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STATEMENT FOR THE RECORD

AMERICAN PSYCHIATRIC ASSOCIATION

FOR THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

IN ADVANCE OF

DECEMBER 3, 2025

LEGISLATIVE HEARING

The American Psychiatric Association (APA), the national medical specialty society representing over 39,200 psychiatrists, appreciates the opportunity to submit this statement for the record to the Senate Committee on Veterans' Affairs. We commend the Committee's continued leadership in advancing policies that support timely, high-quality, and accessible mental health care for our nation's veterans, and respectfully offer the feedback below on the legislation set to be considered.

Protecting Veteran Access to Telemedicine Services Act

The APA strongly supports the Protecting Veteran Access to Telemedicine Services Act, legislation that would permanently extend a pandemic-related exemption to the Ryan Haight Act by allowing Department of Veterans Affairs (VA) clinicians to prescribe medically necessary controlled substances to veterans via telemedicine, even if an in-person examination has not occurred. Telehealth has proven to be an effective, evidence-based means of expanding access, improving continuity of treatment, and supporting timely interventions for those managing complex psychiatric and substance use conditions. As of 2024, 73 VA facilities faced a severe shortage of psychiatrists, highlighting the importance of the use of telemental health services. By ensuring that VA physicians, including psychiatrists, can deliver telehealth services without unnecessary restrictions, this legislation protects continuity of care and prevents treatment disruptions. The APA urges prompt support of this House passed legislation to preserve these essential flexibilities before they expire at the end of the year.

Saving Our Veterans' Lives Act

The APA also strongly supports the Saving Our Veterans' Lives Act, which seeks to establish a VA program to provide free firearm lockboxes to eligible veterans as a practical and effective means of reducing veteran suicide. This important legislation recognizes that firearms are the most common method used in veteran suicides, and that putting time and space between at-risk individuals and lethal means is one of the most evidence-based strategies for suicide prevention. Providing secure firearm storage options at no cost would empower veterans and their families to take proactive steps toward safety without stigma or intrusion into personal rights. Importantly, in addition to distributing lockboxes, the legislation would fund a public education campaign and require the development of an informational video on secure firearm storage, ensuring that suicide prevention messaging is consistent, accessible, and culturally sensitive to the veteran community. We urge the Committee to move swiftly on this measure and to continue supporting programs that expand access to mental health services and reduce suicide risk across the veteran population.

Written Informed Consent Act

The APA shares the Committee's commitment to ensuring that veterans are fully informed about their treatment options and appreciates the intent of the Written Informed Consent Act to enhance transparency and promote patient safety. However, as currently drafted, the legislation could have unintended consequences for both veterans and physicians. Additional written requirements may not enhance safety but could increase documentation burdens, discourage clinicians from treating complex patients, and heighten burnout among an already strained VA workforce. Moreover, an additional requirement of informed consent to access mental health medications could create a layer of stigma for patients and delay treatment. We welcome the opportunity to work with the Committee to identify

targeted approaches that balance patient autonomy with clinical efficiency, such as focusing written consent requirements on specific high-risk situations, while maintaining flexibility for physicians to exercise their best medical judgment. Mandating written consent for entire classes of medications, many of which are prescribed routinely for behavioral health conditions, risks creating administrative barriers that may delay timely treatment and divert valuable clinical time away from direct patient care. Informed consent should remain a clinical and patient-centered process, guided by professional judgment and existing VA protocols, which already require physicians to discuss the risks, benefits, and alternatives of treatment with their patients.

The APA thanks the Committee for its continued commitment to improving veterans' mental health care. We stand ready to collaborate and support the Committee's efforts to advance evidence-based solutions that strengthen access, quality, and safety in mental health services for all who have served.