

June 22, 2020

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 Leader McConnell and Leader Schumer:

The undersigned behavioral health and health care professional organizations in the Mental Health Liaison Group (MHLG) appreciate the assertive action taken by Congress to address the unprecedented health and economic effects of the COVID-19 pandemic. Despite your multiple efforts, however, critically needed resources have yet to reach the organizations, practices and programs that need them to provide mental health and substance use care and treatment. As you consider the next 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 and the impact on individuals and families and the economic impacts on the providers they rely on for their care.

Too often in our nation's history, mental health and addiction care has been ignored. Even before COVID-19, our country was experiencing a mental health, substance use, and suicide crisis that had the devastating result of more lives lost to drugs, alcohol, and suicide in 2017 than ever before. The Congress worked hard with our organizations in an attempt to address these crises and together we made some needed progress. However, that progress is now at risk.

Today, thirty-six percent of Americans are showing symptoms of anxiety or depressive disorders with greater increases for Black and Asian Americans in recent weeks<sup>1</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>2</sup> The American Medical Association reports that more than 30 states have already seen increases in opioid-related deaths.<sup>3</sup> And a recent report from Well Being Trust and the Robert Graham Center estimates that, without action, our nation may experience tens of thousands of additional deaths from drugs, alcohol, and suicide.<sup>4</sup>

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<sup>1</sup> May 28 – June 2 Symptoms of Anxiety Disorder or Depressive Disorder, *U.S. Census Bureau*, Household Pulse Survey, 2020, <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>; Alyssa Fowler and William Wan, "Depression and Anxiety spiked among black Americans after George Floyd's death," *The Washington Post*, June 12, 2020, <https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/>.

<sup>2</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/5eaae16c602ff15fb0021568/>.

<sup>3</sup> "Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic," *American Medical Association*, June 8, 2020, <https://www.ama-assn.org/system/files/2020-06/issue-brief-increases-in-opioid-related-overdose.pdf>.

<sup>4</sup> Petterson, Steve et al. "Projected Deaths of Despair During the Coronavirus Recession," *Well Being Trust*, May 8, 2020, [https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT\\_Deaths-of-Despair\\_COVID-19-FINAL-FINAL.pdf](https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf).

We do not need to accept the toll of untreated mental health and addictions, particularly for our first responders and essential workers, many of whom have experienced significant trauma during the pandemic. We should invest in saving and expanding our infrastructure for mental health and substance use services and supports. We recommend the following:

- **Ensure relief for behavioral health providers through the Public Health and Social Services Emergency Fund.** It is vital that Congress ensure that behavioral health providers receive at least \$38.5 billion in urgently needed emergency assistance from the Public Health and Social Services Emergency Fund. While Congress has made clear that this was its intent, to date, disbursements from the Fund have been confusing and continue to largely exclude behavioral health providers, leaving an already underfunded community behavioral health system and many solo providers in danger. **It is critical that the Senate include provisions in its next COVID-19 relief bill that ensure behavioral health providers are allocated the emergency assistance they need.**
- **Appropriate \$4 billion in emergency funds to meet skyrocketing mental health and addiction needs in local communities.** With the recent hard-won progress in reducing overdose deaths, Congress should not allow these gains to be lost. The Senate should provide 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.

During the Great Recession, when state revenues dropped an average of 11 percent<sup>5</sup>, states deeply cut mental health and addiction services, including emergency services, crisis intervention and stabilization services, case management, and access to psychiatric medications.<sup>6</sup> Mental health and drug courts were also cut, undercutting criminal justice reform efforts. State revenue losses will likely be even larger during the current crisis. To illustrate, a 10 percent cut by states to the nearly \$43 billion in non-Medicaid state and local mental health and addiction spending would represent approximately \$4.3 billion.<sup>7</sup> Therefore, \$4 billion in emergency funding to states is justified, particularly given the unique mental health effects of the current crisis. We recommend this funding be primarily distributed through an

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<sup>5</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>6</sup> National Alliance on Mental Illness, State Mental Health Cuts: A National Crisis, March 2011, <http://il.nami.org/NAMISateBudgetCrisis2011.pdf>.

<sup>7</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>.

additional \$1.5 billion for the Community Mental Health Services Block Grant and an additional \$2 billion for the Substance Abuse Prevention and Treatment Block

Grant. Our organizations also support additional resources for other behavioral health needs addressed in H.R. 6800, including increases to the Suicide Prevention Lifeline.

We further ask that Congress authorize SAMHSA to provide direct funding to peer-run organizations and family community organizations to expand evidence-based harm reduction, recovery, and family support services, including through direct funding to sponsoring organizations, to help defray the cost of online peer-based group and individual support.

- **Improve the health and mental health of newly released justice-involved individuals during this crisis by including 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 health conditions and substance use disorders, are at high risk of not getting health care and placing additional demands on already overburdened emergency departments and homeless shelters. This legislation, included in H.R. 6800, would further Congressional efforts on criminal justice reform and help ensure people will not re-enter the criminal justice system during the crisis by providing health care coverage to people leaving these settings.
- **Ensure Continued Access to Telehealth After COVID-19 Emergency.** Congress was quick to recognize the necessity of providing telehealth access during the COVID-19 crisis by ensuring HHS would have the necessary authority to make it possible. Since then, the Centers for Medicare and Medicaid Services has strengthened access to high-quality mental health and substance use disorder care through emergency regulations that provide flexibility for telehealth in Medicaid, Medicare, CHIP, and other federally funded and subsidized health programs. The Mental Health Liaison Group recently wrote to Administrator Seema Verma asking CMS to establish at least a one-year transition period, beginning once the emergency declaration is terminated, to retain the current telehealth flexibilities for behavioral health services, including those relating to audio-only phone telehealth, and to plan for how some or all might be extended permanently. We urge Congress both to ensure that CMS has all the necessary authorities to extend these flexibilities after the emergency declaration ends and to eliminate originating site and geographic restrictions to ensure expanded future telehealth access.
- **Increase Medicaid FMAP an additional 7.8 percentage points.** We greatly appreciate Congress' success in already boosting Medicaid's Federal Medical Assistance Percentage (FMAP) by 6.2 percentage points during this public health emergency, but we further urge the Senate to support an additional 7.8 percentage-point increase in the FMAP. As made clear by the National Governors Association in its March 19, 2020 letter, FMAP is

critical to helping states weather the current crisis. This is particularly important since 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 urgently 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 Child and Adolescent Psychiatry  
American Association of Suicidology  
American Association on Health and Disability  
American Counseling Association  
American Dance Therapy Association  
American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Mental Health Counselors Association  
American Psychiatric Association  
American Psychiatric Nurses Association  
American Psychoanalytic Association  
American Psychological Association  
Anxiety and Depression Association of America  
Association for Ambulatory Behavioral Healthcare (AABH)  
Association for Behavioral Health and Wellness  
Centerstone  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
Confederation of Independent Psychoanalytic Societies  
Depression and Bipolar Support Alliance  
Eating Disorders Coalition for Research, Policy & Action  
Education Development Center  
EMDR International Association  
Global Alliance for Behavioral Health & Social Justice  
Global Alliance for Behavioral Health and Social Justice  
International OCD Foundation  
The Kennedy Forum  
Lakeshore Foundation\*  
Maternal Mental Health Leadership Alliance  
Mental Health America

The National Alliance to Advance Adolescent Health  
National Alliance on Mental Illness  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health  
National Association for Rural Mental Health  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association of School Psychologists  
National Association of Social Workers  
National Association of State Mental Health Program Directors (NASMHPD)  
National Council for Behavioral Health  
National Eating Disorders Association  
National Federation of Families for Children's Mental Health  
National League for Nursing  
National Register of Health Service Psychologists  
Psychotherapy Action Network  
Residential Eating Disorders Consortium  
School Social Work Association of America  
SMART Recovery  
Steinberg Institute\*  
Treatment Advocacy Center\*  
The Trevor Project  
Well Being Trust\*

\* Not a MHLG member