



## **American Psychological Association**

Testimony Submitted March 29, 2017

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to the  
United States House of Representatives  
Committee on Appropriations  
Subcommittee on Military Construction, Veterans Affairs, and Related  
Agencies

### **Fiscal Year 2018 Appropriations for the Department of Veterans Affairs**

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The American Psychological Association (APA) is a scientific and professional organization of more than 115,000 psychologists and affiliates. The Department of Veterans Affairs (VA) is the largest single employer of psychologists, who work both as research scientists and clinicians committed to improving the lives of our nation's veterans. As the largest provider of training for psychologists, the VA also plays a vital role in addressing the mental health workforce shortage equipped to provide culturally competent and integrated mental health services to veterans and their families.

#### **REQUEST SUMMARY:**

**Research**—APA joins the Friends of VA Medical Care and Health Research (FOVA) coalition in urging Congress to provide **\$713 million in FY2018 for VA Medical and Prosthetic Research**. APA also encourages the Subcommittee to provide at least **\$50 million for up to five major construction projects in VA research facilities and \$175 million in nonrecurring maintenance and for minor construction projects** to address deficiencies identified in the independent VA research facilities review provided to Congress.

**Clinical Issues**—APA urges Congress to take specific actions outlined below to enhance access, continuity, and integration of mental healthcare in the VA; track and improve the quality of non-VA care; and address recruitment and retention challenges for VA psychologists.

#### **Psychological Research in the VA**

A strong VA psychological research program provides the scientific foundation for high-quality care within the VA system. Through its Medical and Prosthetic Research Account, the VA funds intramural research that supports its clinical mission to care for veterans. VA psychologists play a dual role in providing care

for veterans and conducting research in all areas of health, including high-priority areas particularly relevant to veterans, such as: mental health and suicide prevention, traumatic brain injury (TBI), substance abuse, aging-related disorders and physical and psychosocial rehabilitation. VA psychologists are leaders in providing effective diagnosis and treatment for all mental health, substance use and behavioral health issues. In addition, VA psychologists often receive specialty training in rehabilitation psychology and/or neuropsychology, which helps to improve assessment, treatment, and research on the many conditions affecting veterans, including: post-traumatic stress disorder (PTSD), burns, amputation, blindness, spinal cord injuries and polytrauma. Equally important are the profoundly positive impacts of psychological interventions on the care of veterans suffering from chronic illnesses such as cancer, cardiovascular disease, HIV and chronic pain.

VA psychologists continue to be at the forefront of cutting-edge research on, assessment of and treatment for PTSD, a particular concern within the VA and Congress. The care of veterans suffering psychological wounds as a result of military service is at the heart of the VA's mandate "to care for him who shall have borne the battle," and preventing and treating PTSD has become an even more important priority within the VA given the needs of veterans from recent conflicts overseas. VA psychologists are responsible for the development of the most widely respected and used diagnostic instruments and therapeutic techniques for assessing and treating PTSD. The current conflicts present new challenges for VA psychologists, as many veterans with PTSD have post-concussive symptoms stemming from blast injuries. Additional research is needed to develop novel treatments for PTSD in cases when cognitive problems also may stem from a history of documented TBI.

VA psychologists also have used their expertise in program development and evaluation to successfully improve the VA's coordinated service approach. This includes models and practices of care that encompass inpatient, partial hospitalization and outpatient services including psychosocial rehabilitation programs, geriatric services in the community, and homelessness programs. VA psychologists have initiated and evaluated innovative programs, such as tele-mental health services, that will dramatically expand the VA's continuum of care for veterans.

***To keep VA research funding at current-services levels, the VA research program needs at least \$19 million (a 2.8 percent increase over FY 2017) to account for biomedical research inflation. However, the FOVA organizations believe an additional \$19 million in FY 2018, beyond inflationary coverage, is necessary for sustained support of research on conditions prevalent among OIF and OEF veterans as well as chronic conditions of aging veterans. While FOVA supports \$65 million for the VA's Million Veteran Program (MVP) to advance precision medicine, this program should not impede other critical VA research priorities.***

### **VA Research Facilities Upgrades**

State-of-the-art research requires state-of-the-art technology, equipment, and facilities in addition to highly qualified and committed scientists and investigators. Modern research cannot be conducted in facilities that more closely resemble high school science laboratories than university-class space. Modern facilities would also help VA recruit and retain the best and brightest clinician-scientists. In recent years, funding for the VA minor construction program has failed to adequately provide the resources needed to maintain, upgrade, and replace aging research facilities. For the most part, research facilities have competed unsuccessfully with other VA facility needs for basic infrastructure and physical plant improvements. Many VA facilities have run out of adequate research space. Also, ventilation, electrical and water supply, and plumbing appear frequently on lists of needed upgrades along with space reconfigurations. In addition to impeding medical discovery, poor research infrastructure undermines the ability of the VA to recruit and retain the clinical investigators who would normally be drawn to the VA system for its unique research opportunities.

***APA and FOVA have appreciated the Subcommittee's attention to this issue in prior years, but the problem lingers. For decades, the VA construction and maintenance appropriations have failed to provide the resources VA needs to replace, maintain, or upgrade its aging research facilities. Consequently, many VA facilities have run out of adequate research space, or existing space is unable to meet current standards. FOVA believes designating funds to specific VA research facilities is the only way to break this stalemate. We encourage the Subcommittee to provide at least \$50 million for up to five major construction projects in VA research facilities and \$175 million in nonrecurring maintenance and for minor construction projects to address deficiencies identified in the congressionally requested report on the status of VA research facilities (H.Rept. 109-95, H.Rept. 111-559), available at [www.aamc.org/varpt](http://www.aamc.org/varpt).***

### **VA Mental Healthcare**

APA echoes the many concerns and suggestions of Veterans Service Organizations (VSOs) regarding VA mental health services outlined in their policy recommendations (the Independent Budget Veterans Agenda or IB). We also share VA Secretary Shulkin's recently delineated priorities related to enhanced suicide prevention, extension of mental healthcare to Veterans with "other than honorable" discharges, and expansion of caregiver benefits to include pre-9/11 Veteran families. We also urge Congress to provide ample resources for VA mental health programs and the VA psychologists who serve Veterans, with special attention to the following requests:

**Prevent Veteran Suicide by enhancing access, continuity, and integration of care by:**

- Continuing and increasing support for primary care-mental health integration and recovery models;
- Continuing support for expansion of telemental health services;
- Granting specially-trained psychologists prescriptive authority analogous to that granted by the Department of Defense for almost 20 years, which will alleviate mental healthcare access issues;
- Building on the success of evidence-based psychotherapy roll-outs;
- Guiding treatment decisions by measuring the effects of interventions, and developing systems for measurement-based care for use by both VA staff and VA partners; and
- Replacing scheduling package and upgrade electronic medical record, critical for improving patient experience and care.

**Track and Improve Quality of Non-VA Care by:**

- With increased non-VA care services being supported, assuring that non-VA providers are competent in Veteran-specific needs and Veteran culture, and are consistently providing high-quality care;
- Holding community partners and contractors to the high VA standards of quality; and
- Providing (and consistently enforcing) standard guidelines regarding what constitutes and how much time is required for a high-quality compensation and pension evaluation.

**Address Recruitment and Retention Challenges for Psychologists by:**

- Moving VA psychologists into full Title 38 authority, consistent with all other doctoral level VA staff, in line with Secretary Shulkin's goals to improve accountability, hiring, and retention;
- Providing VA psychologists with improved incentives (particularly loan repayment) to attract strong candidates; and
- Expanding opportunities for staff training in state-of-the-art interventions, and removing barriers to conference attendance.

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