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June 13, 2025

The Honorable Shelley Moore Capito
Chair
Senate Appropriations Subcommittee
on Labor, HHS, and Education

The Honorable Tammy Baldwin
Ranking Member
Senate Appropriations Subcommittee on
Labor, HHS, and Education

Dear Chair Capito and Ranking Member Baldwin:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 39,200 psychiatric physicians, I write to thank the subcommittee for its continued commitment to funding mental health and substance use disorder (MH/SUD) treatment. We greatly appreciate your bipartisan leadership and vision in investing in the nation's mental health system, including support for programs that strengthen the behavioral health workforce and expand access to care in underserved communities. The recent decline in opioid-related deaths is a testament to these efforts and shows that targeted federal investments can, and do, save lives. Yet, the United States still faces a profound mental health, including substance use, crisis with nearly 400 Americans dying each day from suicide or overdose. As you prepare the Fiscal Year 2026 (FY2026) Departments of Labor, Health and Human Services, Education, and Related Agencies' appropriations bill, we urge you to sustain investments in all programs that deliver high-quality, evidence-based MH/SUD services. With that goal in mind, we respectfully submit the following recommendations.

SAMHSA Programs

As Congress considers the Trump Administration's proposal to eliminate the Substance Abuse and Mental Health Services Administration (SAMHSA) and restructure key programs under a new "Administration for a Healthy America," it is essential that any changes preserve, maintain, and strengthen the critical programs within SAMHSA that have enabled our national response to behavioral health needs. These programs, which serve millions of Americans across all states and territories, must not be disrupted or diminished as a result of an administrative reorganization. Safeguarding their continuity, funding, and leadership structure is critical to ensuring that individuals and communities continue to receive timely, evidence-based, and accessible care. We urge the Subcommittee to preserve and maintain funding for the following programs currently housed within SAMHSA:

- **The Promoting Integration of Primary and Behavioral Health Care (PIPBHC) program** supports integration and collaboration of behavioral and primary healthcare in clinical settings. 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 primary care grantee sites in 40 states. The FY2023 Omnibus authorized the program to expand the scope of 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, psychiatric consultant, and care manager working together in a coordinated fashion. The model is supported by more than 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. **We urge the subcommittee to maintain level funding for this important program at \$55.9 million in FY 2026. 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 is an important first step towards ensuring that the integrated behavioral and primary care model with the strongest evidence base on improving health outcomes, increasing access, and reducing costs is more widely implemented.

We likewise urge the subcommittee to maintain level funding of \$7.8 million for SAMHSA's Practice Improvement and Training Programs. These programs fund technical assistance and training to ensure providers use the most effective, evidence-based interventions, both pharmacological and psychosocial, for individuals with Serious Mental Illness (SMI). Through national training initiatives, like the Clinical Support System for Serious Mental Illness (CSS-SMI), the program enhances the skills of psychiatrists, psychologists, social workers, and other behavioral health professionals. Likewise, these programs help to build capacity in rural and underserved areas by providing centralized technical assistance and training tools that might otherwise be unavailable.

- For almost 50 years, the Minority Fellowship Program (MFP) has helped facilitate the entry of medical students and residents into mental health and/or substance use careers and increased the number of health care professionals trained to teach, administer, and provide MH/SUD services within underserved communities. **APA urges the subcommittee to continue its longstanding bipartisan support for the MFP by maintaining level funding at \$19.8 million.** This funding will help address current and projected mental health workforce shortages and promote needed training for those who treat underserved populations.

Workforce Initiatives

The Health Resources and Services Administration's (HRSA) Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program plays a vital role in addressing the severe shortage of psychiatrists, particularly in underserved and high-need communities. With over 160 million Americans living in mental health professional shortage areas, programs like STAR help attract and retain psychiatrists by easing the burden of student loan debt. Maintaining level funding is essential to support the behavioral health workforce and ensure access to psychiatric care for individuals struggling with substance use disorders and co-occurring mental illnesses. **APA urges the subcommittee to fund this essential program at the full authorization level of \$50 million, an increase of \$10 million over FY 2025.**

We appreciate your continued bipartisan leadership in advancing solutions to the mental health and substance use crises facing our country. We urge you to protect and fund critical behavioral health programs at levels that meet the urgency of the moment.

Sincerely,

 **MD, MBA, FAPA**

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CEO and Medical Director
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