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The Honorable Robert Aderholt
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Subcommittee on Labor, HHS and
Education Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS and
Education Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,000 psychiatric physicians, I thank the subcommittee for its continued commitment to providing sustained, reliable funding to support the delivery of robust mental health and substance use disorder (MH/SUD) diagnosis and treatment to our patients. As the United States continues to experience a profound crisis of mental health and well-being, with nearly 400 Americans dying by suicide or overdose each day¹, your leadership and continued focus on the nation's MH/SUD-related funding needs will be critical.

As you prepare the Fiscal Year 2024 (FY2024) Departments of Labor, Health and Human Services, Education and Related Agencies appropriations legislation and consider funding levels for the coming fiscal year, it is imperative that you continue to invest in programs that support the delivery of high quality, evidence-based MH/SUD services. Below, we have highlighted key areas to which we want to draw the subcommittee's attention for FY 2024.

Mental Health Parity

Increased rates of MH/SUD have left many Americans urgently in need when it comes to accessing MH/SUD treatment and services. Unfortunately, many patients are still denied coverage because their health insurance plans are out of compliance with the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA), despite it having been law for over a decade. In fact, a 2022 report from the Department of Labor (DOL) demonstrated major compliance problems for every health plan and insurer examined², leaving millions of beneficiaries struggling to obtain care to which they are entitled under the law. The inclusion of additional parity reporting requirements in the Consolidated Appropriations Act, 2021 represented an important first step in ensuring compliance with the law. However, given how poorly plans and insurers have performed when submitting those reports, and the numerous other violations found, it is essential that DOL has sufficient resources to ensure compliance.

Within the Department of Labor, the Employee Benefits Security Administration (EBSA), is responsible for ensuring that employer-sponsored health plans comply with

¹ <https://www.cdc.gov/nchs/fastats/drug-overdoses.htm>

² <https://www.dol.gov/newsroom/releases/ebsa/ebsa20220125>

MHPAEA. While EBSA has done an admirable job with the limited resources available to them, they are simply not equipped to fully secure compliance without funding that is directed specifically at parity compliance. Analysis of compliance under MHPAEA is too complex for staff to only work on it part time; EBSA needs investigators and regional office staff whose full-time job is to work on MHPAEA. **To ensure EBSA has sufficient resources, and accordingly, that participants and beneficiaries have the coverage to which they are entitled under the law, we ask the subcommittee to support the highest possible funding level specifically for parity compliance at EBSA in FY 2024.** In addition, we suggest report language to ensure EBSA continues to take meaningful steps that bring plans fully in line with existing requirements, including the hiring of additional staff to focus exclusively on MHPAEA compliance, creation of templates and tools for collecting comparative analyses, and production of materials for plan participants to inform them of potential violations, how to file a complaint, and educate them about their options if they receive notification that their plan is non-compliant.

In addition, we respectfully ask that you fully appropriate the \$10 million in grant funding to state insurance departments for implementation of the MHPAEA grant authorization included in the Consolidated Appropriations Act, 2023 (CAA). The language in the CAA was based on the Parity Implementation Assistance Act ([H.R. 3753/S. 1962](#)) and identical to what passed the House with 402 votes in the Restoring Hope for Mental Health and Well-Being Act of 2022 ([H.R. 7666](#)). State insurance departments are the frontline enforcers of the law for individual plans and any policy sold to an employer by an insurer. While several states have been active in parity enforcement, there are many more that are eager to begin to enforce the law or to enforce it more effectively. Last year Congress identified the need for additional parity-implementation funding to state insurance departments and followed through by authorizing this grant program. Given the high anticipated demand for these grants on the part of many state insurance departments, we encourage the subcommittee to allocate the fully authorized amount.

Substance Abuse and Mental Health Services Administration

Acknowledging the alarming rates of suicide, record overdose rates, and increased depression and anxiety across nearly all ages and demographics, APA urges the subcommittee to increase FY 2024 funding for the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMSHA funding is essential to implement and sustain evidence-based programs that provide delivery and financing of prevention, treatment, and recovery services. Several key programs that warrant additional funding and attention from the committee include:

- The **Promoting Integration of Primary and Behavioral Health Care (PIPBHC)** program supports integration and collaboration of behavioral and primary healthcare in clinical settings to provide essential primary care services to adults with serious mental illness. Through this program, more than 100,000 individuals living with a serious MH/SUD have been screened and treated for co-occurring physical health conditions and chronic diseases at grantee sites in 40 states. The FY23 Omnibus authorized the program to expand the scope of their work to include financial support and technical assistance for primary care practices to implement the Collaborative Care Model (CoCM). The CoCM is an evidence-based model that integrates mental health care within the primary care setting and features a primary care physician, a psychiatric consultant, and care manager working together in a coordinated fashion. The model is supported by over 90 research studies demonstrating its clinical efficacy, cost savings potential, and capacity to increase the number of patients being treated for MH/SUD relative to traditional 1:1 treatment. Despite its strong evidence base and availability of reimbursement, uptake of the CoCM by primary care physicians and practices remains low due to the up-front costs associated with implementation. Additionally, many primary care physicians and practices may be interested in adopting the model

but need implementation assistance. **APA sincerely appreciates the President's request to provide the PBCHI \$102.9 million in 2024, which underscores the significance of this program, and we urge the subcommittee to appropriate no less than \$60 million for this important program, the amount authorized in the FY23 Omnibus (P.L. 117-328). Of this amount, we request that \$2.91 million be provided for Technical Assistance to support primary care practices in effectively implementing the model.** Funding these programs at the full authorization level, is an important first step towards ensuring that integrated behavioral and primary care model with the strongest evidence base on improving health outcomes and increasing access is more widely implemented.

- The **Community Mental Health Services Block Grant (CMHSBG)** helps enable states to implement evidence-based mental health promotion, prevention, and treatment practices for early intervention with individuals with serious mental illness and children with serious emotional disturbances. **APA encourages the subcommittee to continue its longstanding bipartisan support for the CMHSBG by increasing support above the FY 23 appropriation of \$986 million and also requests that the set-aside for evidence-based crisis services be increased from 5%, to 10%.** These services for patients in crisis have proven effective in reducing costly emergency department boarding, freeing law enforcement officers from managing MH/SUD patients in crisis, and diverting patients with severe mental disorders away from the criminal justice system into appropriate treatment and care. With the launch of the new 988 hotline number last year, resources for these crisis response services are vitally needed, including flexible dollars like those the CMHSBG provides.
- **APA urges the subcommittee to provide funding of \$15.8 million for SAMHSA's Practice Improvement and Training Programs, an increase of \$8 million which is aligned with the President's Budget Request.** These programs, which include the SAMHSA Center for Mental Health Services Clinical Support System for Serious Mental Illness grant program, foster innovative efforts to advance evidence-based treatment and recovery support programs for individuals living with serious mental illness (SMI) and enable APA, in partnership with 29 organizations and individuals, to support all clinicians and mental health professionals nationally to deliver evidence-based, person-centered pharmacological and psychosocial interventions for individuals with SMI.
- APA is grateful that the subcommittee has provided increases to the **Minority Fellowship Program (MFP)** over the past few appropriations cycles. For almost 50 years, the Minority Fellowship Program has helped facilitate the entry medical students and residents from minoritized ethnic and racial backgrounds into mental health and/or substance use careers and increased the number of health care professionals trained to teach, administer, and provide culturally competent MH/SUD services within underserved, minoritized communities. **APA urges the subcommittee to continue its strong support for the MFP by funding at the full amount authorized in the 2023 CAA, \$25 million.** This increase in funding will enable us to strengthen diversity in the mental health profession, help address current and projected mental health workforce shortages and promote needed training for providers to address health disparities.
- SAMHSA supports **numerous programs that positively advance children's mental health** and reinforce mental wellness and healthy development for children. Identifying early signs and providing timely support for mental health can improve a child's life, mitigate worsening symptoms, and minimize negative outcomes like bullying, absenteeism and depression. Children have been particularly impacted as losses from COVID-19 and disruptions in routines and

relationships have led to increased social isolation, anxiety, and learning loss. In 2020, 4.1 million youth aged 12-17 had a major depressive episode, but only 42 percent of those youth received treatment for depression.³ **With these realities in mind, APA urges the subcommittee to continue your support for Children’s Mental Health Services by increasing funding levels for this critical program for FY 24.**

- In the first six months of implementation, more than 2.1 million contacts were made to the 988 suicide and crisis lifeline, a 36.8 percent increase over the same period in 2021, including a 263 percent increase in chats answered and a 1445 percent increase in texts answered.⁴ **To adequately respond to the surge in demand, APA requests that the subcommittee continue to invest in the 988 and Behavioral Health Services Program by increasing funding relative to FY 2023.** This needed investment would help federal, state, and local leaders scale 988 and the crisis services continuum consistent with SAMHSA’s National Guidelines for Behavioral Health Crisis Care, a model that includes someone to talk to, someone to respond, and somewhere to go. Specifically, these funds would help to consolidate and support the Lifeline infrastructure, align local crisis capacity across the continuum of care, promote ongoing federal direction and leadership through coordination, standards setting, technical assistance and evaluation, and facilitate content and strategy development to ensure that there is public awareness of the health benefits of 988, particularly for populations at high risk of suicide.
- Mobile crisis teams likewise play a critical role in providing an in-person response to a person in crisis when more assistance is needed than can be provided by a 988 crisis call counselor. Currently, only a small portion of communities have mobile crisis teams, made up of health care and mental health care professionals, available. **Given the increased demand for these services, APA urges the subcommittee to consider increased support for the newly established Mental Health Crisis Response Grants Program which was funded at \$20 million in FY 2023.** This increased funding would help more communities create mobile crisis response teams that divert people in mental health crisis from law enforcement to mental health teams and strengthen the crisis continuum to facilitate 988 crisis response.

Health Resources and Services Administration

Though initial data⁵ indicated that substance misuse decreased from 2.1 million in 2017 to 1.6 million in 2018, more recent reports⁶ indicate that overdose deaths have surpassed 100,000 in recent years, likely correlated to the stress, isolation, and economic despair caused by the COVID-19 pandemic. Given the sharp rise in overdose deaths, substance misuse and mental illness, it is imperative that Congress continue to focus on building our MH/SUD workforce to treat these patients. In 2021, the Association of American Medical Colleges forecasted⁷ a physician shortage of between 37,800 and 124,000 physicians, including both primary and specialty care by 2034. Further, the same AAMC study found that 35% of adults with

³ <https://www.nimh.nih.gov/health/statistics/major-depression>

⁴ <https://www.samhsa.gov/find-help/988/faqs>

⁵ <https://www.samhsa.gov/newsroom/press-announcements/202009110221>

⁶ https://www.commonwealthfund.org/blog/2021/spike-drug-overdose-deaths-during-covid-19-pandemic-and-policy-options-move-forward?utm_campaign=wp_the_health_202&utm_medium=email&utm_source=newsletter&wpisrc=nl_health202

⁷ <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>

mental illness struggled to obtain treatment for their mental health conditions because of barriers to access. To help ensure those in need of care can readily access it now, and in the future, **the APA strongly supports and asks Congress to prioritize the following workforce-building programs administered by the Health Resources and Services Administration (HRSA).**

- In 2018 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 addiction. **APA requests that the subcommittee increase funding for the program to \$50 million for FY 2024** to promote the 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 subcommittee to maintain level funding of \$34 million for the Mental and Substance Use Disorder Workforce Training Demonstration Program authorized in the 21st Century Cures Act.** The program awards 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. The 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 by the 6,000 practitioners that they need. **APA urges the subcommittee to continue to support these critical resources and maintain level funding of at least \$125 million in FY2024.**

National Institutes of Health

As psychiatrists, and in coalitions with mental health professionals, we support the subcommittee continuing to make significant investments in the National Institutes of Health (NIH), including the three institutes that continue to lead in biomedical research and advancing treatment of mental health, substance use and alcohol abuse – the National Institute of Mental Health, National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism – as well as the National Institute on Minority Health and Health Disparities. **The APA thanks the Committee for your support for funding the National Institutes of Health and supports the proposed increase of roughly \$2 billion in FY 2024 which is detailed in the President’s request to Congress.** And we fully support research into the neurologic, mental health and substance use-related effects of COVID-19.

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) functions as a reputable data-driven source of information. The agency serves a vital role in improving the quality, safety and efficiency of health care. For psychiatry, this is particularly important in providing patients, families and health professionals with 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 turns into better care. AHRQ is the singular federal agency that supports 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 reduce medical error incidences. **APA supports increased funding for AHRQ in FY 2024, to support the agency as it continues its critical 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 deaths of an estimated 19,223 people in 2020⁸. While we work to address the devastating and long-lasting mental health effects of gun violence on victims, their families, and their communities at the back end, we are hampered by the lack of evidence-based research to point our communities towards proven gun violence prevention programs. As such, **APA requests that the subcommittee increase funding for public health research into firearm morbidity and mortality prevention at the Centers for Disease Control and Prevention to \$25 million for FY 2024, and also support an increase to \$25 million for the National Institute of Mental Health.**

As psychiatric physicians, we thank you for the subcommittee's leadership in investing in health care, particularly for individuals living with MH/SUDs. Though we understand that your subcommittee has multiple competing priorities, we respectfully request that you prioritize increasing funding for essential mental health resources that are vital 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 patients with MH/SUDs. If you have any questions, please contact Trip Stanford at dstanford@psych.org.

Thank you for your consideration of these requests.

Sincerely,



Saul M. Levin, M.D., M.P.A., FRCP-E
Chief Executive Officer & Medical Director

⁸ <https://everytownresearch.org/report/gun-violence-and-covid-19-in-2020-a-year-of-colliding-crises/>