April 23, 2020

The Honorable Mitch McConnell  
Senator Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Charles Schumer  
Senator Democratic Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
House Republican Leader  
U.S. House of Representatives  
Washington, D.C. 20515

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

As Congress works together on a fourth legislative package to address the devastating impacts of the COVID-19 national emergency, the undersigned organizations urge you to include a federal program to subsidize COBRA continuation coverage for Americans and families that have lost health care coverage due to furloughs and layoffs.

Large-scale disasters, whether traumatic, natural, or environmental are almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse. The Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 left the country with increases in PTSD, stress, and psychological distress in patients and clinicians. It is vital individuals and families have access and coverage for health care for the inevitable challenges and strain this emergency will have on the mental health and well-being of Americans today, months, and years ahead.

As you are aware, 26 million Americans have filed for unemployment, which means millions of individuals and families will be left without health insurance. Although there are options for acquiring new coverage through the Affordable Care Act (ACA) or Medicaid, the transition to a new plan can have negative implications including changes in covered benefits, networks of providers, and restarting a deductible.

For Americans living in states that have not expanded its eligibility criteria, many will fall into the Medicaid coverage gap—having incomes above the Medicaid eligibility limits, but below the limit for ACA premium tax credits. Prior to the national emergency, two million Americans already fell into this coverage gap and we can expect this number to increase rapidly. Although the ACA marketplace is another option, many plans have high deductibles and utilize narrow provider networks. This can make it increasingly difficult for individuals with mental health and substance use

2 Ibid.
disorders to access specialized providers to meet their health care needs.

Similar to the Congressional actions taken in 2003 for trade-dislocated workers and in 2009 as part of the American Recovery and Reinvestment Act (ARRA) for Americans to obtain COBRA, we request Congress once again provide a federal subsidy program for Americans. Given the average premium costs of a 2019 job-based plan were $7,188 for an individual and $20,576 for a family\(^5\), the ability for Americans to maintain this type of coverage is untenable without assistance from the federal government. The importance of shielding individuals and families with health conditions that place them at higher risk for severe illness from COVID-19 and maintain the safety and continuity of care they are currently receiving is paramount.

The undersigned organizations thank you for your continued hard work in protecting Americans access to affordable and comprehensive healthcare during this national emergency. We look forward to working with you during this challenging time.

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 Geriatric Psychiatry
American Association of Suicidology
American Association on Health and Disability
American Counseling Association
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral and Cognitive Therapies
Association for Behavioral Health and Wellness
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association

\(^5\) Ibid.
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Global Alliance for Behavioral Health and Social Justice
Lakeshore Foundation*
Mental Health America
NAADAC, The Addiction Professionals
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Association for Rural Mental Health
National Association of County Behavioral Health & Development
National Association of Social Workers
National Association of State Mental Health Program Directors
National Consumers League*
National Council for Behavioral Health
National Eating Disorders Association
National Federation of Families for Children’s Mental Health
National Health Council*
National Register for Health Service Psychologists
Postpartum Support International
Psychotherapy Action Network (PsiAN)
Residential Eating Disorders Consortium
SMART Recovery
The Kennedy Forum
The Trevor Project

*Denotes a non-MHLG member organization