

A View from Washington, DC

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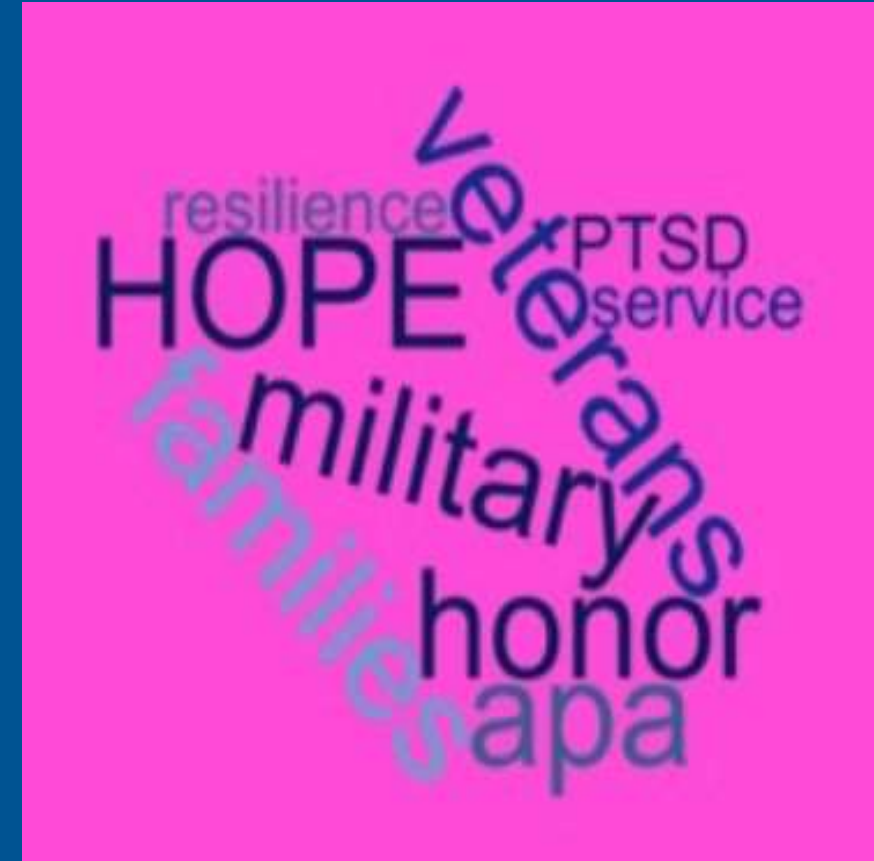
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AMERICAN PSYCHOLOGICAL ASSOCIATION
Services, Inc.

APA MVP (Military and Veterans Health Policy)

- **APA:** 118,000 members
- 600 staff
- 25 lobbyists
- One Director of Military and Veterans Health Policy
- **Congress:** 6 Committees and 41 Subcommittees
- 435 Representatives
- 100 Senators
- **Administration:** 1
- 5 gajillion bills and Executive Orders
- So many Cabinet Secretaries. Just so many.
- Lots and lots of Actings



APA Military and Veterans Health Policy

APA's Military & Veterans Health Policy Program supports military personnel and veterans, their families, caregivers, and communities, as well as the psychologists who conduct health research with and provide direct services to these populations.

Priority 1: Promote mental health and well-being of military personnel, Veterans, and their families

- Prevent suicide in military/Veteran populations
- Promote the use of evidence-based psychotherapies in the Department of Defense (DoD) and Department of Veterans Affairs (VA)
- Ensure mental health promotion is included in the transition period from active duty to Veteran status
- Promote health research relevant to military personnel and Veterans
- Protect integrated care at the VA and oppose its privatization

(Priorities)

Priority 2: Protect and expand the scope of practice for DoD and VA psychologists; promote all psychologists as key providers and leaders in healthcare with military/Veteran populations

- Reverse devastating reimbursement rate cuts to TRICARE provider psychologists
- Obtain prescribing authority for VA psychologists
- Obtain full Title 38 status for VA psychologists
- Promote DoD and VA psychologists within the larger military/Veteran healthcare space
- Train all psychologists as providers of care to military/Veteran populations

Priority 3: Provide targeted support for subgroups of military/Veteran populations with greater potential mental health concerns, including:

- National Guard/Reserve components
- Women servicemembers and Veterans
- Families of servicemembers and Veterans
- LGBT servicemembers and Veterans
- Wounded/disabled servicemembers and Veterans
- Veterans with other than honorable discharges
- Criminal justice-involved servicemembers and Veterans
- Student Veterans



How and whom we lobby

Congress

- hearings
- briefings
- written and oral testimony
- legislative lobbying
- coalition work

Departments of Defense and Veterans Affairs

- executive branch meetings
- letters, federal comments
- conferences and panels

Specific Requests for FY2020

Mental Health Promotion: Seamless Enrollment in VA Healthcare

- VA shall work with DoD to pre-populate VA database during transition period to ensure immediate, seamless enrollment in VA healthcare for early and consistent contact
- Consider text-out rather than or in addition to planned call-out contact for new veterans

Targeted Suicide Prevention

- Extend VA REACH Vet program system-wide
- Extend VA emergency department follow-up protocols system-wide
- Extend VA SAVE program on lethal means safety system-wide
- Spend your suicide prevention media funds! And measure the effects...

VA Intramural Research Support

- Increase funding for VA's intramural Medical Research and Prosthetics account and the information technology necessary for successful conduct of research
- Ensure that funding for the Million Veteran Program is sustained but separate, and does not require moving funds from other peer-reviewed research lines

Support for Veteran Subpopulations at Heightened Risk for Negative Outcomes

- Provide VA mental healthcare for National Guard and Reserve veterans who were never federally activated
- Stand up interdisciplinary pain management teams at every VA facility
- Support retro-fitting for facilities to ensure women veterans feel and *are* safe

Full Scope of Practice for VA Psychologists

- Move psychologists into full Title 38 status
- Allow "medical" psychologists with additional training and certification in psychopharmacology to be hired and to work within VA with prescribing authority matching that which DoD has granted them for 20 years



The Big One

Protection of VA's Integrated Healthcare System

- Ensure that as the MISSION Act regulations are developed and implemented, VA is the first point of access and coordinator of care. Any referral to outside care must follow a VA diagnostic assessment; referral must be based on functional and symptom improvement.
- All VA facilities are assured of sufficient staff, space, IT, and financial resources to provide comprehensive, high quality care. Special efforts are made to permanently fund and fill vacancies in VA facilities where wait lists exist due to demand outstripping capacity.
- Community care is used only in situations where it supplements services not readily available within local VA. When wait times are the reason for referring, VA should be restricted from issuing a voucher until it first verifies that the community provider is more available than the VA.
- Outside providers' performance, timeliness of the provision of inpatient and ambulatory services, and promptness of providing medical documents are measured and publicly reported using the same metrics as VA providers. VA must verify that the panel size of the community PCP is in fact smaller than VA's.
- Outside providers must meet VA's high standards, use evidence-based treatments driven by measurement-based care, have knowledge of military culture and competence in veteran-specific problems, perform screenings and be subject to the same continuing education requirements as VA providers. Community partners must provide treatment records for reimbursement.

* MISSION Act Implementation

* Cdr. John Scott Hannon Veterans Mental Health Care Improvement Act (S. 785, Tester/Moran bill)

* MilCon/VA appropriations bill for FY2020

* Cannabis research at VA

* Suicide prevention bills, new programs

Status Update on Specific Issues/Bills

Collaborations

Other government agencies and entities

Media (national, social)

Organizations like Brady, Coalition to Stop Gun Violence

Military and Veterans Service Organizations

Other healthcare and scientific associations (AVAPL)

Think/research tanks (CNAS, RAND)

International Organizations (Invictus)

Foundations

Universities as training partners and researchers



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