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April 26, 2022

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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.

The United States is experiencing a profound crisis of mental health and well-being, one compounded by the disruption, isolation, and loss experienced during the COVID-19 pandemic. Last year, the Centers for Disease Control and Prevention (CDC) reported a record 100,306 drug overdoses during the previous 12-month period ending in April 2021, a 28.5% percent increase in drug overdose deaths over the previous year.<sup>1</sup> The Kaiser Family Foundation likewise found last December<sup>2</sup> that during the pandemic, roughly 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. Even beyond these statistics, COVID-19 has impacted almost every aspect of our lives, from job security to health equity, health outcomes, and beyond.

With those realities in mind, we are enormously grateful for the attention your subcommittee has devoted to our nation's mental health and substance use-related funding needs in recent years. We are also encouraged by the Biden Administration's Fiscal Year 2023 Budget Request to Congress, which supports substantial increases to mental health and substance use disorder program funding in FY 23. It is vital that as you consider funding levels for the coming fiscal year, you continue to invest 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 2023.

**Mental Health Parity**

Increased rates of mental illness and substance use disorders (MH/SUD) during the pandemic have left many urgently in need when it comes to accessing MH/SUD treatment and services. Unfortunately, many patients are denied coverage because their

<sup>1</sup> [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>2</sup> <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/>

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, recent reports from the Department of Labor (DOL)<sup>3</sup> and Government Accountability Office (GAO)<sup>4</sup> have demonstrated major compliance problems for every health plan and insurer examined, leaving millions of beneficiaries struggling to obtain care they're entitled to under the law. The inclusion of additional parity compliance requirements in the 2020 *Consolidated Appropriations Act* represented an important step in ensuring compliance with the law. These new enforcement tools should improve compliance with MHPAEA and in turn, enhance patient access to needed MH/SUD services, provided the resources are available for sufficient compliance activity. The Employee Benefits Security Administration (EBSA), within the Department of Labor, is responsible for ensuring that private, employer-sponsored health plans comply with MHPAEA. State insurance departments likewise have enforcement authority under MHPAEA for individual plans and policies sold to employers by insurance companies. These federal and state agencies need resources to enforce the law and hold plans accountable when they are not in compliance. **APA urges the subcommittee to direct \$27.5 million for parity compliance at EBSA, as well as \$25 million to the Center for Medicare and Medicaid Services (CMS) for grants to states to enforce mental health parity requirements.** This request mirrors an initiative in the President's Budget request to finally achieve the goals of MHPAEA, which would provide \$125 million over 5 years for parity enforcement of state-regulated plans and \$275 million over 10 years to enforce parity rules in employer-sponsored health plans.

#### **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 2023 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 include:

- 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 supports the Biden Budget request to more than double funding for the CMHSBG and we also request that the set-aside for evidence-based crisis services be increased from 5%, to 10%. This would amount to a set-aside of \$165.3 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, resources for these crisis response services will be vitally needed, including flexible dollars like those the CMHSBG provides.
- 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

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<sup>3</sup>[US Departments of Labor, Health and Human Services, Treasury issue 2022 Mental Health Parity and Addiction Equity Act Report to Congress | U.S. Department of Labor \(dol.gov\)](#)

<sup>4</sup>[Mental Health Care: Consumers with Coverage Face Access Challenges | U.S. GAO](#)

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 and urges funding consistent with the President's budget request which would provide an additional \$50 million to the PBHCI Program, and maintain level funding for the PBHC Technical Assistance Center in FY 2022.** We also encourage the subcommittee to consider additional appropriations for evidence-based programs that support early intervention and prevention in the primary care setting, including the collaborative care model (CoCM).

- **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 \$10 million for FY 2023 which is in line with the President's request.** 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 asks the subcommittee to increase funding for the SAMHSA Minority Fellowship Program to \$25 million in FY 2023.** 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. Children have been particularly impacted as losses from COVID 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 within the past year.<sup>5</sup> **APA thus urges the subcommittee to continue your support for Children's Mental Health Services and supports the Biden Administration's request to provide a \$100 million increase for FY 23 funding levels (\$225 total).**
- In July 2022, 988 will become the nationwide number to access trained crisis counselors via the National Suicide Prevention Lifeline network. SAMHSA reported to Congress in December 2021 that call, text and chat volume were projected to increase from 3.65 million contacts (estimate) in 2021 to a projected 7.6 million contacts in the full year following 988 implementation

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<sup>5</sup> <https://www.nimh.nih.gov/health/statistics/major-depression>

(through July 2023).<sup>6</sup> **To adequately respond to this anticipated surge in demand, APA requests that the subcommittee support the Biden FY 2023 Budget request to invest \$696.9 million in the 988 and Behavioral Health Services Program, an increase of \$590 million.** This historic and needed investment would help federal, state and local leaders scale SAMHSA’s National Guidelines for Behavioral Health Crisis Care, a model for crisis services 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 in providing provide 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 behavioral health care professionals, available. **APA urges the subcommittee to increase support for the newly established Mental Health Crisis Response Partnership Pilot Program to \$100 million in FY 23,** to help communities create mobile crisis response teams that divert people in mental health crisis from law enforcement to behavioral health teams.

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

Though initial data<sup>7</sup> indicated that substance misuse initially decreased from 2.1 million in 2017 to 1.6 million in 2018, more recent reports<sup>8</sup> 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 patients. In 2021, the Association of American Medical Colleges forecasted<sup>9</sup> 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 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. Given the acute need, **APA requests that the subcommittee increase funding for the**

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<sup>6</sup> <https://www.samhsa.gov/sites/default/files/988-appropriations-report.pdf>

<sup>7</sup> <https://www.samhsa.gov/newsroom/press-announcements/202009110221>

<sup>8</sup> [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&wpsrc=nl\\_health202](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&wpsrc=nl_health202)

<sup>9</sup> <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>

**program to \$28 million for FY 2023**, 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 \$34 million, an increase of roughly \$3 million which aligns with the FY 23 Biden Budget, for the Mental and Substance Use Disorder Workforce Training Demonstration Program authorized in the 21<sup>st</sup> 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 increase funding to NHSC in FY2023 by \$90 million (\$210 million total), an amount which aligns with the FY23 Biden Budget.**

#### **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 a \$19.5 billion in FY 2023 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 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 the President’s request to increase funding for AHRQ by \$65 million in FY 2023, in order 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 2020<sup>10</sup>. 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 \$35 million for FY 2023, and also support an increase to \$25 million for the National Institute of Mental Health, both of which are in line with the President’s FY 2023 request.**

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 Trip Stanford at [dstanford@psych.org](mailto:dstanford@psych.org) / 202.459.9720.

Thank you for your consideration of these requests.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin MD, MPA". The signature is written in a cursive style with a horizontal line underneath the name.

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

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<sup>10</sup> <https://everytownresearch.org/report/gun-violence-and-covid-19-in-2020-a-year-of-colliding-crises/>