## Mental Health Liaison Group

January 3, 2017

Hon. Paul Ryan Speaker U.S. House of Representatives 1233 Longworth House Office Building Washington, D.C. 20515

Hon. Nancy Pelosi House Minority Leader 233 Cannon House Office Building Washington, D.C. 20515 Hon. Mitch McConnell Majority Leader U.S. Senate 317 Russell Senate Office Building Washington, D.C. 20510

Hon. Chuck Schumer Senate Minority Leader 322 Hart Senate Office Building Washington, 20510

Dear Speaker Ryan, Majority Leader McConnell, and Democratic Leaders Pelosi and Schumer:

As Congress contemplates reforms to health care insurance coverage in the 115<sup>th</sup> Congress, the undersigned national organizations comprising the Mental Health Liaison Group (MHLG) urge you to preserve access to crucial mental health and substance use disorder services and programs for the millions of Americans living with mental health and substance use disorders, their families, and their communities. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPEA) of 2008 and its extension to the individual and small group market, Medicaid as vital coverage for vulnerable populations, and the provisions of the recently enacted 21<sup>st</sup> Century Cures Act all contribute to our country achieving significant progress in ensuring that people living with mental health and substance use disorders, whether seen in medical or behavioral health settings, have access to care. We urge you to protect the progress Congress has made on parity under MHPEA, the Affordable Care Act (ACA), and the 21<sup>st</sup> Century Cures Act.

The Mental Health Liaison Group (MHLG) is a coalition of dozens of national organizations representing consumers, family members, mental health and substance use treatment providers, advocates, payers, and other stakeholders committed to strengthening Americans' access to mental health and addiction care.

People from across the socio-economic spectrum are impacted by mental illness. From 2010 to 2014, more than 37 million adults ages 18 to 64 had a mental illness. Access to services including prevention, screening, and intervention at early stages—is vital not only to reduce the incidence and severity of mental health and substance use disorders, but also to reduce the costs to the health care system of advanced progressions of these conditions. Even more importantly, we must recognize that untreated behavioral conditions greatly increase total medical costs thus total health care costs. Thus, if we want to reduce healthcare costs in general, we must ensure behavioral health treatment is available to patients. In addition, these services reduce adverse encounters with the criminal justice system and homelessness among these vulnerable populations.

National organizations representing consumers, family members, advocates, professionals and providers c/o Laurel Stine, J.D., American Psychological Association at <a href="https://www.lstine.org">lstine@apa.org</a> and Debbie Plotnick, MSS, MLSP, Mental Health America at <a href="https://dplotnick@mentalhealthamerica.net">dplotnick@mentalhealthamerica.net</a>

It is therefore critical that all health insurance programs provide robust mental health and substance abuse services and patient safeguards. The ACA included important extensions of mental health parity that have increased access to necessary mental health and substance abuse services. Parity and patient safeguards must be maintained and adequately enforced in any changes to the insurance market and Medicaid program.

It is also important to note that the onset of serious mental illness tends to occur in the mid- to late-teens—sometimes resulting in interruptions to education or career progression. The expansion of Medicaid coverage to low-income adults has been extremely beneficial in increasing access to mental health services for a population in critical need but not previously well-served. Low-income adults with serious mental illness are 30 percent more likely to receive treatment if they have Medicaid coverage. Disruption of the Medicaid expansion would cut off these newly served individuals from necessary services and significantly reduce the vital resources necessary to treat people with mental health and substance use disorders. Changes to the Medicaid expansion also should not be viewed in a vacuum. Disruption of the Medicaid expansion in an effort to reduce spending simply will increase other costs to states, including uncompensated healthcare costs and criminal justice expenses.

Further, although states receive federal block grants to fund mental health and substance use disorder services, Medicaid is the single largest payer of behavioral health services in the United States. The mental health block grant covers, on average, only about one percent of the costs of mental health services to states, and the substance use disorder block grant covers only about one-third of the cost of those services in the states. Medicaid offsets one-third of costs in both programs. Any reduction in Medicaid funding or changes to the Medicaid Expansion would significantly impair access to needed behavioral health services.

The MHLG applauds Congress for its recent work to integrate medical and behavioral health services, in recognition of the fact that treating the whole person reduces co-occurring medical conditions among individuals with behavioral health conditions and behavioral health conditions among individuals with chronic medical conditions—tragically, comorbidities that shorten lives by a decade or more. These efforts and other Congressional measures to ensure that people with mental health and substance use disorders get the help they need across the continuum of care are complemented and supported by the ACA and Medicaid. **The movement toward addressing the whole health of enrollees in an integrated manner should be retained in any changes to the health insurance market and Medicaid program.** 

We look forward to working with each of you to ensure that gains achieved in access to mental health and substance use services, parity of those services with medical/surgical services, and the integration of behavioral health services with medical services are not lost in any new reforms advanced by Congress.

Sincerely,

American Art Therapy Association American Association of Child and Adolescent Psychiatry American Association on Health and Disability \* American Association for Marriage and Family Therapy American Dance Therapy Association American Foundation for Suicide Prevention American Group Psychotherapy Association American Mental Health Counselors Association American Psychiatric Association American Psychological Association Anxiety and Depression Association of America Association for Ambulatory Behavioral Healthcare Bazelon Center for Mental Health Law Campaign for Trauma-Informed Policy and Practice \* Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD) Clinical Social Work Association Clinical Social Work Guild 49, OPEIU **Depression and Bipolar Support Alliance** Eating Disorders Coalition EMDR International Association \* Global Alliance for Behavioral Health and Social Justice (formerly the American **Orthopsychiatric Association**) International Certification and Reciprocity Consortium The Jewish Federations of North America Mental Health America (MHA) NAADAC, the Association for Addiction Professionals National Alliance on Mental Illness (NAMI) National Alliance to Advance Adolescent Health National Alliance to End Homelessness National Association for Children's Behavioral Health National Association for Rural Mental Health (NARMH) National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) National Association of Social Workers National Association of State Mental Health Program Directors (NASMHPD) National Coalition for Maternal Mental Health National Council for Behavioral Health National Federation of Families for Children's Mental Health National Health Care for the Homeless Council \* National League for Nursing National Multiple Sclerosis Society \* The National Register of Health Service Psychologists No Health without Mental Health (NHMH) Sandy Hook Promise The Trevor Project Trinity Health of Livonia, Michigan Young Invincibles \*

\*affiliate member