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

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

Dear Chair DeLauro and Ranking Member Cole:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 37,400 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 diagnosis and treatment to our patients.

Your assistance has been essential over the past year, as we have seen the COVID-19 pandemic further exacerbate mental health conditions, including substance use disorders. Earlier this year, the Centers for Disease Control and Prevention¹ reported a record-breaking 81,230 drug overdoses during the previous 12-month period ending in May 2020. This represents an eighteen percent increase in drug overdose deaths over the previous 12-month period. Last month, the Kaiser Family Foundation reported² that during the pandemic, about four in ten adults in the United States have reported experiencing anxiety or depression -- an increase from one in ten individuals during the previous year. Despite progress in the distribution of COVID-19 vaccines and the inoculation of increasing numbers of individuals, social isolation and the economic repercussions caused by the pandemic will continue to compound the mental health challenges for individuals across the country.

We are enormously grateful for the attention your subcommittee has devoted to our nation's mental health and substance use-related funding needs throughout the past year. We are also pleased that the Biden administration indicated in its "Skinny Budget Brief," released April 9, 2021, that it supports substantial increases to mental health and substance use disorder program funding and additional resources for children in schools for FY 22. It is vital that as you consider funding levels for FY22, you continue to invest substantially in programs that support the delivery of high quality, evidence-based MH/SUD services. Below, we have highlighted some key areas to which we want to draw the subcommittee's attention for FY 2022.

¹Searing, L.(2021, January 25). [81,230 Overdoses Set Record for Such Deaths In a 12-Month Period, CDC Says. Washington Post](https://www.washingtonpost.com/health/81230-overdoses-set-record-for-such-deaths-in-a-12-month-period-cdc-says/2021/01/25/). Retrieved from <https://wapo.st/3kyPLSa>

²Panchla, N., Kamal, R., Cox, C., and Garfield, R. (2021, February 10). [The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation](https://www.kff.org/mental/2021/02/10/the-implications-of-covid-19-for-mental-health-and-substance-use/). Retrieved from <https://bit.ly/3r81OZf>

Substance Abuse and Mental Health Services Administration

APA urges the Committees to increase FY 2022 funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) 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 this year are:

- APA supports the Biden Administration proposal to more than double funding for the **Community Mental Health Services Block Grant (CMHSBG) to \$1.6 billion**, to 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. **We also request that you increase the set-aside you enacted last year for evidence-based crisis services to 10%. This would amount to a set-aside of \$160 million based on the administration's proposed total funding amount for the CMHSBG.** 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 and into appropriate treatment and care. As the new 988 hotline number is implemented in calendar year 2022, resources for these crisis response services will be vitally needed.
- 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 co-occurring physical health conditions and chronic diseases at grantee sites in 40 states. **APA urges the subcommittee to continue your longstanding, bipartisan support of these important programs by funding both the PIPBHC program and the PBHC Technical Assistance Center at FY 2021 level funding in FY 2022.**
- **APA urges the subcommittee to increase funding levels for Practice Improvement and Training Programs, which includes the SAMHSA Center for Mental Health Services Clinical Support System for Serious Mental Illness grant program, to \$9.8 million for FY 2022.** This program fosters 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 subcommittee has provided increases to the **Minority Fellowship Program** over the past few appropriations cycles. 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, has also helped 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 joins our colleagues in asking the subcommittee to increase funding for the SAMHSA Minority Fellowship Program to \$20.2 million in FY 2022.** This increase in funding will enable us to strengthen diversity in the mental health profession, help address current and projected behavioral 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 can improve a child’s life, mitigate worsening symptoms, and minimize negative outcomes like bullying, absenteeism and depression. As such, **APA urges the subcommittee to continue your support for Children’s Mental Health Services at least at FY 2021 funding levels (\$125 million) in FY 2022.**
- Recent data show that more than 2.1 million people in the United States suffer from an opioid use disorder. 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 subcommittee to provide a substantial increase in funding to help end the opioid epidemic and notes that the Biden Administration is proposing a \$3.9 billion increase over FY 2021** “to support research prevention, treatment, and recovery support services, with targeted investments to support populations with unique needs, including Native Americans, older Americans, and rural populations.”
- In addition, current training of physicians in the recognition and treatment of substance use disorders (SUD) is inadequate to meet the needs of such a diverse and growing population of patients. Medical schools, physician training (residency) programs, and continuing education programs for physicians in practice provide limited training in the treatment of SUDs. The scope of training on SUDs is disproportionate to the population health need to address these problems, and many with SUDs go undiagnosed and untreated. In the past decade there have been marked advancements in the science of addiction, which includes an expanding range of evidence-based pharmacologic and behavioral treatments. Despite these advances and a growing knowledge base, the educational requirements in psychiatry and other medical residencies have not shifted, leaving many physicians ill-prepared to manage SUDs in practice. Deficits in knowledge and clinical skills among physicians-in-training and those in practice are compounded by negative attitudes and stigma toward individuals with SUDs. The lack of adequate curriculum, disproportionate exposure to end-stage addiction, and lack of faculty expertise all may contribute to negative attitudes. In addition, the lack of availability of competently trained faculty to provide clinical supervision is cited as a major barrier by residency program directors working with physicians-in-training. **We urge the subcommittee to maintain level funding for the Provider’s Clinical Support System and increase funding to \$10 million for the Practitioner Education Program.**

Health Resources and Services Administration

Though initial data³ indicated that substance misuse initially decreased from 2.1 million in 2017 to 1.6 million in 2018, more recent reports⁴ indicate that overdose deaths may have surpassed 90,000 in 2020, 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 mental health and substance use disorder workforce to treat these

³<https://www.samhsa.gov/newsroom/press-announcements/202009110221>

⁴https://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

patients. In 2020, the Association of American Medical Colleges forecasted⁵ a physician shortage of between 54,100 and 139,000 physicians, including both primary and specialty care by 2033. Further, the same AAMC study⁶ found that nearly one in five adults with mental illness were unable to obtain treatment for their mental health conditions because of barriers to access. **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 fund the program at \$25 million for FY 2022,** and increase of \$9 million, 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 provide \$29.7 million (level funding) 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 fund these critical resources by appropriating level funding to NHSC in FY2022.**

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 a \$3.1 billion increase for NIH in FY 2022.** 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

⁵ <https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

⁶ <https://www.aamc.org/media/45976/download>

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 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 level funding of AHRQ to sustain 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 2020. As we work to address the devastating and long-lasting emotional effects of gun violence on victims, their families and their communities, 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 2022 and an equivalent amount for the National Institute of Mental Health.**

Department of Labor – Employee Benefits Security Administration

The U.S. Department of Labor, through the Employee Benefits Security Administration (EBSA), is responsible for enforcing compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) by the 2.2 million employer-sponsored health plans regulated under the Federal Employee Retirement Income Security Act (ERISA). **However, EBSA has insufficient resources for oversight and investigations, and does not have funds specifically designated for enforcing health plan compliance with MHPAEA.** Further, the December 2020 Consolidated Appropriations Act included additional parity compliance language that requires additional enforcement of parity by DOL. **As such, APA requests that the subcommittee provide an additional \$25 million for EBSA to support the agency's new responsibilities in ensuring parity compliance.** Enhancing resources for enforcement should promote greater compliance with the law and improve access to mental health and substance use disorder coverage.

As psychiatric physicians, we thank you for the subcommittee's leadership in investing in health care, particularly for individuals living with a 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 Michelle Greenhalgh at mgreenhalgh@psych.org / 202.459.9708.

Thank you for your consideration of these requests.

Sincerely,



Saul Levin, MD, MPA, FRCP-E, FRCPsych
CEO and Medical Director