

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

March 9, 2015

The Honorable Pamela S. Hyde
Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Hyde:

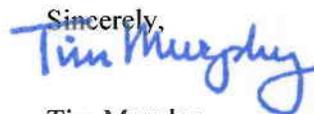
Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, February 11, 2015, to testify at the hearing entitled "Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed."

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.

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. In conversations with GAO, you mentioned the work of the Behavioral Health Coordinating Council (BHCC), established in 2010.
 - a. During the course of GAO's work on this report, it was announced that BHCC would establish a subcommittee devoted to addressing serious mental illness. Is this a result of the GAO's or this Committee's inquiries on serious mental illness?
 - b. The serious mental illness subcommittee recently held its first meeting. Who was in attendance? What topics or federal programs were discussed? What decisions were made? When will the Subcommittee meet next?
 - c. Will the Subcommittee coordinate programs across federal agencies, or only at HHS?
2. The Protecting Access to Medicare Act (Public Law 113-93) creates a demo 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)?

3. Was SAMHSA 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?
4. In what ways is SAMHSA addressing or planning to address the psychiatric workforce shortage of psychiatrists, particularly in rural and underserved areas, and with minority populations, and how is SAMHSA coordinating with other federal agencies to address this issue?
5. Was SAMHSA consulted 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?

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 Marsha Blackburn

1. How much SAMHSA funding is making it to the state level and how much money is being kept here in Washington? Please provide a breakdown of the budget to the Committee with the amount and destination of the funds.

The Honorable David McKinley

1. Does SAMHSA support organizations that favor the legalization of marijuana, or the use of marijuana to treat anxiety?
2. Does SAMHSA believe there is a link between marijuana use and increased risk of schizophrenia?

The Honorable Morgan Griffith

1. In your view, are communities, including lawyers, sufficiently aware of SAMHSA's national role in suicide prevention?

The Honorable Chris Collins

1. Over the last two years, which programs has SAMHSA recommended be terminated or have actually been terminated? Who is performing these evaluations, including, for example, of the "Building Blocks" sing-a-long, and how long will they take?
2. Please provide the Committee with a list of SAMHSA's evidence-based practices.