

November 30, 2022

The Honorable Charles Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

Dear Majority Leader Schumer, Speaker Pelosi, Minority Leader McConnell, and  
Minority Leader McCarthy,

On behalf of the millions of adults and children living with mental health conditions and substance use disorders, the Mental Health Liaison Group (MHLG) urges you to include a full continuum of mental health services and support for Americans within the end-of-year Omnibus package. The Mental Health Liaison Group (MHLG) is a coalition of national organizations representing consumers, family members, mental health and substance use disorder treatment providers, advocates, payers, and other stakeholders committed to strengthening Americans' access to mental health and substance use prevention, treatment and recovery care. Our nearly 80 member organizations are dedicated to advancing solutions that address the worsening crisis in mental health and substance use disorders, among both children and adults, and working to eliminate the barriers to care experienced by too many Americans.

Mental health trends for adults remain a significant concern. According to the Centers for Disease Control (CDC), during the period between August 2020 to February 2021, the percentage of adults with symptoms of anxiety or depressive disorder increased significantly (from 36.4% to 41.5%), as did the percentage reporting that they needed but did not receive mental health counseling or therapy during the past 4 weeks (from 9.2% to 11.7%).<sup>1</sup> Moreover, nearly one in twenty adults (4.9%) reported having had serious thoughts of suicide in the last year.<sup>2</sup> In addition, an overdose epidemic is increasingly impacting seniors. The overdose death rate for those 65 and older increased by more than 86 percent last year and a Health and Human Services Office of the Inspector (OIG) report released last month found that more than 1 million Medicare Part D beneficiaries are addicted to opioids, and more than 50,000 seniors experienced a drug overdose in 2021. Maternal mental health needs also remain a significant concern. Mental health conditions are the most common complication of pregnancy and childbirth, and suicide

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<sup>1</sup> Lebrun-Harris LA, Ghandour RM, Kogan MD, Warren MD. [Five-Year Trends in US Children's Health and Well-being, 2016-2020](#). JAMA Pediatrics. March 14, 2022.

<sup>2</sup> Centers for Disease Control and Prevention (CDC), [Morbidity and Mortality Weekly Report: Adolescent Behaviors and Experiences Survey, January – June 2021](#). April 1, 2022.

and overdose combined are the leading cause of death for women in the first year following pregnancy.<sup>3</sup>

The child and adolescent mental health national crisis also continues, with the COVID-19 pandemic worsening already worrying trends. Between 2016 and 2022, children experienced significant increases in anxiety (27%) and depression (24%), according to a recent study published in JAMA Pediatrics. [1] According to the CDC, in 2021, 4 in 10 teens reported persistent feelings of sadness or hopelessness with 1 in 5 reporting that they had contemplated suicide, a notable increase from previous years.[2] Unfortunately, children frequently go years without treatment for mental and behavioral health conditions after symptoms begin, and persistent shortages across many pediatric mental and behavioral health professions continue to impact timely access to care for children and youth.

MHLG greatly appreciates Congress' significant efforts over the last year to examine the mental and behavioral health needs throughout the country, consider the challenges, and explore possible solutions, beginning with productive hearings held by multiple House and Senate committees. We further appreciate the Senate Finance Committee's bipartisan work to develop comprehensive mental health reform legislation addressing key areas of concern through its ongoing working group process.

Moreover, MHLG applauds Congress for passing the Bipartisan Safer Communities Act (BSCA) (Pub. L. 117-159) in June, which provided significant funding to begin making mental health and substance use disorder care more accessible, particularly for children and young adults, through investments in school and community-based mental health programs, crisis response services, and more. However, to meet continued surging mental and behavioral health demands and address long-standing systemic barriers to care, these initial investments must be combined with the reauthorization and expansion of vital, existing mental health and substance use disorder treatment services along with new innovative and practical solutions that can address these challenges swiftly, as well as over the long-term.

More work remains outstanding and is urgently needed, such as the reauthorization of key programs within the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), as included in the Restoring Hope for Mental Health and Well-Being Act of 2022 (H.R. 7666) passed by the House under the leadership of Chairman Frank Pallone and Ranking Member Cathy McMorris Rogers, and the measures advanced by the House Ways & Means Committee in September (Committee Print 117-1 and 117-2) under the leadership of Chairman Richard Neal and Ranking Member Kevin Brady. With the end of the 117th

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<sup>3</sup> Trost SL, Beauregard J, Njie F, et al. Pregnancy Related Deaths: Data from Maternal Mortality Review Committees in 36 states, 2017-2019. Atlanta, GA: Center for Disease Control and Prevention, US Dept. of Health and Human Services; 2022.

Congress fast approaching and the mental health crisis continuing, MHLG urges the inclusion of the following priority policies in the end-of-the-year package.

- **Reauthorize SAMHSA and HRSA’s Mental Health and Substance Use Disorder Programs**

*It is critical that Congress reauthorize and expand the existing SAMHSA and HRSA mental health and substance use disorder programs, many of which Congress first passed in the bipartisan 21st Century Cures Act (Pub. L. 114-255). With many of these programs expiring at the end of this year, it is essential to ensure both their continuation and expansion. MHLG urges Congress to pass a more robust bill covering the same matters. The mental health and addiction crises in this country are such that enactment of major legislation before the end of the 117th Congress is essential.*

- **Provide Robust FY 2023 Funding for Federal Mental Health and SUD Programs**

Additionally, we urge Congress to prioritize mental health and substance use disorder prevention, early identification, treatment and recovery as it completes the appropriations process for FY23. Our annual appropriations requests are available [here](#). We are grateful for the investments that Congress made in mental health and substance use disorder treatment, particularly during the worst of the COVID-19 pandemic. Yet, mental health professionals and advocates know that the experiences of the past few years will have long-term effects, particularly for children and youth, without adequate investment and intervention to identify individuals’ needs and facilitate timely access to care.

- **Fully Utilize Available Mental and Behavioral Health Professionals to Rapidly Address Demand, While Supporting and Growing the Mental and Behavioral Health Workforce to Meet Future Needs**

The COVID-19 pandemic has exacerbated mental health and substance use treatment workforce shortages across the board, challenges that coincide with the nationwide mental health crisis, youth mental health crisis, and an opioid epidemic that is increasingly impacting seniors. We greatly appreciate the work Congress has already done to elevate these issues, such as the bipartisan-supported behavioral health workforce policies recently passed by the House Ways and Means Committee and proposed by the Senate Finance Committee in its Behavioral Health Workforce for the Future Act discussion draft. To help address the mental and behavioral health crisis both rapidly and over the long-term, we urge inclusion of the following measures in the end-of-the-year package:

- a. *Expand the Medicare mental and behavioral health workforce to include Marriage and Family Therapists and Licensed Professional Counselors, who are trained and licensed to provide mental and substance use disorder treatment services. This bipartisan, bicameral proposal – the Mental Health Access Improvement Act (S. 828/H.R. 432), was passed by the House Ways & Means*

- Committee (Comm. Print 117-2) and included in the Senate Finance Committee's behavioral health workforce discussion draft.
- b. *Improve access to clinical social workers (CSWs) under the Medicare program.* The Senate Finance Committee's discussion draft included two provisions of the bipartisan Improving Access to Mental Health Act (S. 870/H.R. 2035)). The first allows CSWs to bill Medicare independently at Skilled Nursing Facilities (SNFs). The second removes an access barrier by allowing CSWs to bill for Health and Behavior Assessment and Intervention (HBAI) services, which help Medicare beneficiaries with emotional and psychosocial concerns that arise because of a medical condition (such as a diagnosis of cancer) and are unrelated to a mental health condition.
  - c. *Expand eligibility for incentives Under the Medicare Health Professional Shortage Area Bonus Program to a wider range of mental and behavioral health practitioners working in mental health professional shortage areas.* Nearly 150 million people live in Mental Health Professional Shortage Areas (HPSAs) and almost 60% of counties lack access to a single psychiatrist. Increasing HPSA bonus payments for psychiatrists practicing in shortage areas and expanding the bonus program to include clinical psychologists, clinical social workers, marriage and family therapists, mental health counselors, physician assistants, nurse practitioners, and clinical nurse specialists would incentivize more mental and behavioral health professionals to work in these shortage areas. This proposal was included in the Senate Finance Committee's discussion draft.
  - d. *Provide 400 new Medicare-supported graduate medical education (GME) slots for psychiatry and psychiatry subspecialties to address the gap between need and access that is especially pronounced in psychiatry.* This proposal also was included in the Senate Finance Committee draft. Additionally, we recommend increased funding for the Children's Hospital Graduate Medical Education program, which supports the training of many pediatricians and critical pediatric subspecialties with long-standing workforce shortages, including child and adolescent psychiatry and developmental-behavioral pediatrics, at children's hospitals.
  - e. *Authorize and fund a new targeted Medicaid mental and behavioral health workforce demonstration program to expand the capacity of front-line providers to address workforce shortages, increase access to mental health and substance use treatment, and correct the maldistribution of mental health and substance use providers, as included in the Senate Finance Committee discussion draft. This program should also bolster Medicaid reimbursement for pediatric mental and behavioral health care to expand provider participation in the program and improve timely access to care for the millions of children covered by Medicaid.*

- **Safeguard Children's Mental Health**

To stem the crisis in child and adolescent mental health, Congress needs to ensure children's access to a full continuum of mental and behavioral health services, including prevention and early identification as well as treatment across all appropriate service levels and settings. In addition, we recommend inclusion of the following measures:

- a. *A required set aside for prevention and early intervention services*, in addition to the set aside for crisis care within the Community Mental Health Services Block Grant, as included in the Mental Health Reform Act of 2022 (S. 4170).
- b. *New targeted investments in pediatric mental and behavioral services*, such as those in the Health Care Capacity for Pediatric Behavioral Health Act (S. 4472) or the Strengthen Kids Mental Health Now Act (H.R. 7236).
- c. *Greater investment in school-based mental health services* to identify children's mental health needs early and provide support where they already are, as well as to prevent suicide among school-aged children and youth. The Mental Health Services for Students Act (S. 1841/H.R. 721) and the Youth Mental Health Suicide Prevention Act (S. 3628/H.R. 1803) together support comprehensive school-based mental health and suicide prevention programs, as well as training for school personnel.

- **Improve Access to 988, Crisis Response, and Suicide Prevention**

To stem rising suicide rates and ensure that 988 is successfully implemented and operates at full capacity and effectiveness as one of country's best tools to respond to individuals in crisis, including among marginalized communities such as BIPOC and LGBTQ+ and others, MHLG supports:

- a. *Inclusion of \$747 million in funding for the 988 Suicide & Crisis Lifeline* in the final FY 23 appropriations bill.
- b. *Medicare payment for mobile crisis response intervention services, as well as permanency for the Medicaid mobile behavioral health crisis response program*, both of which were included in the Senate Finance Committee Integrated Care discussion draft.
- c. *Reauthorization of the Garrett Lee Smith Memorial program* as included in H.R. 7666, along with \$66.512 million for the Garret Lee Smith Youth Suicide Prevention program, \$11 million for the Garret Lee Smith Suicide Prevention Resource Center, and \$56.512 million for the State and Campus Suicide Prevention Grants, as reflected in the FY 2023 Senate spending bill. Specifically for the Campus Suicide Prevention Grants, language from the bipartisan Garrett Lee Smith Memorial Act Reauthorization (S. 4271) should be included.
- d. Funding for the Community Mental Health Services Block Grant (MHBG) program, which provides critical funding to states and territories for mental health services, at \$1.42 billion for FY 23, *with a 10% set-aside for crisis services*.
- e. Inclusion of the bipartisan, bicameral Effective Suicide Screening and Assessment in the Emergency Department Act (H.R. 1324/S. 467), which passed the House by an overwhelming bipartisan margin in May 2021.

- **Extend the Medicare Telehealth Flexibilities**

*MHLG supports a two-year extension of the current telehealth flexibilities* as passed by the House in the Advancing Telehealth Beyond COVID-19 Act of 2021 (H.R. 4040). Congress' authorization of Medicare coverage for telehealth during the COVID-19

pandemic Public Health Emergency (PHE) transformed how care is being delivered throughout the country in many healthcare sectors. To ensure stable continuation of telehealth services in the manner currently provided while allowing additional time to examine the data on utilization and effectiveness, we urge this extension.

MHLG also urges the removal of the statutory six-month, in-person service requirement imposed on telehealth for mental health services in the Consolidated Appropriations Act, 2021 (Pub. L. 116-260), as proposed in the Senate Finance Committee telehealth discussion draft. Telehealth for mental health services has proven enormously effective and this requirement simply is unnecessary and imposes a barrier to care for some. At a minimum, MHLG requests that the telehealth extension also apply to this in-person service requirement and delay its implementation for the same length of time.

- **Improve Access to Peer Support Services**

Congress should pass the bipartisan, bicameral Promoting Effective and Empowering Recovery Services in Medicare Act of 2021 (S. 2144/H.R. 2767), also known as the PEERS Act of 2021, included in the recently released discussion draft from the Senate Finance Committee Working Group on Increasing Integration, Coordination and Access to Care. The proposal requires CMS to clarify that peer support specialists may participate in furnishing behavioral health integration services to Medicare beneficiaries as a part of a broader care team.

MHLG further supports passage of the Veteran Peer Specialist Act included in the House-passed bipartisan STRONG Veterans Act of 2022 (H.R. 6411). This 5-year effort would ensure that peer support services are available at all VA medical centers and supported by an appropriation of \$25 million.

- **Advance Mental Health Parity**

It is important to address mental health parity to ensure that people with mental and behavioral health conditions are able to access mental and behavioral health care through their insurance. Any package should include the parity provisions that passed the House in H.R. 7666 and were included in the Mental Health Reform Reauthorization Act (S. 4170), which would prevent health insurance plans that cover frontline workers from refusing to provide parity coverage and give states needed resources to enforce existing parity laws. Further, the Parity Act should be updated so that mental health and substance use disorders are defined in accordance with nationally-recognized standards, and the law should be extended to Medicare Advantage plans.

- **Integration of Behavioral Health in Primary Care Settings.**

For the majority of Americans with mental and behavioral health conditions, primary care is their sole point of care. Yet primary care practitioners have little or no training in delivering evidence-based behavioral health care, which leaves millions of Americans with untreated mental illness. In addition, our highest-cost patients are those with co-



occurring medical and behavioral conditions. To address this problem, the National Academy of Sciences along with the U.S. Department of Health and Human Services launched a primary care modernization and transformation effort ("Implementing High-Quality Primary Care" NASEM, May 2021), which recognizes the integration of behavioral health in primary care as integral to primary care reform. Moreover, value-based health entities such as Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs) have realized that they must integrate mental and behavioral health care in order to be successful. MHLG supports the following legislative initiatives to promote mental and behavioral health care integration:

- a. Providing short-term federally-funded training programs to train primary care physicians in delivering evidence-based approaches to integrated care. H.R. 7666 provides grants and training to primary care practices to implement the collaborative care model. The Improving Access to Behavioral Health Integration Act (S. 4306), pending before the Senate HELP Committee, would provide grant support to primary care practices in implementing all evidence-based models of integrated care.
- b. The Senate Finance Committee's "Improving Integration, Coordination and Access to Care Act" discussion draft, which includes a number of important integrated care proposals: (i) directing HHS to issue guidance on best practices for integrating behavioral health care within the primary care setting, including use of the Collaborative Care Model (CoCM) and the Primary Care Behavioral Health Model (PCBH), co-locating mental health providers within physician practices, and incorporating the services of peer support specialists; (ii) adding integrated care models to the list of models that can be tested by the Center for Medicare & Medicaid Innovation; (iii) updating the Affordable Care Act to include behavioral health integration in the Medicare Shared Savings Program, and updating ACOs to require sufficient numbers of mental and behavioral health professionals while making behavioral integration a core ACO process; (iv) increasing Medicare reimbursement rates for behavioral health integration services, and requiring the provision of technical assistance to primary care practices for adopting behavioral health integration models, including the CoCM and PCBH models; and (v) directing the Centers for Medicare and Medicaid Services to create and offer an integrated health model voluntary option for primary care providers in traditional Medicare, offering comprehensive, risk-adjusted, per member per month payments for outpatient primary care with integrated behavioral health services.

The undersigned members of MHLG greatly appreciate the steps Congress has already taken to bolster support for mental health and substance use disorder treatment services throughout the Public Health Emergency, as well as the additional measures included in the Bipartisan Safer Communities Act. Yet, there continues to be a growing demand for mental health and substance use disorder treatment, while significant barriers remain to timely, accessible, high-quality care for all Americans. We urge you to take the additional

steps outlined in this letter before the end of year and we stand ready to work with the next Congress to continue this vital work.

Sincerely,

2020 Mom

ACTNow for Mental Health

American Academy of Social Work and Social Welfare

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Nurse Anesthesiology

American Association of Psychiatric Pharmacists (AAPP)

American Association on Health and Disability

American Counseling Association

American Foundation for Suicide Prevention

American Mental Health Counselors Association

American Nurses Association

American Occupational Therapy Association

American Psychological Association Services, Inc.

American Therapeutic Recreation Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare, Inc. (AABH)

Association of Maternal & Child Health Programs

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Children's Hospital Association

Clinical Social Work Association

The College for Behavioral Health Leadership

Community Catalyst

Crisis Residential Association

Crisis Text Line

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Emergency Nurses Association

Employees Assistance Professionals Association (EAPA)

Girls Inc.

Global Alliance for Behavioral Health and Social Justice

Inseparable

International OCD Foundation

International Society for Psychiatric Mental Health Nurses

The Jewish Federations of North America

The Kennedy Forum

Maternal Mental Health Leadership Alliance

Meadows Mental Health Policy Institute

Mental Health America

NAADAC, the Association for Addiction Professionals

National Alliance on Mental Illness

The National Alliance to Advance Adolescent Health

National Association for Rural Mental Health



National Association of County Behavioral Health and Developmental Disability Directors  
National Association of Pediatric Nurse Practitioners  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Board for Certified Counselors (NBCC)  
National Disability Rights Network (NDRN)  
National Eating Disorders Association  
National Federation of Families  
National Health Care for the Homeless Council  
National League for Nursing  
National Network of Depression Centers  
National Register of Health Service Psychologists  
Nemours Children's Health  
Network of Jewish Human Service Agencies  
NHMH - No Health w/o Mental Health  
REDC Consortium  
Sandy Hook Promise  
School Social Work Association of America  
SMART Recovery  
The Trevor Project  
Trinity Health  
Trust for America's Health  
Vibrant Emotional Health  
Wounded Warrior Project