**Statement of Rep. Henry A. Waxman**
**Ranking Member, Committee on Energy and Commerce**
**Hearing on "Examining SAMHSA's Role in Delivering Services to the Severely Mentally Ill"**
**Subcommittee on Oversight and Investigations**
**May 22, 2013**

Mr. Chairman, I want to thank our witnesses for coming today. I appreciate Administrator Hyde being here, and I want to particularly thank Mr. Bruce for traveling here to share his tragic story. I appreciate his bravery in joining us. His story – and those we've heard from other families – is a powerful reminder of why this Committee needs to act to improve mental health services and treatment.

Mr. Chairman, I know how important this issue is to you. And I know that you are serious about improving mental health care in this country.

But I do worry about our progress. After the tragic Newtown massacre, I was hopeful about efforts to improve the mental health care system and make sure that those suffering from serious mental illnesses received the diagnoses and treatment that they need.

Six months later, I am much less confident. Since Newtown, Congress has done nothing to advance mental health proposals. In fact, we've lost ground.

Last week, the House voted to repeal the Affordable Care Act – the law that builds on bipartisan mental health parity efforts to extend mental health and substance use disorder benefits and parity protections for 62 million Americans.

And we have done nothing to fix sequestration, which represents a major reversal of progress. Mr. Chairman, the 2013 spending plan that SAMHSA released earlier this month shows that the sequester will result in cuts of over $200 million in SAMHSA funding this year – a cut of almost 6%.

Every single SAMHSA program will be affected. The Mental Health Block Grant program is being cut by $23 million. Children's Mental Health Services are cut by $6 million. Suicide prevention funds will be cut. Programs to help mentally ill people who are homeless will be cut.

This will mean fewer SAMHSA grants and fewer people with access to mental health services.

According to Mental Health America, the sequester will mean that more than 1 million children and adults will be at risk of losing access to any type of public mental health support … almost 30,000 mentally ill, homeless people will lose access to primary care referral, housing assistance, and other important services … more than 11,000 professionals will lose access to youth suicide prevention training … and more than 1,500 at-risk youth will not be screened for mental health conditions.

The list goes on and on. These cuts are mindless. They represent an enormous step backward in our efforts to prevent, diagnose, and improve treatment for those with mental illnesses. And they are happening as we speak.

Mr. Chairman, this Committee needs to act. The sequester is creating a slow-motion crisis for those with mental illnesses, and we need to work together to end it.

But we should not only end the sequester – we should work together to strengthen our laws and improve funding so those suffering from serious mental illnesses are identified, receive better services, and achieve better outcomes.

This Subcommittee has done important work. Through our series of briefings, forums, and hearings, we have learned about what works and what doesn't, and where the funding and legislative gaps exist in our nation's mental health care system.

Now, Mr. Chairman, it's time for us to act together, in a bipartisan way, to fill those gaps and chart a new course in the provision of mental health services for those in need. I look forward to working with you and my colleagues to achieve those goals.