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ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
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March 9, 2015

Dr. Richard G. Frank  
Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Dr. Frank:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, February 11, 2015, to testify at the hearing entitled "Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed."

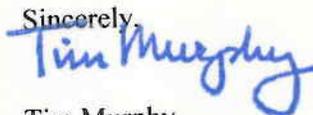
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Monday, March 23, 2015. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to [brittany.havens@mail.house.gov](mailto:brittany.havens@mail.house.gov).

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy  
Chairman  
Subcommittee on Oversight and Investigations

cc: Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

## Attachment 1—Additional Questions for the Record

### The Honorable Tim Murphy

1. Please share with the Committee the status of the ASPE study on mental illness, violence, and criminal justice referenced during the hearing and provide to us the final report when it is available.
2. Please share with the Committee whether HHS has seen evidence of high deductibles under the Affordable Care Act discouraging individuals from seeking treatment for mental illness.
3. The Protecting Access to Medicare Act (Public Law 113-93) creates a demonstration project for new Certified Community Behavioral Health Clinics. One of the requirements for these new outpatient mental health clinics is that they “improve availability of, access to, and participation in assisted outpatient mental health treatment in the State” (Section 223(d)(4)(A)).

Assisted outpatient mental health treatment, or AOT, allows judges, after full due process, to require certain mentally ill individuals with a history of violence, arrest, and medically-unnecessary hospitalizations, to be placed in six months of monitored treatment as a condition for living in the community. AOT reduces institutionalization and provides an off-ramp before prison.

Nearly every state has an AOT law, but they are not uniformly applied or constructed. Does HHS (SAMHSA and CMS) plan to ensure state applicants meet the AOT requirement under Section 223(d)(4)(A)?

4. What has HHS done, and what is it currently doing, to coordinate with states on implementation of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and specifically what meetings have occurred and what resources have been shared with state insurance commissioners, state mental health agencies, and state attorneys general (and when) to ensure that the Act is fully implemented and enforced at all levels of jurisdiction?
5. What has HHS done, and what is it currently doing, to ensure that physicians have access to the full range of mental health medications that they deem medically necessary to prescribe, without going through burdensome prior authorization or other utilization limits due to restrictive Medicaid state formularies? In specific, there are a number of currently pending state proposals to restrict the ability of Medicaid beneficiaries, and the doctors that treat them, from access to the full range of mental health medications available.
6. Was ASPE specifically consulted by the Centers for Medicare and Medicaid Services (CMS) before CMS, in January 2014, proposed to eliminate Part D “protected class” status for medications used to treat serious mental illness? What interagency coordination occurred with respect to the CMS proposal since the January 2014 proposal?
7. What consultation is HHS doing, and with whom, to address workforce shortages of psychiatrists, particularly in rural and underserved areas, and with minority populations?

8. Did HHS have any interagency consultation with respect to the recent CMS proposal to exclude psychiatry from Step 2 beneficiary assignment in the Medicare Shared Savings Program? Were any analyses conducted on this proposal's impact on the health of individuals with mental illness and substance use disorders or an ACO's ability to manage risk?

**The Honorable Michael C. Burgess**

1. HHS, in its comments on the GAO report, holds that the recommendation that it should establish a mechanism to facilitate interagency coordination “is not supported by a specific need identified by the agencies, stakeholders or individuals with SMI.”
  - a. Did HHS perform an exhaustive survey of federal agencies, stakeholders, or individuals with SMI before forming this opinion?

## **Attachment 2—Member Requests for the Record**

*During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.*

### **The Honorable David McKinley**

1. Does HHS fund organizations that oppose the use of vaccinations?