December 2, 2025

The Honorable Mike Bost
Chair
U.S. House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

The Honorable Mark Takano
Chair
U.S. House Committee on Veterans' Affairs
550 Cannon House Office Building
Washington, DC 20515

The Honorable Jerry Moran
Chair
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member
U.S. Senate Committee on Veterans' Affairs
825A Hart Senate Office Building
Washington, DC 20510

Chairmen Bost and Moran and Ranking Members Takano and Blumenthal:

On behalf of the undersigned physician and mental health organizations, we write to express our appreciation for your continued leadership in support of our nation's veterans. We deeply value your commitment to ensuring that veterans receive highest quality care through the Department of Veterans Affairs (VA), and with that objective in mind, wish to respectfully highlight our concerns related to the Written Informed Consent Act (H.R. 4837).

While we share the bill's goal of promoting informed, collaborative decision making between clinicians and patients, as currently written, it risks creating unintended barriers to timely treatment and duplicating existing processes. The VA's current informed consent policy (VHA Handbook 1004.01) already requires written consent for treatments and procedures involving significant or unusual risks, including certain psychiatric and pain management medications. By requiring a new, separate written consent process for virtually all psychotropic drugs (antipsychotics, stimulants, antidepressants, anxiolytics, and narcotics), the legislation would add unnecessary administrative steps that delay care without improving patient safety or understanding. Critically, because psychiatric medications are often initiated under urgent circumstances when veterans are in crisis, at risk of self-harm, or struggling to maintain stability, imposing additional paperwork could delay care at precisely the moment when timely treatment is most critical.

These medications are widely used and closely monitored by VA clinicians. Singling them out for extra procedural requirements risks reinforcing stigma around mental health treatment and may discourage veterans from initiating or continuing essential care. Likewise, because side effects and risks vary widely among individuals, a rigid, one-size-fits-all policy could create unnecessary anxiety and limit clinicians' ability to tailor consent discussions to each veteran's clinical situation. We believe Congress can achieve the bill's goal of promoting informed and collaborative decision making without impeding access to evidence-based care. Enhancing clinician communication training, improving patient education materials, and supporting shared decision-making tools would strengthen informed consent in a meaningful way, without overburdening clinicians or deterring veterans from seeking help.

We urge you to oppose this legislation and consider alternatives that support informed choice while maintaining timely access to treatment.

Thank you for your bipartisan leadership and for your continued commitment to the health and well-being of our nation's veterans.

American Academy of Family Physicians
American Academy of Neurology
American College of Obstetricians & Gynecologists
American Psychiatric Association
American Psychological Association Services, Inc. (APASI)
Mental Health America
National Association of Social Workers

Cc: The Honorable Mariannette Miller-Meeks, MD, Chair Health Subcommittee, House Committee on Veterans' Affairs

The Honorable Julia Brownley, Ranking Member Health Subcommittee, House Committee on Veterans' Affairs