

December 1, 2020

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

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

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

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

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

The undersigned members of the Mental Health Liaison Group (MHLG) – a coalition of national organizations representing consumers, family members, mental health and substance use treatment providers, advocates and payers committed to strengthening access to mental health care and substance use treatment – urge Congress to take urgent actions to address the unprecedented mental health and substance use effects of the COVID-19 pandemic. Since the enactment of CARES Act in March, these effects have grown significantly and are rapidly undoing the hard-fought progress that Congress had made previously to address the long-standing mental health, addiction, and suicide crises.

Today, thirty-seven percent of Americans are showing symptoms of anxiety or depressive disorders with greater increases for Black and Latino Americans.<sup>1</sup> The American Medical Association reports that more than 40 states have already seen increases in opioid-related deaths.<sup>2</sup> Data from the CDC shows one in four young adults between the ages of 18 and 24 have considered suicide.<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>

We must not accept the toll of untreated mental health and substance use disorders, particularly for our first responders and essential workers, many of whom have experienced significant trauma during the worsening pandemic, for youth and young adults who are struggling, and for Black, Latino, and other communities of color who have disproportionately been affected by COVID-19.

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<sup>1</sup> October 14-26 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> “Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic,” *American Medical Association*, October 31, 2020, <https://www.ama-assn.org/system/files/2020-06/issue-brief-increases-in-opioid-related-overdose.pdf>.

<sup>3</sup> Czeisler, Mark E. et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States. Morbidity and Mortality Weekly Report, June 24-30, 2020, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>.

<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 should invest in preserving and expanding our infrastructure for mental health and substance use services and supports to mitigate the effects of COVID-19. We recommend the following:

- **Appropriate at least \$8.5 billion to meet growing mental health and addiction needs in local communities.** Congress should not allow hard-won progress in reducing overdose deaths to be lost. It should provide flexible funds to states via SAMHSA to preserve mental health and addiction services as states face budget crises and rising demands. Of the \$8.5 billion total, \$4 billion should be allocated for the Mental Health Services Block Grant and \$3.5 billion allocated for the Substance Abuse and Prevention Treatment Block Grant. Other funds should be used to expand Certified Community Behavioral Health Clinics, suicide prevention programs, Project Aware, the National Child Traumatic Stress Network, and crisis services. Without these dedicated funds to support behavioral health, discretionary mental health and addiction programs are at risk of severe cuts exactly when they are needed most.

We also 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.

- **Ensure continued access to telehealth.** Congress was quick to providing telehealth access early in 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 successfully increased 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. To build upon the success of telehealth and expand it to more underserved communities, we urge Congress to ensure that CMS has all the necessary authorities to extend telehealth flexibilities for behavioral health services, including audio-only services, after the emergency declaration ends and to permanently eliminate originating site and geographic restrictions.
- **Increase Medicaid FMAP an additional 7.8 percentage points.** We greatly appreciate Congress' success in boosting Medicaid's Federal Medical Assistance Percentage (FMAP) by 6.2 percentage points during this public health emergency, but as states experience significant budget shortfalls, we urge Congress 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 ongoing health and economic 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.
- **Include the Medicaid Reentry Act.** People who have been incarcerated, including those with mental health conditions and substance use disorders, are at high risk of both contracting COVID-19 and of not getting health care upon release, placing additional strains and risks on overburdened emergency departments and homeless shelters. This

legislation, included in H.R. 6800, would provide health care coverage for many individuals re-entering the community and critical access to needed health, mental health and substance use treatment.

- **Include bipartisan suicide prevention and youth mental health legislation.** We also urge you to include the bipartisan suicide prevention and youth mental health legislation that passed the House in October as stand-alone bills. During this unprecedented crisis, it is critical that we act urgently to stem the tide of suicide and also act to help a generation of young people who are struggling with mental health challenges. The following bills take important steps to address these twin issues: The STANDUP Act (H.R. 7293/ S.2492), Mental Health Services for Students Act (H.R.1109/S.1122), Effective Suicide Screening and Assessment in the Emergency Department Act (H.R.4861/S.3006), Pursuing Equity in Mental Health Act (H.R.5469/S.4388), Improving Mental Health Access from the Emergency Department Act (H.R.2519/S.1334), Suicide Prevention Act (H.R.5619/S.3198), Helping Emergency Responders Overcome (HERO) Act (H.R.1646/ S.3244), Suicide Prevention Lifeline Improvement Act (H.R.4564), and the Campaign to Prevent Suicide Act (H.R.4585).

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,

2020 Mom

American Art Therapy Association

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Association of Child and Adolescent Psychiatry

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 Occupational Therapy Association

American Psychiatric Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Behavioral Health and Wellness

Center for Law and Social Policy (CLASP)

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

College of Psychiatric and Neurologic Pharmacists (CPNP)

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Education Development Center  
EMDR International Association  
Emergency Nurses Association  
Girls Inc.  
Global Alliance for Behavioral Health and Social Justice  
International Certification & Reciprocity Consortium  
International OCD Foundation  
Maternal Mental Health Leadership Alliance  
Mental Health America  
NAADAC, the Association for Addiction Professionals  
National Alliance on Mental Illness  
National Alliance to End Homelessness  
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 Pediatric Nurse Practitioners  
National Association of Social Workers  
National Association of State Mental Health Program Directors (NASMHPD)  
National Eating Disorders Association  
National Federation of Families for Children's Mental Health  
National Health Care for the Homeless Council  
National League for Nursing

National Register of Health Service Psychologists  
Postpartum Support International  
Psychotherapy Action Network Advocacy  
Residential Eating Disorders Consortium  
RI International, Inc.  
Sandy Hook Promise  
School Social Work Association of America  
SMART Recovery  
The Carter Center  
The Jewish Federations of North America  
The National Alliance to Advance Adolescent Health  
The National Council for Behavioral Health  
The Trevor Project  
Treatment Communities of America  
Trinity Health  
Trust for America's Health  
Well Being Trust