as at "high risk for suicide", AVAPL believes that more Veterans will seek mental health care as a way to maintain their mental wellness rather than only when they are in crisis. **AVAPL supports H.R. 7589 and all efforts to increase access to VA services for our nation's Veterans.**

This bill helps reduce barriers to mental health treatment for all Veterans eligible for VA care. While the copay burden for most Veterans is low, eliminating copayments for the first three outpatient visits further reduces any financial burden that may be preventing Veterans from seeking routine mental health treatment. In 2021, PhRMA conducted a patient experience survey that found many patients who have health insurance are still struggling to afford basic health care

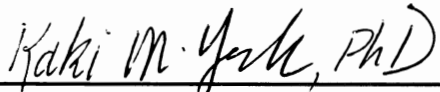
¹ Modifying Copayments for Veterans at High Risk for Suicide; Department of Veterans Affairs proposed rule. 87 Fed. Reg. 418 (January 5, 2022). <https://www.govinfo.gov/content/pkg/FR-2022-01-05/pdf/2021-28049.pdf>

² REMOVE Copays Act, H.R. 7589, 117th Cong. (2022). <https://www.congress.gov/bill/117th-congress/house-bill/7589>

services.³ This finding supports eliminating at least some copays for Veterans even when they have access to care through VA. Many studies^{4,5} have also shown that increased utilization of mental health services improves a Veterans' overall well-being and reduces suicide attempts. One recent study⁶ found that Veterans with service-connected disabilities were less likely to attempt suicide when they were engaged in care. This finding was even more pronounced for Veterans with service-connected mental health diagnoses.

AVAPL supports reducing barriers for Veterans to receive mental health care, and strongly urges VA to continue to hire more mental health professionals to care for the inevitable increase in Veterans seeking care with this new benefit. AVAPL appreciates Congress' continued support for increased staffing of mental health professionals at VA. However, psychologists and psychiatrists have been on VA's critical staffing shortage list for 7 years⁷, and masters-level clinicians are also in short supply. Eliminating copayments will have the intended effect of encouraging Veterans to seek more outpatient mental health care. However, that will also increase the workload for the VA's clinicians. Hiring additional mental health professionals will allow the full intentions of this bill to be met – increased access to outpatient mental health services for all Veterans.

Thank you for inviting AVAPL to submit a statement for the record for this important hearing. If you have any questions or would like additional information, I can be reached at president1@avapl.org.



Kaki York-Ward, PhD
President, AVAPL

³Patient Experience Survey: Barriers to Health Care Access in the Patient Experience. PhRMA. https://phrma.org/-media/Project/PhRMA/PhRMA-Org/PhRMA-Org/PDF/P-R/PES-Report_100621_Final.pdf

⁴ National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, & Committee to Evaluate the Department of Veterans Affairs Mental Health Services. (2018). Evaluation of the Department of Veterans Affairs Mental Health Services. National Academies Press (US). <https://pubmed.ncbi.nlm.nih.gov/29738208/>

⁵ Ranak B. Trivedi et al. "Prevalence, Comorbidity, and Prognosis of Mental Health Among US Veterans", American Journal of Public Health 105, no. 12 (December 1, 2015): pp. 2564-2569. <https://doi.org/10.2105/AJPH.2015.302836>

⁶ Shane T. W. Kuhlman, Todd M. Bishop, Patrick Walsh & Wilfred R. Pigeon (2021) Service-Connected Disabilities and Suicide Attempts in Veterans: The Moderating Role of Mental Health Care Utilization, Military Behavioral Health, DOI: 10.1080/21635781.2021.2013350

⁷ VA Office of Inspector General. (Sept. 28, 2021). *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2021*. <https://www.va.gov/oig/pubs/VAOIG-21-01357-271.pdf>