

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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April 22, 2014

Dr. David L. Shern
Interim President and CEO
Mental Health America
2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311

Dear Dr. Shern:

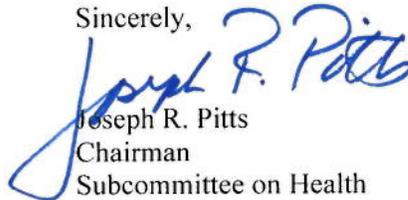
Thank you for appearing before the Subcommittee on Health on Thursday, April 3, 2014, to testify at the hearing entitled "Helping Families in Mental Health Crisis Act of 2013."

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 response to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Tuesday, May 6, 2014. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Sydne.Harwick@mail.house.gov.

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

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachment

Attachment—Additional Questions for the Record

The Honorable Joseph R. Pitts

1. How much in federal dollars did Mental Health America (MHA) and its affiliates receive over the past three years (in the form of grants, cooperative agreements, contracts, etc.)? Which federal agencies administered this funding and under what statutory authorities? In each of the past three years, what fraction of MHA's—and approximately what fraction of its affiliates'—annual budgets did such federal funding constitute?
2. In your testimony, you state that “the wholesale abandonment of the PAIMI function would be disastrous in our current systems.” Is there any provision of H.R. 3717 that envisions and/or mandates a “wholesale abandonment” of the original mission of the system established under the Protection and Advocacy for Individuals with Mental Illness Act of 1986?
3. In your testimony, you state that “none of the research to date has estimated the number of persons who avoid any contact with the treatment system as a result of the potential coercion.” You also assert that “our treatment systems should be welcoming rather than frightening.” If, as you say, studies demonstrating the chilling effect of civil commitment laws on the seeking of treatment do not presently exist, on what basis do you oppose Assisted Outpatient Treatment as a tool for treating the seriously mentally ill when other research to date has shown its effectiveness?
4. Dr. Tom Insel, Director of the National Institute for Mental Health (NIMH), informed the Subcommittee last year that treatment can reduce the risk of violent behavior 15-fold in persons with serious mental illness. In your testimony, you assert that “there is no simple link between mental illness and violence.” Do you believe that, contrary to what Dr. Insel has told the Subcommittee, there is no simple link between *untreated* serious mental illness and violence?
5. In your testimony, you correctly state that H.R. 3717 “seeks to limit services supported by SAMHSA to those that have an evidence base.” On March 9, 2009, President Obama released a memorandum for the heads of executive departments and agencies assigning to the Director of the Office of Science and Technology Policy “the responsibility for ensuring the highest level of integrity in all aspects of the executive branch’s involvement with scientific and technological processes.” Do you not agree that the activities SAMHSA, a component agency of the Public Health Service, should always be evidence-driven and based on scientifically rigorous research demonstrating their effectiveness?

The Honorable Michael C. Burgess

1. Earlier this year CMS proposed rulemaking would have dramatically reduced coverage to critical medication used for treating mental health conditions, transplants, and other conditions. I understand that Mr. Murphy’s legislation contains provisions that would prevent this from happening in the future. Will you discuss the importance of patients having access to and coverage of the most clinically appropriate pharmaceutical interventions?