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An Open Letter on Mobile Veterans and Mental Health Care

By Matthew A. Williams, MPA - Founder & CEO of the Institute for Veterans Health & Social Policy

To the veterans, families, clinicians, advocates, policymakers, and members of the public reading this letter:

The documents this letter references — a working paper and a petition for rulemaking — together describe a single problem and propose a single, narrow remedy. The problem is that the federal government has promised every enrolled veteran timely, high-quality mental health care, then built a delivery system that quietly withdraws that promise the moment a veteran's life requires them to cross a state line. The remedy is to amend one regulation. Congress has already enacted the same remedy twice, for analogous populations, with overwhelming bipartisan support. The case is not legally novel. It is not fiscally expansive. It is not administratively unprecedented. What it is — is overdue.

The clinical reality is straightforward. Mental health care depends on a therapeutic alliance — the relationship of trust, collaboration, and shared purpose between a veteran and a clinician — that takes weeks or months to build and is reset to zero each time it is severed. When a veteran in active treatment crosses a state line for a job, a family obligation, a move, or a routine VA-assigned referral to a specialty facility in the next state over, the current rules require their community-care therapist to stop treating them. There is no clinical reason for the relationship to end. The only reason is jurisdictional.

For some veterans the problem is even more fundamental. A long-haul trucker running a multistate route, a veteran cycling through shelter networks across state lines, a National Guard member with cross-state drill obligations, a seasonal worker following employment, a full-time RV traveler — none of these veterans can supply the fixed jurisdictional address the referral system demands as an input. For them, the system cannot establish a therapeutic relationship in the first place. The working paper calls this anticipatory disengagement: the rational decision not to invest in a care-seeking process that prior experience indicates cannot be completed. It is invisible in VA performance data because the veteran never enters the queue.

Congress enacted a uniform national benefit. Every enrolled veteran holds the same statutory right to timely mental health care. The delivery system implements that entitlement unequally — favoring veterans who stay still, penalizing those who move.

The working paper documents how this happens, why the architecture produces it predictably, and which veterans bear the heaviest burden — disproportionately working-class, rural, occupationally mobile, and

housing-unstable. The petition asks the Secretary of Veterans Affairs to fix it through the most direct mechanism available: notice-and-comment rulemaking under 5 U.S.C. § 553 to amend 38 C.F.R. § 17.417. The petition contains the proposed regulatory text in finished form. The Department may adopt it, refine it, or reject it. What the Department may not lawfully do is ignore it.

Three points warrant emphasis. First, this is not a request for new spending. Federal preemption does not change reimbursement rates; it changes who is legally permitted to deliver care that is already authorized and funded. Second, this is not an attack on state licensure. State boards retain full authority over licensure, discipline, and standards; the petition expressly preserves the parallel operation of interstate licensure compacts. Third, this is not a partisan issue. The two NDAA enactments that established the precedent passed with bipartisan supermajorities. Suicide prevention, mental health access, and the integrity of the community care program are priorities the current administration has publicly articulated. The reform requested aligns with each.

There is a final point I will make as the author of these documents and as a 100% service-disabled veteran enrolled in VA care. The structural failures the working paper analyzes are not abstractions to me. They are documented in my own administrative record. I have lived inside the failure loop the paper describes. I know what it costs in time, in trust, and in clinical progress when the system that promised continuity instead delivers a referral queue. Many veterans live this. Most never write about it. The case advanced in these documents stands on its own analytical merits — but the urgency behind it comes from the recognition that this is happening to people, in numbers we are not measuring, while the regulatory remedy sits within the Secretary's existing authority.

I invite you to read the documents. The working paper is approximately 30 pages of policy analysis grounded in statutory text, oversight findings, peer-reviewed clinical literature, and direct observation. The petition is approximately 30 pages of formal regulatory argument with proposed text. Both are available on the IVHSP website, alongside this letter, and the working paper is being made available through the Social Science Research Network for the academic and policy research communities.

If you are a veteran or family member who has experienced what these documents describe, your story matters. If you are a clinician who has had to terminate a veteran's care because of a state line, your perspective matters. If you are a policymaker, an oversight official, a Veterans Service Organization, a state licensing authority, a journalist, or simply a member of the public who believes that a national entitlement requires a national delivery system — your voice matters. We welcome correspondence at research@ivhsp.org and inquiries by phone at +1 877 461 8880.

The gap between the entitlement Congress created and the system that is supposed to fulfill it is not inevitable. It is the result of policy choices, and it can be closed by policy choices. The question is no longer whether these failures exist. The question is whether we will continue to tolerate them.

Respectfully,

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ACCOMPANYING DOCUMENTS

Working paper: *Crossing Lines: Jurisdictional Barriers, Therapeutic Disruption, and the Case for Federal Preemption in Veteran Mental Health Care*

Petition for Rulemaking: *In the Matter of the Authority of Department of Veterans Affairs Health Care Professionals to Practice Health Care via Telehealth, 38 C.F.R. § 17.417 — Pursuant to 5 U.S.C. § 553(e)*

Both documents are available at www.ivhsp.org. The working paper is also available through the Social Science Research Network at <https://ssrn.com/abstract=6744578>.