

May 6, 2020

The Honorable Nancy Pelosi  
Speaker of the House of Representatives  
U.S. Capitol Building, H-222  
Washington, DC 20515

The Honorable Kevin McCarthy  
House Republican Leader  
U.S. Capitol Building, H-204  
Washington, DC 20515

The Honorable Mitch McConnell  
Senate Majority Leader  
U.S. Capitol Building, H-230  
Washington, DC 20510

The Honorable Charles Schumer  
Senate Democratic Leader  
U.S. Capitol Building, S-221  
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader Schumer and Leader McCarthy:

The undersigned behavioral health, substance use disorder, and health care professional organizations in the Mental Health Liaison Group (MHLG) appreciate the recent actions taken by Congress and the Administration to protect access to treatment for mental health and substance use disorders during this unprecedented time of heightened anxiety and social isolation, and disruption to our healthcare system. As you consider next steps and any subsequent coronavirus relief package, we strongly urge you to make substantial investments and critical policy changes to mitigate the mental health and substance use-related effects of COVID-19.

Too often in our nation's history, mental health and addiction care has been ignored. The pre-COVID-19 crisis of drug, alcohol, and suicide deaths were the devastating result with more lives lost to drug, alcohol, and suicide in 2017 than ever before on record. Now, as COVID-19 strikes our communities and causes a massive increase in mental health and addiction needs<sup>1</sup>, Congress must take immediate action to address them with resources commensurate to the need.

Addressing mental health needs are particularly urgent for our first responders and essential workers, many of whom have experienced significant trauma during the pandemic. More broadly, 56 percent of adults reported that the crisis has negatively impacted their mental health<sup>2</sup>, and text messages to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Disaster Distress Helpline increased 1,000 percent in April.<sup>3</sup> Absent federal government efforts to save and expand upon existing mental health and addiction treatment infrastructure, we can expect a second

---

<sup>1</sup> William Wan, "The coronavirus pandemic is pushing America into a mental health crisis: Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse," The Washington Post, May 4, 2020, <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>.

<sup>2</sup> Kaiser Family Foundation, "KFF Health Tracking Poll - Late April 2020," April 24, 2020, <https://www.kff.org/report-section/kff-health-tracking-poll-late-april-2020-economic-and-mental-health-impacts-of-coronavirus/>.

<sup>3</sup> Paige Winfield Cunningham, "Texts to federal government mental health hotline up roughly 1,000 percent," The Washington Post, May 4, 2020, <https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2020/05/04/the-health-202-texts-to-federal-government-mental-health-hotline-up-roughly-1-000-percent/5eaac16c602ff15fb0021568/>.

wave of deaths from suicide and drug overdose. Indeed, based on research on the effects of previous economic downturns, the Meadows Mental Health Policy Institute estimates that, each year, an additional 18,000 Americans could die from suicide and more than 22,000 from drug overdose if unemployment rate increases to 23 percent.<sup>4</sup> If the unemployment rate reaches 32 percent as projected by the Federal Reserve Bank of St. Louis<sup>5</sup>, there could be an additional 58,000 deaths a year. Indeed, drug overdose rates already appear to be surging across the country.<sup>6</sup> Given the significant time and effort that Congress has spent in reducing overdose deaths, it should not stand by and allow this progress to be undone.

These estimates do not include longer-term deaths associated with increased use of alcohol and other substances or rising social and economic costs associated with untreated mental health and substance use disorders, which will hinder the U.S. recovery.<sup>7</sup>

Because mental health and substance use disorders can be successfully treated if they are identified early and people can access services, we request that Congress take the following actions now as part of any phase four COVID-19 relief package:

- **Appropriate at least \$38.5 billion in emergency funding to organizations that primarily treat individuals with mental health and substance use disorders and use evidence-based practices**, with a significant portion of these emergency funds set aside for organizations enrolled in Medicaid. Many of these organizations are at risk of closing their doors at a time when the need for their services is expected to skyrocket. Some of these organizations have projected losing nearly \$40 billion in revenue while also reporting increased expenses associated with increased staff overtime to meet patient need, increased need for personal protective equipment (PPE), and the implementation of telehealth services.

To date, disbursements from the Public Health and Social Services Emergency Fund have largely excluded behavioral health providers, leaving our community behavioral health system on the brink of collapse. To avert a disastrous exacerbation of our nation's pre-existing mental health and substance use crisis, it is imperative that Congress prioritize the financial security and viability of

---

<sup>4</sup> Meadows Mental Health Policy Institute, "Projected COVID-19 MHSUD Impacts, Volume 1: Effects of COVID-Induced Economic Recession (COVID Recession)," April 21, 2020, <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf>.

<sup>5</sup> Miguel Faria-e-Castro, "Back-of-the-Envelope Estimates of Next Quarter's Unemployment Rate," Federal Reserve Bank of St. Louis, <https://www.stlouisfed.org/on-the-economy/2020/march/back-envelope-estimates-next-quarters-unemployment-rate>.

<sup>6</sup> Kate Briquet, "Don't Forget the Other Pandemic Killing Thousands of Americans: Authorities nationwide are reporting an uptick in fatal opioid overdoses during social distancing," The Daily Beast, May 4, 2020, <https://www.thedailybeast.com/opioid-deaths-surge-during-coronavirus-in-americas-overdose-capitals>.

<sup>7</sup> McKinsey & Company, "Returning to resilience: The impact of COVID-19 on mental health and substance use," April 2020, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health>.

behavioral health treatment. Doing so will help ensure these essential treatment providers can keep the lights on and continue providing life-saving services to Americans in need.

- **Appropriate \$10 billion in emergency funds to meet skyrocketing mental health and addiction needs in their communities.** With the recent hard-won progress in reducing overdose deaths, Congress should not allow these gains to be lost. Congress needs to provide additional emergency, flexible funds to states via SAMHSA to meet rising needs and prevent widespread state and local budget cuts to mental health and addiction services. Without dedicated funds to support behavioral health, discretionary mental health and addiction programs will likely be on the chopping block once again due to the stigma associated with these conditions and their too-often overlooked impact.

Indeed, during the Great Recession, when state revenues dropped an average of 11 percent<sup>8</sup>, states were forced to deeply cut mental health and addiction services, including emergency services, crisis intervention and stabilization services, case management, and even access to psychiatric medications.<sup>9</sup> Mental health and drug courts were also cut, undercutting criminal justice reform efforts. State revenue losses could easily reach 20 percent during the current crisis. A cut of this magnitude to the estimated nearly \$43 billion in non-Medicaid state and local mental health and addiction spending would represent approximately \$9 billion.<sup>10</sup> Given the large increases in mental health and addiction needs associated with the pandemic – including recent significant increases in overdose deaths in communities in Ohio<sup>11</sup>, Florida<sup>12</sup>, Texas<sup>13</sup>, Pennsylvania<sup>14</sup>, and New York<sup>15</sup> – emergency assistance of this amount is all the more warranted.

*We further ask that Congress authorize SAMHSA to provide direct funding to peer- and family community organizations, which are essential to expanding evidence-based harm reduction, recovery, and family support services, to help defray the cost of providing and expanding online peer-based group and individual support.*

---

<sup>8</sup> Data from Figure 1 of Pew Trusts, ‘Lost Decade’ Casts a Post-Recession Shadow on State Finances, June 4, 2019, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2019/06/lost-decade-casts-a-post-recession-shadow-on-state-finances/>.

<sup>9</sup> National Alliance on Mental Illness, State Mental Health Cuts: A National Crisis, March 2011, <http://il.nami.org/NAMISateBudgetCrisis2011.pdf>.

<sup>10</sup> Substance Abuse and Mental Health Services Administration, Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2010, October 2014, <https://store.samhsa.gov/product/Projections-of-National-Expenditures-for-Treatment-of-Mental-and-Substance-Use-Disorders-2010-2020/SMA14-4883>.

<sup>11</sup> The Daily Beast.

<sup>12</sup> “Jacksonville overdose calls increased 20% in March,” News4Jax, April 13, 2020, <https://www.news4jax.com/news/local/2020/04/14/jfrd-jacksonville-overdose-calls-increased-by-20-in-march/>.

<sup>13</sup> Drew Knight, “Williamson County, Austin seeing spike in overdoses from counterfeit prescription pills,” KVUE, April 17, 2020, <https://www.kvue.com/article/news/local/williamson-county-investigating-counterfeit-pills/269-1b7c5666-f630-47db-9146-045886b4b271>.

<sup>14</sup> Talia Kirkland, “Overdose deaths skyrocket in Pennsylvania during COVID-19 pandemic,” CBS 21, <https://local21news.com/news/local/overdose-deaths-skyrocket-in-pennsylvania-during-covid-19-pandemic>.

<sup>15</sup> United States Attorney’s Office Western District of New York, “With Sharp Rise In Fatal Drug Overdoses In Erie County During The Past Month, Buffalo Man Arrested And Charged With Heroin Possession Following Months Of Surveillance,” April 10, 2020, <https://www.justice.gov/usao-wdny/pr/sharp-rise-fatal-drug-overdoses-erie-county-during-past-month-buffalo-man-arrested-and>.

- **Reduce the burden on corrections systems during this crisis by passing H.R. 1329, The Medicaid Reentry Act.** As the number of confirmed COVID-19 cases climbs inside our nation's jails and prisons, thousands of incarcerated individuals are being released to prevent its further spread. People who have been incarcerated, including those with mental illness or addictions, are at high risk of not getting health care and placing additional demands on already overburdened emergency departments and homeless shelters. This legislation would help ensure greater public safety during the crisis by providing health care coverage to people leaving criminal justice settings.
- **Establish and fully fund the three-digit National Mental Health and Suicide Prevention Hotline (9-8-8).** The need is already skyrocketing with hotlines across the country reporting large increases. SAMHSA's Disaster Distress Helpline has experienced an 891 percent increase.<sup>16</sup> Congress should pass H.R. 4194 / S. 2661 to formally designate 9-8-8 as the hotline number and provide \$300 million in funding to make necessary upgrades to legacy switches to make 9-8-8 fully operational. An additional \$61 million is needed to increase Lifeline capacity. We also urge you to pass H.R. 4564 and provide \$55 million in funding to provide assurance and pilot innovative technologies, Finally, we urge you to pass H.R. 4585 and provide \$10 million in funding for a suicide prevention media campaign. Such basic investment in suicide prevention has never been more urgently needed.
- **Ensure telehealth coverage in ERISA plans during the duration of the public health emergency.** We urge you to pass H.R. 6644 (Schrier/Roe), which would require ERISA plans to cover services delivered via telehealth to be reimbursed in the same way services delivered in-person, during the COVID-19 public health emergency. Many Americans' health plans do not fully cover telehealth services, causing them to either go without care or to risk their health by attempting to get in-person services. This is particularly the case with ERISA plans. While many insurers have expanded telehealth coverage on their own or in response to state orders, self-insured ERISA plans in which an insurer operates as a third-party administrator represent a very large gap in telehealth coverage, particularly because approximately 60 percent of covered workers are in self-insured plans.<sup>17</sup>
- **Address the shortage of mental health and addiction professionals while also providing education and employment opportunities for unemployed Americans.** More than 30 million Americans have filed for employment in the last six weeks. Given this astronomical increase and the sizeable shortage of mental health and addiction professionals, Congress should double (an increase of \$138.9

<sup>16</sup> Mike Levine, "Calls to US Helpline jump 891%, as White House is warned of mental health crisis: Some federal officials worry the U.S. isn't prepared to meet nation's needs," ABCNews, April 7, 2020, <https://abcnews.go.com/Politics/calls-us-helpline-jump-891-white-house-warned/story?id=70010113>.

<sup>17</sup> Kaiser Family Foundation, "2018 Employer Health Benefits Survey," October 3, 2018, <https://www.kff.org/report-section/2018-employer-health-benefits-survey-section-10-plan-funding/>.

million) the Health Resources and Services Administration's Behavioral Health Workforce Development Programs, including Behavioral Health Workforce Education and Training (BHWET), to help create employment opportunities for Americans in behavioral health. BHWET alone supports 6,200 behavioral health professionals at over 2,300 training sites across the country.<sup>18</sup>

- **Increase Medicaid FMAP an additional 5.8 percentage points.** We greatly appreciate Congress' success in already boosting Medicaid's Federal Medical Assistance Percentage (FMAP) by 6.2 percentage during this public health emergency, but we further urge Congress to provide an additional 5.8 percentage point increase in the FMAP as recommended by the National Governors Association in its March 19, 2020 letter. Medicaid is the single largest payer for mental health services in the country and increasingly plays a larger role in the reimbursement of substance use disorder services.

Thank you for your consideration of these recommendations and your ongoing commitment to ensure Americans with mental health and substance use concerns can access the care they need.

Sincerely,

American Art Therapy Association  
American Association for Geriatric Psychiatry  
American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
American Association of Suicidology  
American Association on Health and Disability  
American Dance Therapy Association  
American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Psychiatric Association  
American Psychological Association  
Anxiety and Depression Association of America  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral Health and Wellness  
Centerstone  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
College of Psychiatric and Neurologic Pharmacists (CPNP)  
Confederation of Independent Psychoanalytic Societies  
Council on Social Work Education  
Depression and Bipolar Support Alliance

---

<sup>18</sup> Department of Health and Human Services, Health Resources and Services Administration: Fiscal Year 2021 Justification of Estimates for Appropriations Committees, <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>.

Eating Disorders Coalition for Research, Policy & Action  
Education Development Center  
EMDR International Association  
Global Alliance for Behavioral Health and Social Justice  
IC&RC (International Certification & Reciprocity Consortium)  
International OCD Foundation  
(The) Jewish Federations of North America  
Mental Health America  
NAADAC, the Association for Addiction Professionals  
National Alliance on Mental Illness  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health (NACBH)  
National Association for Rural Mental Health  
National Association of County Behavioral Health and Developmental Disability  
Directors  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Council for Behavioral Health  
National Eating Disorders Association  
National Federation of Families for Children's Mental Health (NFFCMH)  
National League for Nursing  
National Register of Health Service Psychologists  
Peg's Foundation\*  
Postpartum Support International  
Psychotherapy Action Network  
Residential Eating Disorders Coalition  
SMART Recovery  
Steinberg Institute\*  
The Kennedy Forum  
The National Alliance to Advance Adolescent Health  
The Trevor Project  
Treatment Advocacy Center\*  
Trinity Health  
Trust for America's Health  
Well Being Trust\*

*\*not members of MHLG*