



April 26, 2019

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The Honorable Nita Lowey  
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The Honorable Rosa DeLauro  
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U.S. House of Representatives  
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The Honorable Kay Granger  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
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The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, HHS, Education, and Related  
Agencies  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairwoman Lowey, Ranking Member Granger, Chairwoman DeLauro, and Ranking Member Cole:

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 38,500 psychiatric physicians nationwide, we thank the Committee for your commitment to sustained and expanded mental health and substance use disorder services.

The National Institute of Mental Health estimates that 46.6 million Americans experienced a mental illness in 2017,<sup>1</sup> of which 11.2 million are living with a serious mental illness.<sup>2</sup> In the same year, an estimated 10.6 million adults had thoughts of suicide<sup>3</sup> and an estimated 47,000 completed suicide.<sup>4</sup> This public health crisis is occurring at epidemic proportions, as thousands also continue to die from opioid and other substance use disorders every year. Untreated, mental illnesses impose a costly burden on families, communities, and to the broader health care and social service systems. The World Economic Forum projects that mental health disorders will cost nations \$16.3 trillion between 2011 and 2030, representing a staggering stress on economic productivity.<sup>5</sup> Funding programs that improve access to treatment and research will benefit the economy and reduce other health care costs.

<sup>1</sup> National Institute of Mental Health, Mental Health Information-Statistics. Any Mental Illness (AMI) Among Adults. Accessed April 5, 2019. <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>

<sup>2</sup> NIMH. Any Mental Illness (AMI) Among Adults. Accessed April 5, 2019.

<sup>3</sup> The Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. Accessed April 5, 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFRR2017/NSDUHFRR2017.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Fatal Injury Reports, National, Regional and State (1981-2017). Accessed April 25, 2019. <https://www.cdc.gov/injury/wisqars/fatal.html>

<sup>5</sup> Bloom, D. E., Cafiero E.T., Jane-Llopis E., Abrahams-Gessel S., Bloo, L. R., Fathima S (2011). The Global Economic Burden of Noncommunicable Diseases. Accessed on April 23, 2019. [http://www3.weforum.org/docs/WEF\\_Harvard\\_HE\\_GlobalEconomicBurdenNonCommunicableDiseases\\_2011.pdf](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf)

The attached chart lists APA's requests for funding several important mental health and substance use disorder-related efforts. Below, we have highlighted some key areas to which we want to draw the Committee's attention this year.

### **Substance Abuse and Mental Health Services Administration**

APA urges the Committee to increase FY 2020 funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement and sustain evidence-based programs with demonstrated impact in the delivery and financing of prevention, treatment, and recovery services. Several key programs that merit attention include the following:

- APA supports increased funding through the **Community Mental Health Services Block Grant (CMHSBG)**, to enable states to implement evidence-based mental health promotion, prevention, and treatment practices for early intervention of individuals with serious mental illness and children with serious emotional disturbances. ***We join our colleagues in the mental health community in requesting a \$500 million increase.*** Understanding that the Committee must weigh many competing priorities, we recommend that any increase in CMHSBG support also dedicate funding that enables states to strengthen crisis services. The dedicated funding would allow states to implement the services identified in the *Crisis Now* report by the Action Alliance for Suicide Prevention, which have proven effective in reducing costly emergency department boarding, putting law enforcement officers back on the street, and diverting persons with severe mental disorders from incarceration. ***APA urges the Committee to provide a five percent set-aside (\$35 million based on current funding) as part of an equivalent increase to the CMHSBG.*** The resources provided through the dedicated funding would be in addition to those for the National Suicide Prevention Lifeline, which is a fundamental part of the crisis services continuum.
- The **Promoting Integration of Primary and Behavioral Health Care (PIPBHC)** program promotes full integration and collaboration of behavioral and primary healthcare in clinical settings to provide essential primary care services to adults with serious mental illness. Because of this program, more than 100,000 individuals living with a serious mental health and addiction disorder have been screened and treated for and co-occurring physical health conditions and chronic diseases at grantee sites in 40 states. While the Administration proposes eliminating this program and the Primary and Behavioral Health Care Integration (PBHCI) Training and Technical Assistance Center, ***APA urges the Committee to continue your longstanding, bipartisan support of these important programs by funding both the PIPBHC program and PBHC Technical Assistance Center at FY 2019 level funding in FY 2020.***
- **APA urges the Committee to sustain current funding levels for the SAMHSA Center for Mental Health Services Clinical Support System for Serious Mental Illness grant program**, which is fostering innovative efforts to advance evidence-based treatment and recovery support programs for individuals living with serious mental illness (SMI). This important program is enabling APA, in partnership with 29 organizations and individuals, to support the implementation of evidence-based, person-centered pharmacological and psychosocial interventions for individuals with SMI.

- APA is grateful that the Committee provided an increase to the **Minority Fellowship Program** in FY 2019. For almost 50 years, the Minority Fellowship Program has helped facilitate the entry of more racial and ethnic minority medical students and residents into mental health and/or substance use careers and increase the number of health care professionals trained to teach, administer, and provide culturally competent mental health and substance use disorder services within underserved, minority communities. **APA urges the Committee to increase funding for the SAMSHA Minority Fellowship Program to \$14.7 million in FY 2020**, to strengthen diversity in the mental health care profession, help address current and projected behavioral health workforce shortages, and promote needed training for providers to address unmet health disparities.
- SAMHSA supports numerous programs that positively advance children’s mental health and reinforce mental wellness and a healthy development for children. Identifying early signs and providing timely support can improve a child’s life, mitigate worsening symptoms, and minimize negative outcomes like bullying, absenteeism and depression. **APA urges the Committee to continue your support for Children’s Mental Health Services at FY 2019 funding level (\$125 million) in FY 2020.**
- More than 2.1 million people in the United States suffer from an opioid use disorder.<sup>6</sup> Psychiatrists support access to comprehensive, evidence-based care and are uniquely positioned to make an impact in the opioid crisis, in which substance use disorders and mental illness often intersect. **APA urges the Committee to fund the State Opioid Response (SOR) grant program, Certified Community Behavioral Health Clinics Expansion Grants, the Rural Communities Opioid Response Program, and the Medication Assisted Treatment for Prescription Drug and Opioid Addiction Program, at no less than \$1.5 billion, \$150 million, \$230 million and \$89 million, respectively, provided for these important programs in FY 2019.**

### **Health Resources and Services Administration**

In 2017, an estimated 20.7 million Americans needed substance use treatment services. However, approximately 4 million did not seek such treatment.<sup>7</sup> This treatment gap is due in part to the shortage of specialized practitioners in the field of psychiatry and addiction medicine. The Association of American Medical Colleges forecasted a shortfall that could reach an estimated 121,900 practicing physicians,<sup>8</sup> implicating a workforce crisis unable to adequately address the needs, in particular, of the Americans living with a mental illness or substance use disorder.

- In 2018, with strong Congress enacted the **Loan Repayment Program for Substance Use Disorder Treatment Workforce** as part of the SUPPORT for Patients and Communities Act, to address the severe shortage of physicians and other health care professionals who treat individuals living with an addiction. **APA requests the Committee launch the program in FY 2020 with an initial investment of \$25 million**, to

<sup>6</sup> The Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. Accessed April 5, 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHF2017/NSDUHF2017.pdf>

<sup>7</sup> The Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. Accessed April 5, 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHF2017/NSDUHF2017.pdf>.

<sup>8</sup> The Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections from 217-2032. Accessed April 24, 2019. [https://aamc-black.global.ssl.fastly.net/production/media/filer\\_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019\\_update\\_-\\_the\\_complexities\\_of\\_physician\\_supply\\_and\\_demand\\_-\\_projections\\_from\\_2017-2032.pdf](https://aamc-black.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf)

promote expansion of the substance abuse treatment workforce by providing loan repayment for mental health professionals working in high-need communities or federally designated mental health professional shortage areas.

- In addition, ***APA encourages the Committee to provide \$10 million for the Mental and Substance Use Disorder Workforce Training Demonstration Program authorized in the 21st Century Cures Act.*** The program would award grants to institutions to support training for medical residents and fellows in psychiatry and addiction medicine, who are willing to provide substance use disorder treatment in underserved communities.
- Through the National Health Service Corps (NHSC) program, over 11.4 million patients at NHSC-approved health care sites in urban and rural areas have access to mental, dental and primary care services. NHSC provides important funding to help ease the shortage and maldistribution of health professionals', while meeting the health care needs of underserved communities. Nonetheless, mental health professional shortage areas remain short of 6000 practitioners they need. ***APA urges the Committee to maintain these critical resources by funding the NHSC in FY 2020, and include \$310 million in newly mandatory funding,*** to expand access to treatment to reduce prescription drug abuse and heroin use and expand access to mental health care through the National Health Service Corps

#### **National Institutes of Health**

As psychiatrists, and in coalitions with mental health professionals, we support the Committee continuing to make significant investments in NIH, including the three institutes that remain biomedical research leaders in advancing treatment of mental health, substance use, and alcohol abuse – National Institutes of Mental Health, National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism. The APA thanks the Committee for your support for funding the National Institutes of Health and ***supports a 5 percent (\$2.5 billion) increase for the NIH in FY 2020*** – equal to the cost of biomedical research inflation – to ensure that NIH-funded research can continue to improve our nation's health. Furthermore, we encourage the committee to sustain and enhance funds for the Precision Medicine Initiative / All of Us program, to expand research to include mental health and substance use, facilitating individualized prevention, treatment, and care.

#### **Agency for Healthcare Research and Quality**

The Agency for Healthcare Research and Quality (AHRQ) functions as a reputable data-driven source of information, a vital benefit to all whom can apply it in improving the quality, safety, and efficiency of health care. For psychiatry, this is particularly important in providing patients, families, and health professionals with a comprehensive knowledge of current cost-effective treatments. Mental disorders are themselves associated with significant costs, and frequently co-occur with multiple medical conditions, leading to increased cost of care and potentially poorer outcomes. Research is critical in identifying best practices to reduce costs and ensure medical progress into better care. AHRQ is the singular federal agency to support research examining real-world settings, resulting in data demonstrating clinical practices for individuals with mental comorbidity and chronic illness, the impact of atypical antipsychotic use on elderly health care, and federal initiatives to lower medical errors. ***APA supports funding of \$460 million to sustain AHRQ as a standalone agency within HHS,*** to continue its critical research mission to make health care safer, more affordable, and accessible to all.

### **Centers for Disease Control and Prevention**

Gun violence is a serious public health epidemic resulting in the senseless death of an estimated 11,900 Americans last year. As we work to address the devastating and long-lasting emotional effects of gun violence on victims and their families, we are hampered by the lack of evidence-based research to point our communities towards proven gun violence prevention programs. ***APA request \$50 million in new funding for public health research to study firearm-related fatalities, injuries and prevention.***

As psychiatric physicians, we thank you for the Committee's leadership in investing in health care, particularly for individuals living with a mental illness, including substance use disorders. We realize you must divide limited resources between many worthy programs and respectfully request that you prioritize the mental health resources that are fundamentally important to the health and future of millions of Americans. APA is committed to working with you to continue to strengthen access to necessary and appropriate care for mental health and substance use disorders.

Thank you for your consideration of these requests.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin" followed by "M.D., M.P.A." in smaller letters. The signature is written in a cursive style.

Saul Levin, M.D., M.P.A.

CEO and Medical Director

Cc: Members, House Appropriations Committee and Labor-HHS-Education Appropriations Subcommittee