

1 **Hearings**

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11 EXAMINING H.R. 2646, THE HELPING FAMILIES IN MENTAL HEALTH

12 CRISIS ACT

13 TUESDAY, JUNE 16, 2015

14 House of Representatives,

15 Subcommittee on Health

16 Committee on Energy and Commerce

17 Washington, D.C.

18 The subcommittee met, pursuant to call, at 10:07 a.m.,

19 in Room 2123 of the Rayburn House Office Building, Hon.

20 Joseph R. Pitts [Chairman of the Subcommittee] presiding.

21 Members present: Representatives Pitts, Guthrie,
22 Shimkus, Murphy, Burgess, Blackburn, Lance, Griffith,
23 Bilirakis, Long, Ellmers, Bucshon, Brooks, Collins, Upton (ex
24 officio), Green, Engel, Capps, Schakowsky, Butterfield,
25 Castor, Sarbanes, Matsui, Schrader, Kennedy, Cardenas, and
26 Pallone (ex officio).

27 Also present: Representatives Tonko and Loeb sack.

28 Staff present: Clay Alspach, Chief Counsel, Health;
29 Gary Andres, Staff Director; Leighton Brown, Press Assistant;
30 Karen Christian, General Counsel; Noelle Clemente, Press
31 Secretary; Andy Duberstein, Deputy Press Secretary; Katie
32 Novaria, Professional Staff Member, Health; Tim Pataki,
33 Professional Staff Member; Graham Pittman, Legislative Clerk;
34 Chris Santini, Policy Coordinator, Oversight and
35 Investigations; Adrianna Simonelli, Legislative Associate,
36 Health; Sam Spector, Counsel, Oversight; Traci Vitek,
37 Detailee, Health; Dylan Vorbach, Staff Assistant; Greg
38 Watson, Staff Assistant; Christine Brennan, Democratic Press
39 Secretary; Jeff Carroll, Democratic Staff Director; Waverly
40 Gordon, Democratic Professional Staff Member; Tiffany
41 Guarascio, Democratic Deputy Staff Director and Chief Health
42 Advisor; Una Lee, Democratic Chief Oversight Counsel; and
43 Samantha Satchell, Democratic Policy Analyst.

|
44 Mr. {Pitts.} The subcommittee will come to order. The
45 chairman will recognize himself for an opening statement.

46 Today's Health Subcommittee hearing will examine the
47 legislation authored by our colleague, Representative Tim
48 Murphy, H.R. 2646, which is designed to help families
49 struggling with crisis caused by mental health disorders.
50 The bill makes available much-needed psychiatric,
51 psychological, and supportive services for individuals with
52 mental illness and families in crisis.

53 With more than 11 million Americans who suffer with
54 severe mental illness, such as schizophrenia, bipolar
55 disorder, and major depression, many are going without
56 treatment and often families struggle to find appropriate
57 care for their loved ones. Since there is a patchwork of
58 different programs and sometimes ineffective policies across
59 numerous agencies, it is important for this committee to
60 examine ways to fix the broken mental health system by
61 focusing and coordinating programs and resources on
62 psychiatric care for patients and families most in need of
63 services.

64 Over the past several years, Dr. Murphy, a practicing
65 psychologist, has worked diligently to discern the most
66 effective ways to research and treat these illnesses. As

67 chairman of the Subcommittee on Oversight and Investigations,
68 Chairman Murphy launched a review of the country's mental
69 health system beginning in January of 2013. The
70 investigation, which included public forums, hearings with
71 expert witnesses, document and budget reviews, and GAO
72 studies, revealed that the Federal Government's approach to
73 mental health is a chaotic patchwork of antiquated programs
74 and ineffective policies spread across numerous agencies with
75 little to no coordination. The Helping Families in Mental
76 Health Crisis Act of 2015, H.R. 2646, aims to fix the
77 Nation's broken mental health system--systems by refocusing
78 programs, reforming grants, and removing barriers to care.

79 I am pleased we are holding this hearing to hear from
80 our witnesses and colleagues about their views on this
81 pending legislation. And I look forward to the testimony
82 from each of you today.

83 [The prepared statement of Mr. Pitts follows:]

84 ***** COMMITTEE INSERT *****

|

85 [The bill follows:]

86 ***** INSERT 1 *****

|
87 Mr. {Pitts.} And I yield the balance of my time to Dr.
88 Murphy from Pennsylvania.

89 Mr. {Murphy.} Thank you, Mr. Chairman. Thank you for
90 holding this hearing.

91 Our mental health system is broken. Badly broken. It
92 is getting worse, and it has to be fixed. Same goes for our
93 handling of substance in this country. 40,000 suicide deaths
94 in this country last year, 42,000 drug overdose deaths, 60
95 million with a diagnosable mental illness, 10 million with
96 serious mental illness, like schizophrenia, bipolar, severe
97 depression, 100,000 new cases a year.

98 The General Accounting Office reviewed this for the
99 committee, said we spend in the Federal Government \$130
100 billion a year, over some 112 programs and agencies that
101 don't work together, have little accountability, and in many
102 cases, don't have very good results.

103 I ask every member of the committee during this hearing,
104 and as we work forward on this bill, to stop and think.
105 Imagine you have a child who is hallucinating, schizophrenic,
106 out on the streets, and you are told that the law says you
107 have no right to know anything about your child's location,
108 condition, or care. Others presume that having any
109 information is harmful to your own child. Or if your child

110 is brought before a judge with concerns for the symptoms and
111 the inability to care for themselves, and the judge says it
112 is not against the law to be crazy. I ask you to stop and
113 think about that. Are we so lacking in compassion, and are
114 we so ignorant of what serious mental illness is? Would we
115 say it is not illegal to have a heart attack, and walk away
116 from a person with chest pains? Or how about dealing with
117 someone with Alzheimer's, would we say it is not illegal to
118 have Alzheimer's, and wonder the streets in winter, barefoot?

119 Look, here is the truth. Serious mental illness is a
120 brain disorder, and we must come to terms with this
121 critically important fact or else nothing else we do or say
122 today will make any sense to anyone. Let me say this again.
123 Mental illness, especially serious mental illness, is a brain
124 disorder, and as such, has to be seen and treated for what it
125 is. To believe otherwise is folly, anti-science, and an
126 injustice to the person, denies them appropriate treatment,
127 and sentence them to more imprisonment, homelessness,
128 victimization, unemployment, and barriers to care.

129 So I urge members to embrace this bill, and I thank all
130 those members on both sides of the aisle who have worked with
131 us, and the many agencies and organizations who have done
132 this as well. This bill is comprehensive, it is a first
133 step--a big first step, but it does not fix everything. I

134 wish there was a way we could do--go even further to build
135 even more comprehensive changes, especially in dealing with
136 substance abuse disorders, but this bill makes substantive
137 changes in that so those issues will be addressed. It sets
138 the stage for more reform.

139 I look forward to hearing from the witnesses, but I
140 especially want to thank our witnesses today, and Senator
141 Creigh Deeds, and others for coming out to tell your
142 courageous stories. I thank Chairman Upton for helping us
143 schedule this hearing and move this forward. Let's make sure
144 we provide more help for folks, so we understand where there
145 is help, there is hope.

146 I yield back.

147 [The prepared statement of Mr. Murphy follows:]

148 ***** COMMITTEE INSERT *****

149 Mr. {Pitts.} The chair thanks the gentleman.

150 I am now pleased to recognize the ranking member of the
151 subcommittee, Mr. Green of Texas, for his opening statement.
152 Also to help welcome one of our former colleagues here.

153 Mr. {Green.} Thank you, Mr. Chairman, for holding this
154 hearing on mental health reform.

155 I would like to recognize our former colleague, Patrick
156 Kennedy. Good to see you, and thank you for your service
157 and, of course, your family. And we keep it in the family.
158 We have a relative on the committee.

159 The Affordable Care Act made important changes in the
160 field of mental and behavioral health. The--law expanded
161 access to mental and behavioral health services, advanced
162 parity of coverage, and enabled states to expand their
163 Medicaid programs so that millions of more Americans could
164 access affordable quality coverage. While the ACA made great
165 strides toward improving access to mental and behavioral
166 health services, the mental health system is still in need of
167 reform.

168 In our efforts to advance reform, it is critical that
169 the patient remain at the center of our focus. Approximately
170 10 million Americans suffer from serious mental health
171 illnesses, including major depression, schizophrenia, bipolar

172 disorder, post-traumatic stress syndrome. The National
173 Alliance on Mental Illness reports that between 70 and 90
174 percent of individuals have significant reduction of symptoms
175 and improved quality of life with appropriate treatment and
176 support. The numbers show that treatment works. Even though
177 the overwhelming majority of individuals with mental and
178 substance use disorders improved after receiving treatment,
179 almost 1/2 of all adults living with serious mental illness
180 do not receive treatment in the past year. Given that the
181 statistics show that treatment is effective, and that a
182 considerable number of adults still go without treatment, our
183 efforts to improve the mental health care system must empower
184 patients and their caregivers with access to a range of
185 treatment and support services. We must also remove barriers
186 to that access.

187 In today's hearing, we are considering several pieces of
188 legislation that seek to reform and improve our mental health
189 care system. They are H.R. 2646, the Helping Families in
190 Mental Health--Mental Crisis Act, and H.R. 2690, the
191 Including Families and Mental Health Recovery Act.

192 I appreciate my colleague from Pennsylvania, Dr.
193 Murphy's, endeavor to advance comprehensive mental health
194 reform, and I particularly appreciate his relationship when
195 we have been working on this for a few years, including

196 during the Affordable Care Act. I do have some concerns
197 about the legislation, that it may not adequately take into
198 account the diversity and complexity of mental health needs
199 that patients and their caregivers present. Comprehensive
200 mental health reform must feature community-centered options
201 that focus on recovery and prevention. We must ensure that
202 reforms are patient-centered and address the full continuum
203 of care.

204 I look forward to hearing today more about this
205 legislative proposal, and I also appreciate my colleague from
206 California, Congresswoman Matsui, for her efforts to improve
207 mental health care delivery and the Including Families in
208 Mental Health Recovery Act. The legislation seeks to improve
209 the understanding of providers, patients, and caregivers on
210 how HIPAA requirements apply to the mental health space. It
211 will clarify HIPAA privacy standards for the release of
212 protected information to patients' families and caregivers,
213 and increase education on this critical issue.

214 I would also like to thank our witnesses here today and
215 look forward to their perspectives.

216 With that, I would like to yield 1 minute to my
217 colleague, Congressman Kennedy, from Massachusetts.

218 [The prepared statement of Mr. Green follows:]

219 ***** COMMITTEE INSERT *****

|
220 Mr. {Kennedy of Massachusetts.} I thank the ranking
221 member, and I thank the committee for holding this important
222 hearing. To all of the witnesses, thank you very, very much
223 for your testimony, and look forward to your insight.

224 There is a familiar face, as I think everybody
225 recognizes. Patrick, it is wonderful to see you here. I
226 think you will probably hear from your colleagues, it is like
227 you have never left. And that is true because it is actually
228 really is true. I get at least once a day people come up to
229 me and say, Patrick, it is great to see you again. I get
230 introduced often on the House Floor as the gentleman from
231 Rhode Island. I get often many of your colleagues relate to
232 me how grateful they are for my leadership on these issues,
233 as they thank me, Patrick, for all that I have done. Which,
234 of course, you can imagine I say, you are very welcome, and
235 take all of the credit for myself. And every now and again,
236 I let you know that, but often I don't.

237 But, Patrick, it is largely to your efforts in Congress
238 that mental health parity is much closer to becoming a
239 reality today than it was a decade ago, and that the
240 Affordable Care Act has allowed 16.4 million previously
241 uninsured people get the coverage that they need. But I
242 think everyone here would agree that we still have a lot more

243 word to do.

244 A lack of access to care has had a heartbreaking
245 consequence across our country. Just recently, I saw a
246 report that stated over 1/2 of youth battling severe mental
247 illness receive absolutely no help at all. Allowing so many
248 children to fall through the gaps in our system leads to
249 substance abuse and addiction, crime, and violence. In
250 Massachusetts, as you know, we are in the midst of an opioid
251 abuse epidemic that cost over 1,000 lives last year alone.
252 Lives of the right and poor, young and old, male and female,
253 black and white. Taunton, a city in my district, we have
254 already tragically seen 10 people die just this year. It has
255 been 7 years since the Paul Wellstone Act was signed into law
256 by President Bush, and another year since those final rules
257 went into effect. Lives cut short in every corner of our
258 country serve as a stark reminder that true parity cannot
259 wait another day.

260 I look forward to hearing from each of our witnesses
261 today about how the bills we are considering and other
262 legislation can help ensure that loved ones battling mental
263 illness and addiction not only have the access to care that
264 they need, but that they can get those services without
265 additional barriers.

266 Patrick, thank you.

267 [The prepared statement of Mr. Kennedy of Massachusetts
268 follows:]

269 ***** COMMITTEE INSERT *****

|
270 Mr. {Green.} Mr. Chairman, whatever time I have left,
271 which is nothing, I would like to yield to my colleague from
272 New York, Congressman Tonko.

273 Mr. {Kennedy of Massachusetts.} Sorry.

274 Mr. {Pitts.} Recognized for 30 seconds.

275 Mr. {Tonko.} I thank Representative Green and the chair
276 for the opportunity.

277 I am pleased we are holding this hearing on such an
278 important topic, and I wanted to take a moment at the outset
279 to acknowledge and welcome my constituent and my friend, Mr.
280 Harvey Rosenthal, to the panel. Harvey and I have known each
281 other for many years, and have long worked together to better
282 the lives of individuals dealing with mental health
283 challenges; most notably, with the passage of Timothy's Law,
284 which brought mental health parity to New York State before
285 even our federal parity protections, which are outstanding.
286 As the executive director of the New York Association for
287 Psychiatric Rehabilitation Services, Harvey's passion and
288 advocacy for individuals struggling with mental illness for
289 over 40 years is unparalleled.

290 So welcome, Harvey. Welcome panelists. I greatly look
291 forward to hearing your testimony today. And with that, I
292 yield back the balance of my time.

293 [The prepared statement of Mr. Tonko follows:]

294 ***** COMMITTEE INSERT *****

|
295 Mr. {Pitts.} The chair thanks the gentleman.

296 I now recognize the chairman of the full committee, Mr.
297 Upton, 5 minutes for an opening statement.

298 The {Chairman.} Thank you, Mr. Chairman.

299 There is no question that mental illness affects
300 millions of Americans and their families, yet sadly way too
301 many are going without treatment and their families are
302 certainly struggling to find care for loved ones. Following
303 the tragic events of Newtown, Connecticut, this committee led
304 a multiyear review of the federal mental health system.
305 Ensuring treatments and resources are available and
306 effectively used for those suffering with mental illnesses
307 has remained the real priority of this committee throughout
308 the past number of years.

309 Particularly--I particularly commend Oversight and
310 Investigations Subcommittee Chair Tim Murphy who has led and
311 spearheaded our thorough review of all federal mental health
312 programs. This committee held a series of public forums,
313 briefings, and investigative hearings to determine how
314 federal dollars are being prioritized and spent on research
315 and treatment, particularly for serious mental illness. To
316 address the flaws discovered in the extensive and wide-
317 ranging examination, Chairman Murphy introduced H.R. 3717,

318 the Helping Families in Mental Health Crisis Act of 2013.
319 And two major pieces of that bill became law in the last
320 Congress, and today we continue our efforts and look upon
321 building on that success.

322 Dr. Murphy has reintroduced his bill in this Congress,
323 building upon the previous bipartisan version while updating
324 it to include new findings from the committee's continuing
325 investigation. H.R. 2646, this year's bill, would remove
326 federal barriers to care, clarify privacy standards for
327 families and caregivers, reform outdated federal programs,
328 expand parity accountability, invest in services for those
329 with serious mental illness, and provide--and promote
330 evidence-based care. Every community, every single one, has
331 been impacted in some fashion, and literally every family as
332 well. To our community leaders on the frontlines, in my
333 district, folks like Jeff Patton, who runs the Kalamazoo
334 Community Mental Health and Substance Abuse Services, we say
335 thank you. And to those families who have been impacted by
336 mental illness in some form, Congress is aware, yes, we are,
337 of your plight, and we can and we must and we will do much
338 better.

339 I want to thank our witnesses for taking the time to
340 testify before the subcommittee, particularly my friend,
341 former colleague, Patrick Kennedy, Virginia State Senator

342 Creigh Deeds. We have an all-star panel, that is for
343 certain.

344 And I yield the balance of my time to the vice chair of
345 the subcommittee, Mrs. Blackburn.

346 [The prepared statement of Mr. Upton follows:]

347 ***** COMMITTEE INSERT *****

|
348 Mrs. {Blackburn.} Thank you, Mr. Chairman. And to our
349 witnesses, we do thank you so much for being here. We are
350 deeply appreciative of the time, and we know Congressman
351 Kennedy has had this as an issue close to his heart for a
352 long time, so we appreciate that you are here to share.

353 I think that Tim Murphy deserves a tremendous amount of
354 credit for the work that he has put into working through this
355 process for the past couple of years. You have 10 million
356 Americans that are in need of services, and who suffer some
357 form of mental illness--severe mental illness. The Federal
358 Government is spending \$130 billion a year, and people are
359 not getting the services that we need. And in our district,
360 Centerstone is a group that we have worked with on these
361 issues for a period of time. And we were looking at the
362 homeless population, some of the figures related there, and
363 the fact that so many of these individuals end up in our
364 jails, and this is something that needs to be addressed.
365 They are sick and they need care. And in Tennessee, there
366 were a total of 21,246 inmates in fiscal year 2013. Of
367 those, 11 percent were diagnosed with a severe mental
368 illness, another 21 percent were diagnosed with nonspecific
369 mental illness, and 16 percent were prescribed at least one
370 psychotropic medication.

371 But, see, we have this gap on outcomes and what the
372 deliverable would be. And we are so grateful to Chairman
373 Murphy's leadership for helping us hone in on this to make
374 certain that needs are addressed, that there is a process for
375 care delivery, and there is a process for these individuals
376 to have a quality of life.

377 And so we are going to have questions for all of you
378 today, and we thank you for your commitment and for your
379 time.

380 And, Mr. Chairman, I yield back.

381 [The prepared statement of Mrs. Blackburn follows:]

382 ***** COMMITTEE INSERT *****

|
383 Mr. {Pitts.} The chair thanks the gentlelady.

384 I now recognize the ranking member of the full
385 committee, Mr. Pallone, 5 minutes for an opening statement.

386 Mr. {Pallone.} Thank you, Mr. Chairman. I know that
387 Patrick Kennedy, our colleague, has gotten all kinds of
388 accolades, but I want to add to it because, you know, I think
389 many of you know, or maybe you don't that, you know, he was
390 dealing and urging us to pass the Mental Health Parity Bill
391 long before we even had it included in the ACA, and then he
392 advocated when we were passing the ACA to expand it, which is
393 exactly what happened. And I also would mention that he is
394 not only an advocate domestically but also internationally.
395 I remember when you and I went to Armenia together, and you
396 went there because of the Special Olympics and trying to set
397 up the Special Olympics in Armenia. So thanks for all that
398 you do, Patrick, and it is good to see you.

399 Today's hearing gives us the opportunity to discuss an
400 important public health issue. According to the National
401 Alliance on Mental Illness, approximately 1 in 5 adults in
402 the U.S., or 43.7 million, will experience mental illness in
403 a given year. Of those people, approximately 10 million live
404 with a serious mental illness, including major depression,
405 schizophrenia, and bipolar disorder.

406 We have taken significant steps forward in recent years.
407 The Affordable Care Act's passage was quite literally the
408 largest expansion of mental health and substance abuse
409 disorder coverage in a generation. The ACA prohibits
410 individuals from being denied coverage due to a preexisting
411 mental health condition. It expands eligibility for Medicaid
412 coverage, and requires most health plans, including Medicaid,
413 to cover mental health and substance abuse services. Not
414 only are services covered, but mental health parity now
415 applies, protecting 62 million more Americans. This means
416 that no insurer can impose requirements that are more
417 burdensome for mental health than they can for physical
418 health.

419 Despite these major advances, far too many individuals
420 still go without the treatment they need to live long,
421 healthy, and productive lives, and more must be done to
422 ensure coverage translates into effective treatments, and
423 actually meets parity standards. That is why I am interested
424 in hearing from stakeholders on what is working, what is not
425 working, before we move forward with extensive or
426 comprehensive legislation. For instance, Parachute NYC is
427 here to discuss an innovative new approach for respite care
428 for the seriously mental ill--mentally ill, and I believe we
429 can learn valuable lessons from this project and others

430 funded through the ACA.

431 Mr. Chairman, unfortunately, like last Congress, the
432 first Health Subcommittee hearing on mental health is one--
433 once again a legislative hearing on the Helping Families in
434 Mental Health Crisis Act. As a result, the subcommittee will
435 focus on solutions as framed by this bill, instead of being
436 framed by the needs of individuals with mental illness and
437 the system that serves them.

438 While I have concerns with this process, I want to
439 recognize that there are provisions of H.R. 2646 that I
440 strongly support, including the increased focus on workforce
441 development and the parity enforcement reporting
442 requirements. However, I am opposed to several provisions in
443 the bill, including its changes to HIPAA that would weaken
444 the privacy rights of individuals with diagnosed mental
445 illness, the conditioning of community mental health block
446 grant funding on the presence of state AOT laws or treatment
447 standard laws, and cuts in funding to substance abuse
448 programs to pay for new mental health programs. As we all
449 know, too often substance abuse and mental health go hand in
450 hand, and we have a crisis in both areas. So I hope that
451 after this hearing we can work together and find common
452 ground to move bipartisan legislation forward that further
453 advances the mental health system in this country.

454 I would like to yield the remainder of my time to
455 Representative Matsui.

456 [The prepared statement of Mr. Pallone follows:]

457 ***** COMMITTEE INSERT *****

|
458 Ms. {Matsui.} Thank you, Ranking Member. And I welcome
459 all you panelists. And nice to see you, Patrick.

460 All of us know that we need to reform our Nation's
461 broken mental health system, and we should all care about
462 this issue before, during, and after a crisis or an event
463 that affects us personally. We shouldn't wait until a person
464 is in an acute crisis to provide needed care and services,
465 and we shouldn't abandon people once the immediate crisis has
466 ended.

467 There is a full spectrum of mental health and illness
468 that our system needs to address, and a full spectrum of
469 treatment options, tolls, and services and supports that we
470 need to make available. We should not prioritize funding
471 only for the highest level of care, such as inpatient
472 hospital beds, at the expense of funding the rest of the
473 continuum of care.

474 I believe in the power of prevention, and that we need
475 to do more to catch many conditions, including mental
476 illnesses, early before they progress. I know our current
477 system is flawed, and I look forward to working with my
478 colleagues to fix it. That is why I introduced the Including
479 Families in Mental Health Recovery Act, which is one of the
480 pieces of legislation that we are discussing today. Stories

481 of patients and their families who suffer mental illness do
482 affect me personally. Time and time again, including what
483 will be in testimonies today, I have heard horror stories
484 from patients, families, and providers about what happened
485 when providers could not communicate with caregivers, and
486 information wasn't shared. I hear from providers and
487 families alike in the mantra; I couldn't share because of
488 HIPAA. However, the language of the HIPAA law does not
489 prevent information-sharing in 99 percent of the stories I
490 hear. Rather, it is a vast misunderstanding,
491 misinterpretation, and overly cautious application of the
492 HIPAA law. This is important. There is a problem here, but
493 HIPAA isn't the root cause of it, which means that changing
494 HIPAA won't fix anything. The root problem is awareness of
495 what is and isn't allowed under the law.

496 The bill that I introduced would do 2 simple things.
497 First, formalize HHS Office for Civil Rights Guidance which
498 clearly outlines how providers can strike the right balance
499 between sharing information with caregivers and protecting
500 patients' privacy. Second, it requires the development and
501 dissemination of a model training program to educate and
502 train providers, administrators, and lawyers, and patients
503 and families on what can and can't be shared under the law.

504 I appreciate this hearing, and I look forward to working

505 with all of you. Thank you, and I yield back.

506 [The prepared statement of Ms. Matsui follows:]

507 ***** COMMITTEE INSERT *****

|
508 Mr. {Pitts.} The chair thanks the gentlelady.

509 That concludes the opening statements of the members.

510 As usual, the written opening statements from the members

511 will be entered into the record.

512 We will now go to our panel, and I will introduce them
513 in the order of their presentations.

514 First of all, the Honorable Creigh Deeds, Senator,
515 Senator of Virginia. Welcome. And then our former
516 colleague, the Honorable Patrick Kennedy, former U.S.
517 Congressman from Rhode Island, founder of the Kennedy Forum.
518 Jeffrey Lieberman, M.D., Chairman, Department of Psychiatry,
519 Columbia University College of Physicians and Surgeons.
520 Welcome. Mr. Paul Gionfriddo, President and CEO, Mental
521 Health America. Steve Coe, Chief Executive Officer of
522 Community Access. Ms. Mary Jean Billingsley, Parent,
523 National Disability Rights Network. And Harvey Rosenthal,
524 Executive Director, New York Association of Psychiatric
525 Rehabilitation Services. Thank you all for coming today and
526 testifying on this very, very important subject. And your
527 written testimony will be made part of the record, and you
528 will each be given 5 minutes to summarize your testimony.
529 So the chair at this point will recognize Senator Deeds
530 5 minutes for your summary.

|
531 ^STATEMENTS OF CREIGH DEEDS, SENATOR, SENATE OF VIRGINIA;
532 PATRICK J. KENNEDY, FORMER U.S. REPRESENTATIVE (RI), AND
533 FOUNDER, KENNEDY FORUM; JEFFREY A. LIEBERMAN, M.D., CHAIRMAN,
534 DEPARTMENT OF PSYCHIATRY, COLUMBIA UNIVERSITY COLLEGE OF
535 PHYSICIANS AND SURGEONS; PAUL GIONFRIDDO, PRESIDENT AND CEO,
536 MENTAL HEALTH AMERICA; STEVE COE, CHIEF EXECUTIVE OFFICER,
537 COMMUNITY ACCESS; MARY JEAN BILLINGSLEY, PARENT, NATIONAL
538 DISABILITY RIGHTS NETWORK; AND HARVEY ROSENTHAL, EXECUTIVE
539 DIRECTOR, NEW YORK ASSOCIATION OF PSYCHIATRIC REHABILITATION
540 SERVICES

|
541 ^STATEMENT OF CREIGH DEEDS

542 } Mr. {Deeds.} Thank you, Mr. Chair, and thank you,
543 members of the committee, for giving me a couple of minutes.
544 Thank you, Congressman Murphy, for making this--making mental
545 health issues--to bringing them to the forefront, to helping
546 develop solutions to help families in crisis throughout the
547 country.

548 When formulating my thoughts about what I wanted to
549 speak about today, how best to use my time, I thought about
550 all the compelling stories that have been shared with me from
551 Virginians and from people all throughout the United States.

552 Honestly, I thought what could be more compelling than the
553 loss of those innocent lives in Newtown, the moviegoers in
554 Aurora, the bright emerging leaders of Virginia Tech, or the
555 dedicated public servants at the Navy Yard.

556 In Virginia, we tinkered around the edges of public
557 policy following the tragedy, but the real reform and
558 meaningful work remains. But if we did not act after all
559 those unspeakable tragedies, what could I possibly say today
560 to you to press upon you the importance of acting, the
561 importance of coming together and finding solutions, many of
562 which are here before you in H.R. 2646.

563 In addition to each of those high-profile cases
564 involving large losses of life, there are tragedies of
565 smaller scales. You can read about Natasha, a woman with
566 mental illness who ends up in jail instead of a mental health
567 treatment facility that can properly care for someone with an
568 illness. When the jail attempts to transfer her, six members
569 of law enforcement in biohazard suits handcuff, shackle, and
570 place a faceguard on her. When she refuses to bend her knees
571 and sit in a transport chair, she is tazed multiple times.
572 She dies. If she was in a mental health facility and needed
573 to be sedated, the staff would have had appropriate options.
574 I can only imagine what she was thinking and feeling when all
575 of those men entered her cell in spacesuits, and I can only

576 imagine how much grief and pain her family is enduring today.

577 You can read about Christian, a 17-year-old boy with a
578 knife, threatening suicide. Law enforcement was called to
579 the scene, and when the boy made movements toward the
580 officer, he was shot dead. I can only imagine the shock and
581 horror of his friend who had called for help.

582 Tragedies happen every day that involve someone in a
583 mental health crisis. Most do not make the news. I have
584 heard so many, and those stories serve to guide me in my
585 review of the mental health system in Virginia. The
586 heartbreak is unbearable. I hear these stories, I hear them
587 every day. People reach out to me for help every day, and
588 the sad truth is that in many ways, there is little I can do
589 to help. The system is not set up in a way that encourages
590 advocacy.

591 One of the primary issues I see is HIPAA. We came
592 together in a bipartisan way in Virginia to adopt meaningful
593 reforms last year and to some extent during the 2015 Session,
594 but nothing we do can circumvent HIPAA. I need, the states
595 need, the Federal Government as a partner in reforming the
596 mental health system. Government was not envisioned to work
597 quickly, and we are geared toward incremental policy changes,
598 but I am telling you, the time for action is now. Families
599 are struggling. People are dying. People are grieving.

600 While there is no panacea, there are things to be done
601 to improve the lives of people with mental illness, promote
602 better outcomes, and to help give some relief to families who
603 are struggling every day. We can accomplish this without
604 jeopardizing the civil liberties of those with mental
605 illness.

606 While I do not like to speak about my own situation, I
607 will end briefly talking about Gus. No legislative action
608 either here in the District of Columbia, nor in Virginia,
609 will bring back my son, but hopefully it will help others
610 keep their loved ones safe. I have four precious children.
611 My three daughters make me prouder every day, but I have
612 forever lost my son. I worked within the mental health
613 system to help Gus when he began to show signs of mental
614 illness. He was brilliant. Everyone in this room would envy
615 his adeptness in picking up languages, his knowledge of
616 religion, his ability to play any instrument he would pick
617 up, and his kindness and gentleness to his fellow man. My
618 world was shaken to its core when he began showing signs of
619 delusional thinking and sporadic behavior. I was just not
620 equipped with the knowledge or the information to help him.
621 HIPAA prevented me from accessing the information I needed to
622 keep him safe and help him towards recovery. Even though I
623 was the one who cared for him, I was the one who fed him and

624 housed him, transported him, insured him, I was not privy to
625 any information that would clarify for me his behaviors, his
626 treatment plan, his symptoms to be vigilant, not--I had no
627 idea. I didn't know his diagnosis, his prescription changes,
628 and necessary follow-up. I had sought to have him
629 hospitalized earlier, so he was wary of my having any
630 information. So I was in the dark as I tried to advocate for
631 him in the best way I could with the best information I had.
632 The last time I tried to hospitalize him, he was turned away.
633 We ran out of time, and law enforcement had to release him.

634 We have to do better. Not for me, not for the countless
635 other families who have already buried their loved ones, but
636 for those who struggle with mental illness and the families
637 that struggle to help them. They are crying out for help.
638 They are desperate, they are exhausted, and they need your
639 leadership.

640 Thank you.

641 [The prepared statement of Mr. Deeds follows:]

642 ***** INSERT 2 *****

|

643 Mr. {Pitts.} The chair thanks the gentleman.

644 Patrick, you are recognized 5 minutes for your opening

645 statement.

|

646 ^STATEMENT OF PATRICK J. KENNEDY

647 } Mr. {Kennedy.} Thank you, Mr. Chairman. First, I think
648 I speak for all of us, Senator Deeds, when we say our hearts
649 go out to you. I don't think there is a person in this
650 country that wasn't moved by your tragedy, and what it speaks
651 to all of us. And the notion that we have let all those
652 tragedies go by, and as a nation, have failed to act is
653 abominable. And I think what you have said is what we all
654 need to hear over and over again; the time is now. And,
655 Representative Murphy, thank you for stepping up. I know you
656 have drawn a lot of criticism, and this bill isn't perfect,
657 but you have had the fortitude to stick with it and to keep
658 pressing. And you have listened to people and you have
659 shaped legislation that moves us forward. Is it the answer,
660 as you rightly said? No, it is just a piece of the answer.
661 But you--as you said at the very start of your remarks, the
662 essential message we need to come out of this hearing is that
663 these are real physical illnesses, and they need to be
664 treated with the same urgency that we would treat cancer or
665 any other fatal or disability in this country.

666 The notion that we treat these issues as moral issues as
667 opposed to medical issues is really the central issue before

668 this committee. And I am honored to have been honored to
669 work with many of you to get the Mental Health Parity and
670 Addiction Equity Act passed. And that bill, if implemented,
671 and I have heard comments already from many of you including
672 my cousin, Joe, will transform the system because if the
673 liability is on payers, including the Federal Government, to
674 treat brain illnesses like any other illness, then they will
675 start to see that an ounce of prevention is worth a pound of
676 cure, that investing in early identification and treatment
677 and intervention is the answer. Just like with cancer, just
678 like with diabetes, just like with cardiovascular disease.
679 We don't wait until these illnesses become pathologized
680 before we treat them. But with mental illness and addiction,
681 what do we do? We wait until you are in crisis before our
682 system ever starts to kick in. And then people blame the
683 system as not working because somehow it doesn't take someone
684 with stage 4 cancer and make them well.

685 Are you kidding me? If we don't intervene early, these
686 illnesses do become intractable. But we don't have to let it
687 be that way. We can intervene early. We can save lives.
688 But the basic premise to all this is just treat these like
689 you would someone with cancer, and not wait around until the
690 illness gets to become worse and in a crisis stage.

691 So, Representative Murphy, I am sure we will have a

692 chance to talk in great length about the details of this
693 bill, but I just want to salute you for putting forth a
694 number of issues that we can talk about and we can begin to
695 explore as ways to improve the system. The system needs
696 accountability. The system needs transparency. And you have
697 been a champion of those things, and I think that they are--
698 throughout your legislation, and it is why I am honored to be
699 here to work with you and my democratic colleagues to make
700 sure that this House passes something to answer what Senator
701 Deeds put forward to us, and that is to act, and to act now.

702 Thank you.

703 [The prepared statement of Mr. Kennedy follows:]

704 ***** INSERT 3 *****

|

705 Mr. {Pitts.} The chair thanks the gentleman. Thank you
706 for your leadership and your passion.

707 Dr. Lieberman, you are recognized for 5 minutes for your
708 opening statement.

|
709 ^STATEMENT OF JEFFREY A. LIEBERMAN, M.D.

710 } Dr. {Lieberman.} Thank you, Chairman Pitts, members--
711 Ranking Members Green and Pallone, and honorable committee
712 members. I am pleased to be here attending this hearing. I
713 also would like to thank Representatives Murphy and Johnson
714 for their enlightened legislation, and express my gratitude
715 to Representatives Upton and DeGette for the critical
716 leadership on the 21st Century Cures.

717 I am a Professor and Chair of Psychiatry at Columbia
718 University, and Psychiatrist in chief at New York
719 Presbyterian Hospital, and have spent my career doing
720 research on the neurobiology and psychopharmacology of
721 psychotic disorders. In addition, I have, throughout my
722 career, taken care of patients, both overseeing clinics with
723 trainees, as well as having patients directly in my own
724 practice. I am a member of the National Academy of Sciences,
725 Institute of Medicine, and the past President of the American
726 Psychiatric Association. I mention this simply to say that I
727 believe that I am in an informed perspective to express
728 knowledgeable opinions about the field of mental illness and
729 mental health care.

730 And in the course of my career, I can say that I have

731 continuously borne witness to all that Senator Deeds and
732 Congressman Kennedy have described to you. The stories are
733 countless, enumerable, and appalling.

734 But in the time I have, I would like to make 3 points.
735 First, that psychiatry is a scientifically based profession.
736 No different from cardiology, neurology, or ophthalmology,
737 although in deference to Representatives Burgess and Bucshon,
738 maybe not as advanced as obstetrics and gynecology and
739 cardiac surgery. But the second is that, although we have an
740 egregious chronic crisis in mental health care, this is
741 solvable. You deal with a lot of problems that are not
742 solvable. Alzheimer's Disease in the aging population,
743 global warming, terrorism. This is a solvable problem. And
744 the third is, I want to describe what providing quality and
745 comprehensive mental health care will do for our country.

746 When I was a medical student in third year in the mid-
747 1970s at George Washington University, I told my advisor that
748 I wanted to go into psychiatry. He exploded and said, what
749 would you do a dumb thing like that for, and throw away a
750 perfectly good career? Psychiatry was then, and still is,
751 the Rodney Dangerfield of medicine. It doesn't get the
752 respect it deserves. But that is because for the first 150
753 years of its existence, psychiatry had little to show for
754 itself. No scientific information of mental illness, no

755 effective treatments. It could do little to help people with
756 mental illness, other than to institutionalize them, and
757 those became appalling snake pits.

758 But that was then and now is now, and everything has
759 changed since the scientific revolution of the latter 20th
760 century, beginning with the arrival of psychotropic drugs.
761 And as a result, psychiatry has a strong scientific
762 foundation, and an array of evidence-based treatments that
763 are effective and safe.

764 What this means is that we have the knowledge and the
765 means to solve this crisis. To do this though, we have to
766 provide a template of comprehensive evidence-based services
767 to health providers at the state, county, and municipal
768 levels, and align financing mechanisms to incentivize to
769 providers to adopt these. In addition, and this is something
770 that is not widely appreciated, we must dispel the stigma of
771 mental illness, just like we have in our society for other
772 things, such as racism, sexism, anti-Semitism. There still
773 is prejudice against mental illness and psychiatry due to its
774 inglorious past, but these anachronistic attitudes confuse
775 people, create fear and mistrust of mental health care, and
776 deter people from seeking and getting help.

777 The Helping Families in Mental Health Crisis Act offers
778 a transformative opportunity. If we are successful, and we

779 can be, we will lessen the burden of illness and improve the
780 quality of life of our citizens. It also alleviates some of
781 the most disturbing and dispiriting problems in our society,
782 including domestic violence, addiction, suicide, the mentally
783 ill who are homeless and increasingly in prisons, the
784 shocking rates of PTSD and suicide in military personnel, and
785 the recurrent episodes of these civilian massacres and mass
786 violence perpetrated by some people with untreated mental
787 illness. As a bonus, comprehensive effective mental health
788 care would also deter the massive inflation in health care
789 costs driven by patients with comorbid mental disorders who
790 receive repeated and unnecessary medical and surgical
791 services.

792 One final comment is that, it is imperative that in the
793 process of revamping our mental health care system, that we
794 be guided by scientific evidence and not ideology or opinion.
795 Science guides cardiovascular medicine, oncology,
796 orthopedics, neurology. It should guide mental health care
797 as well.

798 The 21st Century Cures, I hope, will address an
799 egregious chronic underfunding of the biomedical research
800 community, because ultimately, research is what drives the
801 quality of care. We have the means to solve this crisis. We
802 simply need to find the social and political role.

803 I thank you for having me, and I await your comments and
804 questions.

805 [The prepared statement of Dr. Lieberman follows:]

806 ***** INSERT 4 *****

|

807 Mr. {Pitts.} The chair thanks the gentleman.

808 I now recognize Mr. Gionfriddo for 5 minutes for an

809 opening statement.

|
810 ^STATEMENT OF PAUL GIONFRIDDO

811 } Mr. {Gionfriddo.} Thank you. I want to applaud this
812 subcommittee, and in particular, Congressman Tim Murphy and
813 Congresswoman Eddie Bernice Johnson, for your leadership in
814 this area.

815 As a parent of an adult son with schizophrenia, I deeply
816 appreciate this because for so many of us, this is not just a
817 policy matter, this is our life.

818 As a former state legislator in Connecticut, I know how
819 difficult it can be to build consensus around mental health
820 policy. I, therefore, also appreciate the effort of the
821 sponsors to invite so much feedback during the past year to
822 use it to shape the proposal before you today. In our view,
823 H.R. 2646 is an important start to making comprehensive
824 mental health reform a reality in America.

825 In these brief remarks, let me focus on some areas that
826 are important to MHA. Its emphasis on moving upstream in the
827 process, that is, on intervening before stage 4, is a
828 critical step forward to treating mental illnesses like we
829 treat every other chronic disease. It includes funds for
830 screening, early intervention, and treatment programs. And
831 let me share why this is so important. In the spring of

832 2014, MHA launched an online screening tool through our Web
833 site at MHAscreening.org. To date, nearly 1/2 million
834 screens have been completed; nearly 1/2 by people under the
835 age of 25. Two thirds screen as positive or moderate to
836 severe for the condition for which they have screened, but
837 2/3 of those say they have never been diagnosed with a mental
838 health condition. Screening is the doorway to services and
839 treatment. H.R. 2646 makes screening, especially for
840 children and young adults, a part of the innovation grants,
841 the demonstration grants, the Youth Suicide Prevention
842 Program, the Campus Mental Health Program, among others. And
843 in legislation that emphasizes building on evidence-based
844 programs, we note the importance of innovation, because
845 today's evidence-based program is yesterday's well-evaluated
846 innovation.

847 In addition, it is our hope that you will look to expand
848 the opportunities to integrate health and educational
849 services for our children. My son, Tim, has schizophrenia.
850 He is 30 years old today, living mostly on the streets of San
851 Francisco. He first showed signs of the disease when he was
852 a young child. Throughout his school years, we sought
853 special education services for him, and were frequently
854 rebuffed. This is because those of us making policy a
855 generation ago were not thinking about children like Tim as

856 we implemented our modern special education laws. Today,
857 only 362,000 children in the country receive special
858 education services because of an SED label. That represents
859 only 1 child in every 28 NIMH says has a serious mental
860 health condition or concern. This represents too many
861 tragedies waiting to happen.

862 MHA endorses the empowerment and elevation of the lead
863 federal agency in this legislation, and we hope you will
864 consider adding two additional responsibilities to it. The
865 first would be to establish a common standard, other than
866 danger to self or others, as a trigger to involuntary
867 treatment for SSI, because this is not a clinical standard.
868 The second would be to develop a national plan that would
869 result in an end to the incarceration of nonviolent people
870 with serious mental illnesses. We also endorse the efforts
871 to enhance the mental health workforce in this bill. At MHA,
872 we have a special interest in the peer. And in this
873 legislation, we see an opportunity to develop a properly
874 credentialed peer workforce that work--could work
875 competitively at competitive salaries in clinical settings.

876 With respect to AOT, we support the approach in this
877 legislation that it takes not to mandate it nationwide. We
878 encourage the committee's review of language that may appear
879 to be in conflict with the intent of the sponsors, and revise

880 it if need be. And we also support changes to the privacy
881 rules, because the current rules are an impediment to
882 integrating health and behavioral health care. You can't
883 fully integrate care with only 1/2 a medical record. But as
884 someone who has worked closely in the past in Austin, Texas,
885 with community-based providers seeking to integrate care, I
886 worry that meeting simultaneously the 6 conditions may be so
887 difficult and time-consuming for providers that many will not
888 try.

889 Consider as an alternative this. Clarify the relevant
890 law to eliminate the super authorization needed to share
891 behavioral health information. This will promote integration
892 without compromising an individual's right to manage the
893 release of his or her protected health information. Finally,
894 we understand the need to offset new expenditures with
895 reductions in other areas, but worry that the offsets might
896 come from existing community health programs. If you want to
897 find offsets, please look towards jails and prisons. By
898 sending so many of our children, like my son, Tim, to those
899 21st century asylums, that is where we sent the funding we
900 need for mental health services today.

901 In closing, for more than a century, MHA has argued, for
902 more than a century, that it is well past time to address
903 mental health issues in a comprehensive, thoughtful way, and

904 this is a start. Let's work together to remove the stigma
905 associated with seeking help for mental health concerns, and
906 the discrimination that occurs those who live--against those
907 who live with them. Let's put in place a mental health
908 system that allows us all to move upstream, provide the
909 behavioral health services individuals need and deserve
910 early, and enforce parity in coverage. Let us address mental
911 health concerns before stage 4.

912 Thank you.

913 [The prepared statement of Mr. Gionfriddo follows:]

914 ***** INSERT 5 *****

|

915 Mr. {Pitts.} The chair thanks the gentleman.

916 I now recognize Mr. Coe 5 minutes for your opening

917 statement.

|
918 ^STATEMENT OF STEVE COE

919 } Mr. {Coe.} Chairman Pitts, Congressman Murphy, thank
920 you very much for inviting me to come today. It is a very
921 important legislation, and I congratulate you for your
922 vision.

923 As you can see from my resume, I have worked as a CEO at
924 the same agency, Community Access, for almost 36 years. I
925 like to tell people I may have worked here a long time, but I
926 have had the same job for only 1 day. For instance, I wasn't
927 testifying before Congress yesterday. Next week, I will be
928 at a conference in Norway, learning about assertive community
929 outreach programs in Europe. And with hundreds of employees,
930 and 11,000 tenants in 20 apartment buildings from the Bronx,
931 Manhattan, and Brooklyn, something different is happening
932 every day.

933 Most of what happens at Community Access is inspiring,
934 which is another reason I have worked here so long. As my
935 submitted testimony describes, our organization was founded
936 by family members, led by the brother of a woman who had
937 spent years confined to psychiatric hospitals, and then more
938 years cycling between squalid housing and more hospital
939 wards. His name was Fred Hartman. Fred inspired me, when I

940 met him as a graduate student, studying housing and service
941 models that would break the revolving door cycle, common in
942 the 1970s when states discharged thousands of patients into
943 our communities without proper supports. Fred's day job was
944 Editor of Natural History Magazine, but he was really an
945 activist and an organizer. As a white New York City kid, he
946 had gotten on a bus and went to help black Americans vote in
947 the south. When faced with the human misery and injustice
948 experienced by his own sister, he recruited friends and
949 colleagues, and created a better mousetrap; an improved model
950 of care that would give former patients a safe, stable,
951 affordable home, and basic supports.

952 Community Access started out renting apartments in
953 rundown tenement buildings. Today, we build modern apartment
954 buildings with amenities like free Wi-Fi, 24/7 front desk
955 service. But the core elements remain the same. People
956 choose their own apartments and who they want to live with.
957 They sign leases, they are responsible for their own bills.
958 And our buildings integrate affordable housing for families
959 and children, with units for formerly homeless people
960 recovering from mental illness, referred directly from the
961 New York City shelter system. We even have a subsidy program
962 to encourage pet ownership.

963 Overall, I feel H.R. 2646 supports many of the

964 principles we embrace; an emphasis on results and outcomes,
965 recognizing the valuable role peers can play in the
966 workforce, support for innovation and demonstration projects
967 to test new ideas, and more. But while there is a lot to
968 like in H.R. 2646, the principle vehicle offered to achieve
969 these results, AOT, is not what Fred would do. He believed
970 too strongly in human rights and social justice; passions
971 that I share. We can all agree our system of care fails on
972 many fronts, and nowhere more than in the provision of crisis
973 services and supports. H.R. 26 acknowledges this fact within
974 the title of the bill, to make supportive services available
975 to individuals and families in mental health crisis.

976 H.R. 2646 doesn't spell out what these supports should
977 look like, which makes potential supporters of reform
978 legislation, like myself, extremely wary. AOT is not a
979 defined service. I can mean anything, and not much at all.
980 In New York City, for instance, an AOT-assigned individual is
981 given priority access to supportive housing, which research
982 shows is the most effective tool in promoting community
983 stability, and is entirely absent in many places.

984 What service is going to take place--take its place if
985 this person in crisis is homeless? A higher dosage of
986 medication, a 15-minute visit to a psychiatrist, a hospital
987 bed? Without standards, AOT can mean anything, including

988 interventions that have no evidence-base whatsoever.

989 If we want true reform, let's mandate specific
990 interventions that we know work, and many of which are
991 mentioned in H.R. 2646. Mobile crisis teams, crisis
992 intervention training for first responders. Only 3,000 of
993 the Nation's 18,000 police departments use this commonsense
994 approach. Patient-centered treating planning, targeted case
995 management, psychiatric rehabilitation services, which is
996 evidence-based, peer support and counseling services. Adding
997 a guaranteed housing subsidy, and there have been cutbacks
998 continually in Section 8 at the federal level, 24/7 walk-in
999 centers, peer-operated support lines, like we operate with
1000 the Parachute NYC Program, and reform to the Ticket to Work
1001 Program so it actually becomes a pathway to a job, would
1002 truly transform the lives of millions of Americans with
1003 mental illness.

1004 States are already mandated to provide many services,
1005 including public education and prisons. How fervently they
1006 have chosen to embrace these mandates and fund them varies
1007 widely, and there is no reason to expect a vaguely defined
1008 mandate for an AOT program would turn out any better.

1009 Health care reform, with an emphasis on preventive
1010 services, integrated physical and mental health care, and
1011 crisis supports to avoid costly and traumatic hospital care,

1012 is already driving reform efforts across the country. H.R.
1013 2646 should look to support what is already happening in the
1014 marketplace, and not place another unfunded mandate on our
1015 State governments.

1016 Thank you.

1017 [The prepared statement of Mr. Coe follows:]

1018 ***** INSERT 6 *****

|

1019 Mr. {Pitts.} The chair thanks the gentleman.

1020 I now recognize Ms. Billingsley 5 minutes for an opening

1021 statement.

|
1022 ^STATEMENT OF MARY JEAN BILLINGSLEY

1023 } Ms. {Billingsley.} Good morning, Chairman Pitts,
1024 Ranking Member Green. Thank you for the opportunity to
1025 testify today on this important topic that has touched me and
1026 my family personally.

1027 My name is Mary Jean Billingsley. I have a Master's
1028 Degree in Counseling and Personnel Services, but more
1029 importantly, I am the mother and co-guardian of Tim Costello.
1030 Tim is 22 years old and is dually diagnosed with both
1031 significant mental illness and developmental disabilities.
1032 Tim lives in Johnson County, Kansas. We are one of the
1033 families with a positive outcome that would not have been
1034 possible if the Helping Families in Mental Health Crisis Act
1035 of 2015 was law when my son encountered his problems.
1036 Several provisions of this legislation would have had a
1037 detrimental impact on the work of the Protection and Advocacy
1038 for Individuals with Mental Illness, the PAIMI program, in
1039 addressing Tim's needs. The changes to the PAIMI program in
1040 this bill would not help families, but would, in fact, harm
1041 families like ours.

1042 Tim's mental illness manifests itself with certain
1043 behaviors. Because of these behaviors, Tim was placed in

1044 psychiatric--in a psychiatric institution in 2010. He was 17
1045 at the time. In the summer of 2011, Tim was going to be
1046 discharged with no plan, and without proper supports in
1047 place. Without those supports, Tim's discharge was doomed to
1048 fail. We were devastated. Because Tim has both significant
1049 mental illness and a developmental disability, the different
1050 providers were trying to pawn Tim off to each other. Tim was
1051 always somebody else's problem. Without the right supports,
1052 Tim was going to continue to cycle in and out of
1053 institutions, at a high cost to both taxpayers and Tim's
1054 ability to recover.

1055 Tim wanted to live in the community. Our family wanted
1056 Tim to live in the community. This is a right granted under
1057 the Americans With Disabilities Act, allowing him to get
1058 needed treatment in the community instead of at an expensive
1059 psychiatric institution. We contacted the Disability Rights
1060 Center of Kansas, the federally mandated protection advocacy
1061 agency for people with disabilities, which operates the PAIMI
1062 program. Because of the PAIMI program, DRC was able to help
1063 Tim and my family with his complex situation. Sorry, I
1064 missed a page, excuse me.

1065 Every brick wall the system threw up against up, the
1066 PAIMI program gave DRC the authority to tear it down. Kansas
1067 policy made it impossible for young adults like Tim to

1068 transfer out of psychiatric institutions to community long-
1069 term care programs with needed supports. DRC was able to
1070 negotiate a change in this policy, allowing Tim to obtain
1071 services through the Money Follows the Person Program, and
1072 obtain the long-needed supports in order to live successfully
1073 in the community.

1074 This bill would prohibit PAIMI-funded programs from
1075 engaging in much-needed policy work, even using nonfederal
1076 dollars. Tim's civil and human rights under the ADA would
1077 not have been protected.

1078 Tim was living successfully in the community, and we
1079 thought our problems were over, but they were only beginning.
1080 Tim then faced discrimination simply because of his
1081 disability. Some local governments in Johnson County,
1082 Kansas, started using zoning and land use ordinances to
1083 attempt to close Tim's community group home, as well as
1084 others. A not-in-my-back-yard attitude prevailed, targeted
1085 against Tim and others, because some did not want those
1086 people living in their neighborhood. We, again, contacted
1087 DRC for help. After failed attempts to work with local
1088 governments, Tim and 16 similar individuals with disabilities
1089 urged DRC to file disability discrimination complaints with
1090 Housing and Urban Development, alleging violations of federal
1091 and state laws. The HUD case is currently pending.

1092 If this bill were law, the PAIMI program would have been
1093 prohibited from helping our son with legal advocacy in the
1094 housing discrimination case because it is not abuse and
1095 neglect. The current PAIMI law has no such limitation.
1096 Without the help of DRC and the PAIMI program, Tim would
1097 still be cycling in and out of institutions. The resolution
1098 of Tim's current discrimination case may require DRC to seek
1099 a change in policy through legislation or local ordinances,
1100 which they currently can do using nonfederal funds. H.R.
1101 2646 will prohibit this, and severely limit the remedies
1102 available for Tim.

1103 Tim's case was complicated. The PAIMI program gave DRC
1104 the ability to engage in every aspect of protecting Tim's
1105 rights, including the flexibility to use nonfederal dollars
1106 to engage in needed policy change. Tim's prior
1107 institutionalization and current housing discrimination
1108 involves numerous disability rights issues, including unjust
1109 denial of Medicaid services, violation of rights under the
1110 ADA and housing discrimination. Often the issues faced by
1111 people with mental illness are not abuse and neglect, but the
1112 problem of human and civil rights.

1113 In closing, this bill would limit the authority of the
1114 PAIMI program to cases of abuse and neglect, making it far
1115 easy to discriminate against and violate the rights of people

1116 with mental illness. It would also eliminate advocacy for
1117 policy changes, even with nonfederal dollars, on behalf of
1118 persons with disabilities, including mental illness. Those
1119 provisions are bad for families and bad for my son, Tim.

1120 Thank you for the opportunity to testify.

1121 [The prepared statement of Ms. Billingsley follows:]

1122 ***** INSERT 7 *****

|
1123 Mr. {Pitts.} The chair thanks the gentlelady, and now
1124 recognizes Mr. Rosenthal 5 minutes for his opening statement.

|
1125 ^STATEMENT OF HARVEY ROSENTHAL

1126 } Mr. {Rosenthal.} Good morning, and thank you this
1127 extraordinary opportunity to testify today.

1128 I am Harvey Rosenthal--

1129 Mr. {Pitts.} Is your mike on?

1130 Mr. {Rosenthal.} Yes.

1131 Mr. {Pitts.} Yeah, go ahead.

1132 Mr. {Rosenthal.} Thank you. Sorry about that. Forty--
1133 a person in 43 years of recovery from a bipolar disorder,
1134 with 40 years of experience working in the field, 18 in a
1135 hospital, clinic and rehab program, with 22 working as an
1136 advocate who has come to sit on New York's Medicaid Redesign
1137 Team, its Behavioral Health Workgroup, and our Most
1138 Integrated Setting Council.

1139 Thank you for including a recovering person here. I
1140 urge you to include more of us in these deliberations.

1141 My experience will--has told me that the best way to fix
1142 a broken system isn't by forcing people into the exact same
1143 services that have failed them in the past. It won't be
1144 achieved by reducing privacy protections, limiting access to
1145 personal and systemic advocacy, or by all of a sudden moving
1146 sharply to a medical biological bent in ways that could undo

1147 or jeopardize the extraordinary gains of the recovery and
1148 consumer-focused approaches that have taken us decades to
1149 develop.

1150 I want to--if you--I am actually--we are not working on
1151 my comments. They will tell you, in my written comments,
1152 they will explain my position.

1153 I wanted to--I woke up this morning and I felt like I
1154 had to use and focus on a word that isn't--has barely been
1155 discussed today, and that is recovery.

1156 And so as I said before, recovery, rehabilitation,
1157 consumer and peer support movements have changed the face of
1158 service delivery to people with the most serious mental
1159 health conditions in this country and around the world.
1160 Before these movements took hold, our system told people they
1161 would never get well, never have intimate relationships,
1162 never get a job, and never be able to make most of their most
1163 personal decisions. I know because I saw it every day when I
1164 worked in the state hospital. We told people that they would
1165 never get a job, that they would be poor, idle, isolated, and
1166 segregated from society. They would be permanently disabled.
1167 The primary treatments of the day were medication and
1168 hospitalization. And I know we are talking a lot about that
1169 here in the bill, but we are not talking enough about
1170 recovery. We are talking a lot about meds and beds, but not

1171 enough about recovery.

1172 Our movements brought hope to people and their families,
1173 many for the first times. Hope was, and it is still not
1174 enough, a part of our toolkit. Even the sickest person can
1175 improve and get well. Although they are dissuaded from going
1176 to services if the service message is that you are sick, that
1177 you need to take medication, that you can't make decisions,
1178 that you will face coercion, that your privacy rights will be
1179 violated. It is not a way to engage people.

1180 I will tell you a way to engage people. We run a peer
1181 bridging program in the streets of New York City. We work
1182 with the hardest to serve; people that are very sick, and
1183 don't have good housing, who have addiction and trauma, and
1184 are, by definition, hard to find, victims of abuse, veterans.
1185 These are our greatest challenges. We developed a model of
1186 peer bridging that hits the streets. Too much of our system
1187 stays in the office and blames the patient. We hit the
1188 streets, and we go again and again and again to engage
1189 people. We work with families. We have helped hundreds of
1190 people in the city, reduce their reliance--reduce their
1191 relapses and their readmissions by 50 percent. Yet these
1192 services have not reached the standard of evidence-based
1193 practice. We must--we are talking about research on brains.
1194 We have to also do research on peer services and recovery

1195 services because otherwise, we will undo them.

1196 When we talk about AOT, we are typically mandating
1197 people to take medicine in a hospital. When we talk about
1198 limiting what PNAs do, we are talking--again, we are fearing
1199 that people will get off medications. When we are talking
1200 about the IMD exclusion, we are talking about more beds. We
1201 have come a long way to just talk about medications and beds.

1202 And, you know, when we talk about importing all of
1203 SAMHSA into the office of a new Assistant Secretary, we are
1204 gambling on the possibility that all of the work that has
1205 been done to transform and offer hope, recovery, wellness,
1206 employment, community integration, person-centered and self-
1207 directed care, might get lost in a large bureaucracy.

1208 There are some out here that believe the recovery
1209 movement is the enemy; that we are not interested in working
1210 with the sickest individuals. But I can tell you that we
1211 have helped tens of thousands of people stay out of jails and
1212 prisons and homeless shelters, and avoid suicide. We must
1213 absolutely be able to really focus in funding these programs.
1214 We greatly--so we greatly need to offer the promise of
1215 recovery to people. You will see in my comments that we
1216 support a number of the things that Chairman Murphy--we laud
1217 him for his passion, but we really need to see a full range
1218 of recovery services, like Steve has talked about. There is

1219 not enough focus here in the bill, and it has to be said.

1220 Thank you.

1221 [The prepared statement of Mr. Rosenthal follows:]

1222 ***** INSERT 8 *****

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1223 Mr. {Pitts.} The chair thanks the gentleman. Thanks to
1224 all of our witnesses. That concludes the opening statements
1225 of our witnesses.

1226 We will now begin questioning, and I will recognize
1227 myself 5 minutes for that purpose.

1228 Dr. Lieberman, we will start with you. Do you believe
1229 that the community mental health system, developed in the
1230 1960s, was designed to serve the needs of individuals who
1231 experienced the most chronic and severe manifestations of
1232 mental illness, and if not, what are the consequences of
1233 this?

1234 Dr. {Lieberman.} Mr. Chairman, it may have been
1235 designed with that intent, but it was really woefully naïve
1236 and ill-conceived and it failed miserably. I mean the idea
1237 was to humanize mental health care by being able to move
1238 patients from institutions into the community, and have them
1239 receive an array of support services, including housing,
1240 including case management, including medication and
1241 rehabilitation, but none of that was there, and they simply
1242 fell through the cracks. And we have never sort of regained
1243 traction on that program and that population since.

1244 Mr. {Pitts.} Mr. Gionfriddo, how has the
1245 deinstitutionalization of the mentally ill worked out over

1246 the past 1/2 century? In your opinion--in your experience,
1247 why do so many mentally ill individuals pass through our
1248 criminal justice system or end up homeless, and are these
1249 individuals getting treatment while in prison or living on
1250 the streets?

1251 Mr. {Gionfriddo.} Those of us who were policymakers in
1252 the 1970s and '80s really didn't understand two things about
1253 our system. One was that we were going to have to put front
1254 and center the kind of clinical services and support services
1255 that people would need when they were not in institutions.
1256 The second was we didn't understand that the pipeline was a
1257 pipeline of children, that these were illnesses that
1258 primarily affect initially children and young adults. And so
1259 as a result of that, what we have ended up doing with
1260 deinstitutionalization, the kind that we did in the '70s and
1261 '80s, was a reinstitutionalization of people into prisons.
1262 And those prisons and jails are not at all connected with the
1263 rest of the system, and that is a real tragedy.

1264 Mr. {Pitts.} Mr. Kennedy, at the present time, how does
1265 the IMD exclusion impact on the availability of clinically
1266 effective inpatient treatment options, particularly for
1267 Medicaid enrollees? How, if at all, would Title V of H.R.
1268 2646 go about fixing that?

1269 Mr. {Kennedy.} Well, first of all, we have to

1270 understand that if we are going to treat these illnesses like
1271 all other illnesses, if the illness is critical and needs
1272 intensive inpatient treatment, you wouldn't limit that if it
1273 were the cancer patient, you wouldn't limit that if it was
1274 the cardiovascular patient, and you shouldn't limit that
1275 simply because the patient is someone with a psychiatric
1276 disorder.

1277 So I understand the derivation of this IMD exclusion.
1278 It came out of the days when people were warehoused, where
1279 care was substandard and horrifying, and yet we took a polar
1280 opposite approach by just not paying for any inpatient
1281 treatment as a result. Now we have progressed 5 decades, and
1282 we are stuck in the same mentality as 5 decades ago? No. We
1283 should follow the science, treat these illnesses as real
1284 illness, and in doing so, treat them if they need to be
1285 treated in inpatient settings, do so, and not preclude that
1286 as an option.

1287 Mr. {Pitts.} Senator Deeds, why is it important that we
1288 have enough hospital beds for the most seriously mentally ill
1289 who need hospitalization? Isn't a large part of the problem
1290 not just the lack of sufficient inpatient beds, but also the
1291 absence of any systematic way for the states to determine in
1292 a timely fashion where a vacant bed may be located?

1293 Mr. {Deeds.} That is a really good question. The

1294 reality is that when we moved to a community-based system, we
1295 reduced dramatically the number of beds we have all over the
1296 country. It is not just a national problem, it is not just a
1297 Virginia problem, it is everywhere in the country. And, you
1298 know, as Representative Kennedy said, you know, when a person
1299 has a heart attack, they are not turned away from an
1300 emergency room because they--the emergency room is full. It
1301 is just like when a person commits murder, they are not
1302 turned away from a jail because a jail is full. When a
1303 person has a mental health crisis, we have to find a bed.

1304 And in my view, you know, hopefully, the larger number
1305 of people who need to be treated can be treated in the
1306 community, and we are not going to have to put them in an
1307 institution. But in--also in my view, we--and at this time,
1308 we have a shortage of beds nationally for those who have
1309 long-term mental health issues that need some period of
1310 institutionalization, sometimes 30 days or more. We don't
1311 have the capacity in Virginia to provide that service to
1312 people.

1313 Mr. {Pitts.} Dr. Lieberman, you wanted to add
1314 something?

1315 Dr. {Lieberman.} If I could add something, Mr.
1316 Chairman. This is an egregious problem that is complicated
1317 but understandable. What happened was that the inpatient

1318 length of stay for most individuals with psychiatric illness
1319 in the 1960s and '70s was months, if not years. And they
1320 were either in state--in mental institutions, or they may
1321 have been receiving long-term psychotherapeutic treatment in
1322 the kind of euphemistically named institutions out in rural
1323 areas, like--typified by what the Menninger Clinic was. And
1324 when payers and the government found out the conditions in
1325 hospitals were terrible, and people weren't getting better
1326 and discharged, and psychotherapy and psychoanalytical
1327 treatment wasn't doing anything either for serious mental
1328 illness, they said, we are not going to pay for this stuff.

1329 The government health insured--Washington, D.C., when I
1330 went to medical school in the 1970s, had the highest
1331 concentration per capita of psychiatrists of any city in the
1332 country. Do you know why? Because GHI paid for
1333 psychoanalysis. That stopped pretty quick when there was no
1334 evidence to support it, and people started getting concerns
1335 of health care costs.

1336 So the kneejerk reaction was to go the other way and to
1337 limit length of stay, which plummeted down to now the single-
1338 day digits--single digit days as average length of stay.

1339 In my hospital, New York Presbyterian Hospital, the
1340 largest health provider in the New York metropolitan area,
1341 the average length of stay range--I mean the occupancy rate

1342 in the hospital in medical surgical services ranges from
1343 maybe 60 percent to 85 percent, and in the psychiatry units
1344 it is 100 percent always, and the psych ED is the same thing.
1345 But the hospital, which is struggling for financial
1346 viability, will never give me another bed because it is not
1347 financially desirable to do so. And so we are caught in this
1348 quandary. As Senator Deeds said, if we had an effective
1349 mental health care system which could deter people coming
1350 into it by preventive care, which provided adequate
1351 ambulatory care to keep people from having to come into the
1352 hospital, we would decompress this, but it will take time.

1353 Mr. {Pitts.} The chair thanks the gentleman.

1354 Time--my time has expired. The chair recognizes the
1355 ranking member, Mr. Green, 5 minutes for questions.

1356 Mr. {Green.} Thank you, Mr. Chairman. I want to thank
1357 all our panel.

1358 My experience outside of being a legislator is as a
1359 lawyer doing probate work in the 1980s in Houston, Harris
1360 County. I was so proud when we got a Harris County
1361 psychiatric center, managed by the University of Texas Health
1362 Science Center. But we have fewer beds there today than we
1363 did in 1988, and that is the frustration I think seen around
1364 the country.

1365 We--but when I was practicing law, I was so happy when I

1366 found somebody who actually was a veteran because I could get
1367 them into our veterans hospital that had real treatment, and
1368 we didn't have to wait for a bed. And that is our problem,
1369 and I know it is even worse today because of the growth in
1370 our population.

1371 My frustration back then was that very few insurance
1372 policies covered mental health. And I know the Affordable
1373 Care Act did much to advance mental health care largely by
1374 extending coverage for mental health and substance use
1375 disorders. It required new and small group plans--insurance
1376 plans to cover these services as essential health benefits.
1377 In addition to advancing parity of coverage, the ACA
1378 authorized the Center for Medicare and Medicaid Innovation,
1379 the CMMIs, to test innovative models of care. The first
1380 round of health care innovation grants CMMI--10 were focused
1381 specifically on mental health.

1382 Mr. Coe, in your testimony you described the work
1383 Community Access has done to create programs that provide
1384 innovation and tailored services to people experiencing
1385 psychiatric episodes. I understand Community Access received
1386 the Health Care Innovation Grant from CMS to create Parachute
1387 NYC, or New York City.

1388 Mr. {Coe.} Right. Thank you, Congressman. That is
1389 correct. Community Access, in partnership with the City of

1390 New York, applied for a grant to create alternatives to
1391 hospital care, and the city called it Parachute NYC. The--it
1392 means a soft landing for people in a psychiatric crisis.
1393 Then the Parachute Program--so there is--it actually created
1394 4 residences; 1 in--Staten Island got left out again, but 1
1395 in each borough, as well as enhancing the workforce by adding
1396 peers to mobile crisis teams, and creating a peer-run support
1397 line. So our residence opened first in January of 2013, so
1398 we have run it just for about 2 years.

1399 We had almost no guests for the first 6 months. We had
1400 five, six guests. We had a capacity for seven. We had over
1401 100 people in the last 5 months. So--and 25 percent of those
1402 were self-referrals. So if you put a service out that is an
1403 experience that people appreciate, they will flock to it.
1404 People can come and go. People are encouraged to, you know,
1405 talk to staff. Our staff are all peers. We had 800
1406 applicants for 14 positions. So we--and then training people
1407 on how to talk and listen to people, and brought in evidence-
1408 based practice to do that.

1409 New York has made a deal with the Center for Medicaid
1410 and the Government to reduce actually the usage of hospital
1411 use by 25 percent over the next 5 years, including Dr.
1412 Lieberman's hospital, which is part of the reform plan, by
1413 creating more respite services, mobile crisis teams. Our

1414 mobile crisis teams take 48 hours to go out. In Pierce
1415 County, Washington, they take 48 minutes to go out. And a
1416 family in crisis needs a response, it needs a place to call,
1417 they need a--and then they need somebody to respond when the
1418 call is made.

1419 So Parachute NYC was a package of improving mobile
1420 crisis, offering alternatives to hospitalization, offering
1421 support lines, and expanding the peer workforce.

1422 Mr. {Green.} Mr. Coe, do you think that program could
1423 be replicated around the country, although I know we have a
1424 lot of programs all over the country that actually may not be
1425 Federal Government funding, but actually coming from the
1426 community?

1427 Mr. {Coe.} It is a simple model. I think that the
1428 idea--and I think the resistance that we faced initially was
1429 that it wasn't going to be safe, that peers are going to be
1430 running it, therefore, it is not going to be a safe place for
1431 people to go. So we had open houses, we had cake sales, we
1432 had things--we had people come and meet the staff. The staff
1433 went out and did presentations to agencies to--so they could
1434 see who worked there. We also linked to medical facilities
1435 and health care. So we don't ignore that safety is first.
1436 So you take care of people when they come in the door, if you
1437 notice a problem, you can seek help, but it has to be done--

1438 it has to be a system, and it can't be just one thing. It
1439 has to be organized, system-wide. And there are very few
1440 places around the country where they have done that.

1441 The crisis intervention teams, and a lot of--Arlington,
1442 Virginia, has a great program. Mental health, police, drop-
1443 off centers. Very well organized, they meet monthly. That
1444 is the kind of comprehensive--

1445 Mr. {Green.} Okay.

1446 Mr. {Coe.} --service that you can put together. So,
1447 yes.

1448 Mr. {Green.} Thank you, Mr. Chairman. I know I am out
1449 of time. But, Ms. Billingsley, I wanted to ask you a
1450 question. I will submit it and we will get a response about
1451 the success with your job. So thank you.

1452 Mr. {Pitts.} The chair thanks the gentleman.

1453 Now recognize the vice chairman of the full committee,
1454 Mrs. Blackburn, 5 minutes for questions.

1455 Mrs. {Blackburn.} Thank you, Mr. Chairman. And thank
1456 you to each of you.

1457 I am going to come to Senator Deeds and Rep. Kennedy and
1458 Mr. Rosenthal. And I--as I said, we have worked on this.
1459 Chairman Murphy has done such a tremendous job on this, and
1460 we want to have a piece of legislation that we can put in
1461 place, get signed into law, and then have that foundation

1462 that will work us toward parity.

1463 With that in mind, what I would like for the 3 of you
1464 that I have mentioned, and, Senator Deeds, let's start with
1465 you, to just talk to me, give me the 2 or 3 things that you
1466 think are best about the bill that will be most helpful, and
1467 then the couple of things that probably you think we need to
1468 go back to the drawing board on. And very quickly to the 3
1469 of you, and then the others of our esteemed panelists, I
1470 would like for you to just submit that to us in writing.

1471 I think as we drill down, and as we get something ready
1472 to move forward, give me your thoughts. This is helpful to
1473 us as we plan forward.

1474 Mr. {Deeds.} And honestly, you know, I was provided a
1475 summary of the bill, and that is what I read, and so I have
1476 not read--I have not--I don't know that I have all the
1477 details to give you the answer to that question precisely.
1478 And maybe I can do that in writing later on.

1479 Mrs. {Blackburn.} That is acceptable.

1480 Mr. {Deeds.} The part of the bill that I really like
1481 are the changes to HIPAA. You know, I hear from so many
1482 people--I mean since my son died, the last 19 months I get
1483 messages, I get email, I get Facebook messages, I get
1484 contacted by people all over the country every day. Mothers
1485 and fathers, older brothers and older sisters who care for a

1486 loved one who has a mental illness, who can't get the
1487 information that they--and they are in basically the same
1488 situation I am in, and I think--

1489 Mrs. {Blackburn.} Okay. So for you, the number one
1490 would be the changes to the HIPAA laws.

1491 Mr. {Deeds.} HIPAA, yes.

1492 Mrs. {Blackburn.} You like that. That is something
1493 that would help you as a caregiver.

1494 Mr. {Deeds.} It--

1495 Mrs. {Blackburn.} Okay.

1496 Mr. {Deeds.} It would--it--I mean nothing is going to
1497 help me. I am done.

1498 Mrs. {Blackburn.} I--yes, sir--

1499 Mr. {Deeds.} But it is going to help the next person.

1500 Mrs. {Blackburn.} --I understand, but I mean to that
1501 type situation.

1502 Mr. {Deeds.} Right.

1503 Mrs. {Blackburn.} And I appreciate that so very much.
1504 And I appreciate your willingness to work with us on this.

1505 Patrick?

1506 Mr. {Kennedy.} Thank you, Representative Blackburn. I
1507 would say, obviously, we have all spoken about prevention as
1508 the main policy we should all adopt, but I don't want this
1509 hearing to end up becoming this false dichotomy that it is

1510 one or the other. Obviously, payers want to do it on the
1511 cheap. So if they can hire a bunch of peer support folks,
1512 they are going to do it. And if they can deny inpatient
1513 treatment, they are going to do it. So we just have to be
1514 mindful that one doesn't preclude the other.

1515 I like the recovery model. I am a beneficiary of the
1516 recovery model. But God forbid we use that as an excuse to
1517 preclude the medical treatment that people need when they are
1518 in crisis. This is not an either/or issue. We need both.
1519 And so I would say that. And I would finally say this. 42
1520 C.F.R., if we are going to move forward in the 21st century,
1521 we need to have brain illnesses included in your medical
1522 record or else we are never going to get the comprehensive,
1523 you know, support that--

1524 Mrs. {Blackburn.} Okay.

1525 Mr. {Kennedy.} --someone needs in their care. And I
1526 love that about--

1527 Mrs. {Blackburn.} Okay, so we have HIPAA and we have a
1528 both-end approach, not an either/or.

1529 Mr. {Kennedy.} Yes.

1530 Mrs. {Blackburn.} Okay.

1531 Mr. Rosenthal?

1532 Mr. {Rosenthal.} Thank you. The parts of the bill that
1533 I like the best are the focus on integration of health care

1534 and mental health care, and the better coordination of
1535 criminal justice in mental health. There is no question that
1536 so many of our most vulnerable people really have all these
1537 issues, and the coordination is essential.

1538 In New York, thanks to the Affordable Care Act, we are
1539 implementing health homes which are linking all of these--all
1540 these systems to work together. One staff person, one
1541 record, one plan.

1542 The second thing, and I am really just not sure how to
1543 read the bill, but it looked like something we had talked
1544 about, Congressman Murphy, about outreach and engagement.
1545 You have a section in the block grant section which appears
1546 to say that you must have a good outreach and engagement plan
1547 in order to get the block grant, and that the strategies
1548 there may or may not have to have AOT in them. So I think a
1549 lot of us believe that this really aggressive but not
1550 coercive outreach and engagement, relentless outreach and
1551 engagement, is critical, and it seems like you are very
1552 focused on that, and I think that is just--is tremendous. It
1553 is on the front end that we are going to have to do the most
1554 work.

1555 And the third thing is Interagency Serious Mental
1556 Illness Coordinating Committee. I think it really brings
1557 together all kinds of agencies and leads and expertise. The

1558 only thing I would say about that is it should include SAMHSA
1559 and the Centers of Medicaid and Medicare. It is the number 1
1560 funding stream, Medicaid, is in America, and that is our best
1561 change. The outcomes associated with that, the incentives.

1562 Mrs. {Blackburn.} All right.

1563 Mr. {Rosenthal.} The things I like the least, well,
1564 assisted outpatient treatment really had its origins in New
1565 York in a very big way. I have been working in opposition of
1566 that for a very long time, and I do that because I don't
1567 believe it has been proven to be an effective strategy.

1568 There have been studies, first at Bellevue, that compared--
1569 gave everybody better services, and compared--and gave some
1570 court orders, and the study found it was the more and better
1571 services that got it done, not the court orders.

1572 The legislature was so concerned about that that they
1573 ordered a comparison between voluntary and involuntary--am I
1574 out of--

1575 Mrs. {Blackburn.} Mr. Rosenthal, I am sorry, my time
1576 has expired, and--

1577 Mr. {Rosenthal.} Sorry.

1578 Mrs. {Blackburn.} --if you can submit this--

1579 Mr. {Rosenthal.} I will write it to you.

1580 Mrs. {Blackburn.} --in writing. Thank you all so much.

1581 Yield back.

1582 Mr. {Pitts.} The chair thanks the gentlelady.

1583 I now recognize the ranking member of the full
1584 committee, Mr. Pallone 5 minutes for questions.

1585 Mr. {Pallone.} Thank you, Mr. Chairman.

1586 The--I wanted to ask my questions of Mr. Rosenthal. We
1587 can't talk about mental health coverage without talking about
1588 the Affordable Care Act's Medicaid expansion. Can you
1589 comment on how Medicaid expansion has expanded access to
1590 mental health and substance abuse services? And I ask that
1591 because, to put this in context, 22 states have declined to
1592 expand Medicaid at this time, leaving 3.7 million uninsured
1593 adults with serious mental illness unable to obtain coverage.
1594 And I hope those states will see both the economic and moral
1595 benefit of Medicaid expansion, you know, sooner rather than
1596 later. And your answer to this question may provide, you
1597 know, some reason as to why they should do that.

1598 Mr. {Rosenthal.} Thank you. The Medicaid program of
1599 the past was a very rigid and limited program, very focused
1600 on illness and symptom management but not, as I said earlier,
1601 about all of the domains of recovery that are essential.

1602 We now have in this country a Medicaid Expansion Program
1603 and a greater use of Medicaid managed care, where the focus
1604 is on outcomes and improved services, and a diversity of
1605 services, including supports for even the social nutrients

1606 of health; housing, employment, things that really matter in
1607 peoples' lives. So the expansion, I think, really brings in
1608 people who currently are shut out, including people--I am
1609 sorry, people in addiction recovery and some of the programs
1610 that they require. So it is an extraordinary time to watch
1611 Medicaid reform and Medicaid expansion because I think
1612 millions and millions of Americans, without getting access to
1613 that, will be shut out and will be subject to poor care and
1614 poor treatment.

1615 Mr. {Pallone.} I mean is it fair to say that lack of
1616 insurance coverage is not only a significant barrier, but
1617 maybe the most significant barrier to someone receiving
1618 consistent care for a serious mental illness?

1619 Mr. {Rosenthal.} Absolutely.

1620 Mr. {Pallone.} Okay.

1621 Mr. {Rosenthal.} And you know where that really turns
1622 up is people who are in jails and prisons who lose their
1623 Medicaid, it is shut off, and at that critical moment of
1624 discharge, planning, if the Medicaid is not in force, people
1625 fall within the cracks.

1626 I read somewhere that people in addiction, if they don't
1627 get help in 20 days, 30 percent of them die. It is a very
1628 strong figure. So Medicaid access is critical, and in that
1629 system in particular, people are leaving jails and prisons

1630 without the services they need, and that is why we get so
1631 much re-incarceration and tragedy.

1632 Mr. {Pallone.} All right, I wanted a second question
1633 about Programs of Regional and National Significance, the
1634 PRNS. H.R. 2646 would create new grant programs that would
1635 be funded through a 20 percent cut on Programs of Regional
1636 and National Significance, and on SAMHSA's general funding
1637 authority. And I wanted to focus on the possible effect of a
1638 20 percent reduction in funding for PRNS grant programs.
1639 SAMHSA's Center for Mental Health Services currently funds
1640 mental health first aid training for teachers and other
1641 adults who interact with youth. That training equips them
1642 with the tools needed to detect and respond to mental illness
1643 in children and young adults. That PRNS program received \$15
1644 million in fiscal year 2014 and 2015 to provide grants to
1645 states and local education agencies.

1646 So, Mr. Rosenthal, if SAMHSA's PRNS authority was
1647 reduced by 20 percent, \$3 million would potentially have to
1648 be cut from that program. In general, what would a 20
1649 percent cut in grant funding for community programs mean to
1650 those existing programs?

1651 Mr. {Rosenthal.} Well, I think it would be a loss of
1652 access for many, many Americans in need. Certainly, the
1653 Mental Health First Aid Program has been so critical in

1654 educating the communities, the police, other important
1655 groups, and if that is cut, then that is that many
1656 communities and that many people and families who won't have
1657 the benefits of first aid.

1658 I am not familiar enough with all of the Programs of
1659 Regional and National Significance, but I reviewed them
1660 briefly, and there are a number of recovery programs that, if
1661 they were cut by 20 percent, again, where there is a real
1662 emphasis on AOT and not enough, I think, on the recovery side
1663 of things.

1664 Mr. {Pallone.} Well, in addition to cutting mental
1665 health programs, H.R. 2646 would cut substance abuse programs
1666 to pay for those new mental health programs. A program that
1667 could be cut is funding for states to enhance or expand their
1668 treatment services to increase capacity and access to
1669 evidence-based Medication Assistance Treatment, or MAT. And
1670 the fact is America is facing a public health crisis related
1671 to the misuse and abuse of opioids, and we should not be
1672 cutting, in my opinion, any funding for that or for other
1673 SAMHSA substance abuse programs.

1674 Thank you, Mr. Chairman.

1675 Mr. {Pitts.} The chair thanks the gentleman.

1676 I now recognize the vice chair of the subcommittee, Mr.
1677 Guthrie, 5 minutes for questions.

1678 Mr. {Guthrie.} Thank you, Mr. Chairman.

1679 Senator Deeds, I used to serve in the Kentucky State
1680 Senate, and you mentioned in your testimony that you had
1681 bipartisan efforts at the state level. You didn't really
1682 elaborate on those. Can you just kind of--for a few minutes
1683 of--about a minute or so, what you did, and then how the
1684 Federal Government can help states doing what you want to do
1685 there?

1686 Mr. {Deeds.} At the state level, you know, when I went
1687 back to the General Assembly after--just a few weeks after
1688 all of this happened, to me, my scars were red and my eyes
1689 were too. People there knew me because I have been in the
1690 General Assembly for a long time. I have got--I am a
1691 bipartisan guy. I am a partisan democrat, but I have friends
1692 on both sides of the aisle. They knew my son, because he had
1693 been on the campaign trail with me for years. So I was able
1694 to cobble folks together to get things done, but the reality
1695 is that funding is not as consistent as it needs to be across
1696 the board. We need federal organization. And what this bill
1697 does in many respects is it takes funding and reorganizes it
1698 in a way that makes more sense, I think, makes more sense for
1699 the states, makes more sense for the country.

1700 Mr. {Guthrie.} Well, thanks. And I was going to ask
1701 Mr. Kennedy, my friend, Patrick, this, but you mentioned

1702 HIPAA and how the reforms in HIPAA--how did HIPAA
1703 specifically block what you were hoping to do, or how did it
1704 affect your situation? I understand that you can't get--as a
1705 caregiver, you can't get the information you need.

1706 Mr. {Deeds.} Well, it--I couldn't get psychiatrists to
1707 talk to me or to even return my calls. I couldn't get people
1708 in hospitals to tell me anything about what was going on with
1709 my son. And he was wary of me in the first place, so when I
1710 got him to go places, you know, I tried for a long time to
1711 get him to sign a power of attorney or to sign a medical
1712 power of attorney to give me access to information. I got--I
1713 tried to get him to give me that authority on some forms that
1714 other people had filled--had prepared for him, and he just
1715 wouldn't do it. So--and the providers wouldn't talk to me.
1716 You know, I had one provider that sat down and talked to me,
1717 probably broke the HIPAA law, and I--maybe it is a lack of
1718 understanding of the law, but if it is, it is widespread.

1719 I had one person--I got an anonymous letter just about 4
1720 months ago from a person who told me that he or she had
1721 provided care for Gus, and had told me some things that
1722 touched my heart about their treatment of him. I didn't
1723 have--I just didn't have the information beforehand. You
1724 know, it seems to me--you know, let me just tell you. One
1725 woman called me, or she called my office. She tried to get

1726 her adult son admitted--committed through an involuntary
1727 process. She got--she was successful. But in the hospital,
1728 they wouldn't tell her where her son was going.

1729 Mr. {Guthrie.} Um-hum.

1730 Mr. {Deeds.} When--so she couldn't get him his things,
1731 she couldn't talk to anybody there about his experience.
1732 That facility wouldn't even return her calls. They just put
1733 him on a bus and sent him home. How in the world is he going
1734 to be kept to schedule, is he going to take his medications,
1735 is he going to keep his appointments if somebody doesn't know
1736 it? That is--

1737 Mr. {Guthrie.} Understand.

1738 Mr. {Deeds.} That is what this legislation--

1739 Mr. {Guthrie.} Thanks. I have one more question--well,
1740 it is not really a question, but Ms. Billingsley brought up
1741 some concerns. And we want to solve problems, not raise more
1742 concerns. And talked about the PAIMI program, and if I could
1743 yield to my friend from Pennsylvania to address some of the
1744 concerns that you brought up, I would like to do so.

1745 Mr. {Murphy.} Well, let me, you know, just say this.
1746 With regard to some things on the protection advocacy issues,
1747 now, I can't say that there is much that this panel has said
1748 that I don't agree with, and it sounds like some
1749 clarification of wording. Our bill does not require assisted

1750 outpatient treatment. It does not, and that is a misnomer,
1751 and I see that is--I see that in the minority memo, so let's
1752 make sure we are clear on that. We recognize it can be
1753 valuable for some people, particularly those who are cycling
1754 in and out of jail, those of have history of violence. We
1755 just saw that happen down in Dallas, Texas. I think it can
1756 help in some cases, but it is not a panacea. But I want to
1757 make sure that we are focusing on this, and worded this in
1758 such a way that people can get help and can get that
1759 advocacy. It is against federal law to use it for lobbying,
1760 and I don't intend to change that law, but I want to look at
1761 something that does need to change. And just to follow up on
1762 what you were saying to Senator Deeds about some individuals
1763 have claimed that with regarding to releasing any information
1764 under HIPAA, it has to be ``as necessary to prevent or lessen
1765 a serious and imminent threat to the health or safety of a
1766 person or the public.'' So that is the limitation. And I--
1767 do you agree with that kind of limitation?

1768 Mr. {Deeds.} I might take it a little broader, but I
1769 think that that protects a person's privacy. Somebody has to
1770 make a decision that it is necessary that the person doesn't
1771 understand what they are--what is in their best interests,
1772 and that the caregiver will provide for that.

1773 Mr. {Murphy.} Which is important, and that is where I

1774 think our bill tries to broaden that. If that person is not
1775 aware, to provide you with a diagnosis, treatment plan, time
1776 and place of the next appointment--

1777 Mr. {Deeds.} That is right.

1778 Mr. {Murphy.} --medications, that would be helpful to
1779 you as a parent?

1780 Mr. {Deeds.} That would be very helpful. Critical.

1781 Mr. {Murphy.} I will go back to my questioning later.

1782 Thank you.

1783 Mr. {Guthrie.} Thanks, and my time has expired. I
1784 yield back.

1785 Mr. {Pitts.} The chair thanks the gentleman.

1786 I now recognize the gentlelady from California, Mrs.
1787 Capps, 5 minutes for questions.

1788 Mrs. {Capps.} Thank you, Mr. Chairman. And thank you
1789 all for your amazing testimony.

1790 For too long, mental health has been left out of our
1791 discussions about health. I am happy that members of this
1792 committee on both sides of the aisle have a shared interest
1793 in addressing this important issue. My background is a
1794 public health nurse, worked in our community schools. This
1795 is an issue I know well. I have a brother who has a history
1796 of being bipolar. I know it personally very well.

1797 Thankfully, we have made great strides in recent years,

1798 most notably that all plans must now follow mental health
1799 parity rules. Many previously uninsured and underinsured
1800 individuals with mental illness now have access to insurance.
1801 This was the greatest expansion of mental health services in
1802 our history, but now one that needs to be built upon. And as
1803 written, I am concerned that my colleague, Mr. Murphy's, bill
1804 does not comprehensively advance this progress enough. We
1805 need to work together to do so, because it does little to
1806 address mental health issues before they reach that crisis
1807 level, help individuals after the crisis point has passed.
1808 It pits mental health and substance abuse services against
1809 each other, despite the fact that for so many individuals,
1810 these are intertwined ailments, and needlessly injects
1811 partisan politics into the mental health space by attaching
1812 extraneous abortion language. We don't need to be doing that
1813 here. It is not a way to move a bipartisan bill forward to
1814 make meaningful change. Our Nation has a history of reacting
1815 to mental health issues in a very erratic way, swinging from
1816 one extreme to another. We need to stop the swing, and enact
1817 thoughtful evidence-based policies if we really truly want to
1818 make progress.

1819 I am hopeful that today's hearing is going to help us
1820 look beyond a particular bill, and help us have that
1821 constructive dialogue to move in a positive way.

1822 Ms. Billingsley, at a previous hearing on this issue I
1823 was particularly moved by a woman's testimony where she
1824 described the abuse that took place in her group home, and
1825 how the protection and advocacy for individuals with mental
1826 health program, PAIMI--

1827 Ms. {Billingsley.} Yes.

1828 Mrs. {Capps.} --helped shut it down and bring her and
1829 her housemates to justice. I will never forget her
1830 testimony. Similar to what you have talked about today. It
1831 is equally notable. But as you noted, the Murphy bill would
1832 tie some of the program's hands to protect these individuals
1833 from unlawful discrimination from educating policymakers like
1834 ourselves about the issues that these individuals face. I
1835 think that seems really shortsighted. If the PAIMI program
1836 is prohibited from advocating for the rights of an individual
1837 with mental illness, where will families turn to ensure the
1838 enforcement of laws and regulations?

1839 Ms. {Billingsley.} I don't know where they would turn,
1840 and quite honestly, I don't know where our family would be if
1841 we had not had their help. I can't even imagine where we
1842 would be. I often think, and coming here today has brought
1843 back quite a bit of this journey for our family, it is
1844 possible my son wouldn't be alive today. It is quite
1845 possible--

1846 Mrs. {Capps.} That bad.

1847 Ms. {Billingsley.} --because of the downward spiral he
1848 was in, and we were no longer able to help him. So if that
1849 funding was not there, I don't know what we would have done.

1850 Mrs. {Capps.} Programs like PAIMI are so critical, and
1851 you said it, to ensuring that families and individuals with
1852 mental illness have advocates ensuring that their rights are
1853 protected. We don't want, as it seems to be the case in this
1854 bill, to tie their hands, and that is another indication in
1855 my mind that we can do better.

1856 One bill I am particularly interested in was written by
1857 my California colleague, Representative Matsui. Her bill,
1858 the--it is the Including Families in Mental Health Recovery
1859 Act of 2015, would clarify HIPAA privacy rules, and would
1860 educate providers, patients, and families about the law as
1861 well.

1862 Mr. Rosenthal, may I turn to you? Do you think health
1863 providers adequately understand what HIPAA permits if a
1864 patient is in a crisis situation? In other words, do we have
1865 a problem with provider education--

1866 Mr. {Rosenthal.} Absolutely.

1867 Mrs. {Capps.} --or do we need fundamentally to rewrite
1868 our privacy laws?

1869 Mr. {Rosenthal.} I think education is critical. I

1870 think HIPAA, as I understand it, and certainly as--and also
1871 sort of codified, if we could codify OCR, the Office of Civil
1872 Rights, sort of guidance would make it even clearer, but I
1873 know that providers at minimum are confused or frightened,
1874 and at worse, are hiding behind HIPAA rather than really--
1875 they can listen to families now. They may not be able to
1876 disclose everything, and there are circumstances where they
1877 can and they should, and they don't. So I think--absolutely,
1878 I think education is critical. We can't do enough--

1879 Mrs. {Capps.} So that is an indication of the ways that
1880 we have to move past where we are today, even considering
1881 this bill.

1882 I am out of time. I will yield back.

1883 Mr. {Pitts.} The chair thanks the gentlelady.

1884 I now recognize the gentleman from Illinois, Mr.
1885 Shimkus, 5 minutes for questions.

1886 Mr. {Shimkus.} Thank you, Mr. Chairman. And thank you
1887 all for being here, and for my colleagues for their great
1888 questions. I just would encourage my colleagues that if we
1889 want to have an opportunity to really move a bill, we are
1890 going to have to come together and not--be positive and just
1891 tweak the language and work this through. I--my colleague,
1892 Mr. Murphy, has worked real hard. Patrick, it is great to
1893 see you again. Senator Deeds and the folks' testimonies are

1894 just heartbreaking.

1895 And so the quick--the easy question, how many of you on
1896 the panel are parents? Raise your hand if you are parents.

1897 Okay. Everyone is a parent. So my question is, when do we
1898 stop being a parent? I don't think we do.

1899 {Voice.} Never.

1900 Ms. {Billingsley.} No, we never do.

1901 Mr. {Shimkus.} You know, my mom and dad, thankfully,
1902 are going to celebrate their 65th wedding anniversary, and if
1903 I do something wrong, they are in my face.

1904 So this HIPAA debate--I said that, didn't I? Dang.
1905 That is our secret. Don't tell anybody. But I--this HIPAA
1906 debate is very, very important, and I think we really need to
1907 get it right. I--you know, I still have young--not young,
1908 but young men who, you know, some of this onset comes at
1909 different times. And I fear the day where they need help and
1910 we can't get access to information. And so I am very
1911 encouraged by the talk and the--and this whole debate because
1912 we want to be engaged.

1913 My question is to Dr. Lieberman on--asking you if you
1914 have any sense of what kind of clinical outcomes are
1915 associated with the emergency department overcrowding for
1916 patients requiring medical or psychiatric services?

1917 Dr. {Lieberman.} Well, the overcrowding and the

1918 increased demand relative to capacity simply sort of backs up
1919 people who are waiting to be seen, makes the health care
1920 personnel kind of rushed in the process of being able to do
1921 the evaluation, and then if the disposition is hospital
1922 admission, which it frequently is because there is a paucity
1923 of available beds, they must sit there. In New York State,
1924 there is a law that you have to make a disposition of
1925 somebody in an emergency room within 48 hours. It sounds
1926 long, but many people sit there for longer. We have had
1927 patients in the emergency room for as long as 6 months. That
1928 means they have to be fed, bathed. And the reason why this
1929 occurs is because if you have a--what is called an
1930 intellectual or developmental disability, autism, Fragile X,
1931 any of the genetic neurodevelopment disorders, and a
1932 complicating psychotic disorder, there is no place for you to
1933 go. So it is ridiculous.

1934 But it really prompts me to sort of comment on some of
1935 the discussion we have had here about the various programs,
1936 you know, Community Access and so forth, Harvey Rosenthal's
1937 excellent work as a rehab director. This is--these are not--
1938 we are not having a discussion about excluding programs, but
1939 this is all part of a comprehensive effort. Mental health
1940 care is disease management, it is not simply a doctor giving
1941 a pill, or a rehab counselor, you know, finding housing or

1942 teaching a skill. But when you have cancer and you, you
1943 know, have to go--let's say you have breast cancer or
1944 prostate cancer or--you go and make a recommendation,
1945 surgery, possibly radiation and chemotherapy. If the surgery
1946 disrupts your musculature, you might need rehab. Oftentimes
1947 there is a psychiatric component to it. All of these things
1948 are a part--right now, we can't provide those because there
1949 is not a collocated availability of these services, and a
1950 revenue stream for financial reimbursement. So it is all
1951 fragmented, and as a result of this--and I would think--and I
1952 appreciate the effort here because this--if anything can rise
1953 to be a bipartisan cause, this should be. This is not like
1954 we have to discover something new and mysterious. The
1955 expertise, the tools are available, we simply have to develop
1956 the policy to be able to orchestrate it. And what concerns
1957 me is that ideological issues are permeating and kind of
1958 diverting attention from the real issues. If you look at
1959 SAMHSA's Web site where they have a list of 360-plus
1960 interventions, there is no mention of medication. Now, I am
1961 not a cowboy doctor that is going to prescribe, you know,
1962 massive drugs and say, you know, see me in a month, to
1963 people. That is not what physicians do, and it is certainly
1964 not what psychiatrists do. But how can you have a list of
1965 interventions with no medication? It is like if you are

1966 going to go--it is like Steven Jobs, he refused surgery
1967 because he wanted to try a naturopathic approach. It is
1968 not--shouldn't be exclusionary. We need to have a big
1969 picture approach to this in order to be able to really deal
1970 with this problem. And how long is it going to take us to
1971 appreciate it? How many Newtowns, how many Aurora,
1972 Colorados, how many Jared Loughners, is it going to take for
1973 this to happen?

1974 Mr. {Shimkus.} My time has expired so thank you.

1975 Mr. {Pitts.} The chair thanks the gentleman.

1976 I now recognize the gentlelady from Illinois, Ms.

1977 Schakowsky, 5 minutes for questions.

1978 Ms. {Schakowsky.} Thank you, Mr. Chairman. I apologize
1979 to the panel, there are concurrent hearings going on.

1980 I want to especially welcome my friend, Patrick Kennedy,
1981 for being here. And of all the ways that you have
1982 contributed, the many ways, I want to thank you for
1983 decreasing the stigma attached to mental health issues.
1984 Thank you for that, Patrick.

1985 Before I begin my questions, I want to first say I am
1986 very concerned that we are unnecessarily seeing antiabortion
1987 language included in this bill. We do not need to attach
1988 this kind of restrictive language on programs that help to
1989 prevent suicide and provide transitional housing for people

1990 with mental illness. And moreover, the language in this bill
1991 actually goes a step beyond the Hyde Amendment and restricts
1992 funds from being used to refer a woman to abortion services
1993 and, if anything, a provision that would probably guarantee
1994 increased mental anguish. Women deserve to have access to
1995 the full range of health services. At a minimum, have a
1996 right to know what services are available to them. So this
1997 language continues a dangerous precedent of attaching
1998 language restricting a woman's access to reproductive health
1999 services in bill that address different topics.

2000 But let me move on. I would also like to address the
2001 drastic changes H.R. 2646 would make to the Protection and
2002 Advocacy for Individuals with Mental Illness Program. In
2003 Illinois, our protection--protect and advocacy organization,
2004 Equip for Equality, has worked tirelessly to advocate for
2005 individuals with disabilities for 30 years. Not only has
2006 Equip for Equality secured housing and services for
2007 individuals with mental illness, but they have also worked to
2008 affect public policy. For example, they worked with state
2009 officials to create an adult protective services system which
2010 works to prevent abuse, neglect, and exploitation of adults
2011 with disability. They also have advocated for the
2012 continuation of services that will allow medically fragile
2013 children to remain in their communities rather than in

2014 institutions, and yet this legislation would actually prevent
2015 Equip for Equality from doing this important work.

2016 So, Ms. Billingsley, I want to thank you so much for
2017 joining us today to share your personal story of your family
2018 and son, Tim. As important as it is for PAIMI to address
2019 abuse and neglect, many people like Tim face hardship due to
2020 their mental illness because of discrimination and navigating
2021 the complex mental health care system. Families are often
2022 not able to find the help their family member needs,
2023 regardless of how hard they try. I have actually experienced
2024 that in my own family.

2025 You said in your testimony that Tim is just 22 years
2026 old. Could you further elaborate in how Tim's illness
2027 manifests itself, and why it is important to Tim to be in the
2028 community?

2029 Ms. {Billingsley.} Tim is going to be 23 next month, so
2030 he is pretty excited about that. The way his mental illness
2031 manifests itself is that he is highly needing to have
2032 structure on a regular basis for him, and he is a very
2033 talkative person, and he is very social. And if he is
2034 isolated for very long, he acts out with that. That is--that
2035 goes against what he wants to be around with--or be with
2036 people. He also has a seizure disorder, and I bring that up
2037 simply because he needs to have family and community around

2038 him to help take care of that issue if that were to come
2039 about, and we have had a few situations with that. He
2040 currently lives in a home with 5 other young men, and he is
2041 very hasty to tell me it is time for you to go, which took me
2042 a little getting used to, to be quite frank. But he has a
2043 full life without me, and he needs the--he needs that
2044 community setting to live his life well beyond the time I am
2045 here.

2046 Ms. {Schakowsky.} So let me ask you this. Do you think
2047 you have been--would have been successful in securing Tim's
2048 right to stay in the community if the Disability Right Center
2049 of Kansas had not been allowed to advocate on his behalf?

2050 Ms. {Billingsley.} No, there is no way.

2051 Ms. {Schakowsky.} What would have happened then?

2052 Ms. {Billingsley.} We wouldn't--it is kind of similar
2053 to what else has been shared here today. We wouldn't get
2054 phone calls returned. We wouldn't get responses when we
2055 asked about programs. We were on waiting lists for services
2056 during a time in which my son would become violent at home,
2057 and there were concerns with the safety of our own family.
2058 If we had not had their intervention, as has mentioned here
2059 within 48 hours, when we needed it, we would have to have
2060 been hospitalized, I am sure.

2061 Ms. {Schakowsky.} Thank you. I would like to ask

2062 unanimous consent to put into the congressional record,

2063 Congressional Research Service memorandum.

2064 Mr. {Pitts.} Without objection, ordered.

2065 [The information follows:]

2066 ***** COMMITTEE INSERT *****

|
2067 Ms. {Schakowsky.} Thank you.

2068 Mr. {Pitts.} Gentlelady's time has expired.

2069 Ms. {Schakowsky.} Thank you very much, I yield--

2070 Mr. {Pitts.} The chair now recognizes the gentleman

2071 from Pennsylvania, prime sponsor of this legislation, Dr.

2072 Murphy, 5 minutes for questions.

2073 Mr. {Murphy.} Mr. Chairman, before I start, I just want

2074 to ask that a couple of things be submitted to the record.

2075 One is the GAO report this committee requested called Mental

2076 Health HHS Leadership Needed to Coordinate Federal Efforts

2077 Related to Serious Mental Illness. Second is the GAO report

2078 requested by this committee called Mental Health Better

2079 Documentation Needed to Oversee Substance Abuse in the Mental

2080 Health Service Administration. Third is from the HHS Office

2081 of the Assistant Secretary for Planning and Evaluation,

2082 called Evidence-Based Treatment for Schizophrenia and Bipolar

2083 Disorders and State Medicaid Programs. And finally, a list

2084 of materials I would like to submit for the record, the

2085 statement from the American Roundtable to Abolish

2086 Homelessness, and letters of support from the American

2087 College of Emergency Physicians, the National Council for

2088 Behavioral Health, the National Alliance on Mental Illness,

2089 the American Psychiatric Association, the American Academy of

2090 Child and Adolescent Psychiatry, and the American
2091 Psychiatric--Psychological Association.

2092 Mr. {Pitts.} Without objection, so ordered.

2093 [The information follows:]

2094 ***** COMMITTEE INSERT *****

|
2095 Mr. {Murphy.} Thank you.

2096 It is an amazing day that all of you are here, and
2097 Congress is gathered to talk about such a critically
2098 important subject. Let's not forget that. We have a massive
2099 amount of common ground here. We have to link arms together
2100 and do this. And I thank my colleagues for their thoughtful
2101 comments in this as well.

2102 Let me dig down in a couple of these things which I
2103 think are important in this bill. Mr. Gionfriddo, in this
2104 bill, we lay out a greater emphasis on secondary and tertiary
2105 prevention, and say you have to put some more dollars into
2106 child and adolescent areas rather--and--rather than wait
2107 until later on. Could you describe why that is important to
2108 you, why you think it is important to focus on those areas?

2109 Mr. {Gionfriddo.} Well, I think it is critically
2110 important to focus in on children. You know, the data are 50
2111 percent of mental illnesses manifest by the age of 14; 3/4 by
2112 25. But for a lot of us the statistics don't matter. My son
2113 was 5 when he developed signs and symptoms of schizophrenia.
2114 And he got the 10-year delays everybody else gets by the time
2115 he got his final diagnosis, 10 years that we lost opportunity
2116 after opportunity to change the trajectory of his life. That
2117 is one of the reasons he is homeless now, not by his choice,

2118 but by choices we made as policymakers to do that. It is
2119 critically important we move upstream. We have to arrest
2120 this at stage 1, 2, and 3. We can't keep waiting until stage
2121 4. We can't keep waiting for crises to occur, we can't keep
2122 waiting post-crisis, we have to move upstream. That is why
2123 it is important to me.

2124 Mr. {Murphy.} Now, I might add for my colleagues, what
2125 I mean by primary prevention is what we tell everybody,
2126 secondary prevention is now you identify the high-risk group,
2127 and tertiary is someone who is with symptoms. And that is
2128 important because, as we go through in the grant programs
2129 what the GAO report said about SAMHSA is, quite frankly, they
2130 weren't documenting, they weren't evaluating, programs that
2131 got grants didn't stick to their grants, so it is important
2132 we have that oversight.

2133 I also want to note with regard to the issues with
2134 regard to Medicaid services here, that in this report from
2135 Office of the Assistant Secretary for Planning and
2136 Evaluation, it said only 45 percent of beneficiaries with
2137 schizophrenia, and 35 percent with bipolar disorder,
2138 maintained a continuous supply of evidence-based medications,
2139 and received at least one psychosocial service during the
2140 year. In other words, these reports are saying our system is
2141 failing pretty bad in this.

2142 Patrick Kennedy, you and I have talked a great deal
2143 about this issue of an Assistant Secretary, and their role to
2144 get the Federal Government coordinated in these symptoms, to
2145 follow through on parity, and to report back to Congress.
2146 You have been here. You understand what it is like. What do
2147 you see the value of having someone go through these 112
2148 federal agencies, get the data from the states, and keep
2149 Congress' feet to the fire in this? What do you see the
2150 value of that in moving forward in the long run?

2151 Mr. {Kennedy.} Well, thank you, Representative Murphy.
2152 First, to your previous question to Paul, would say we could
2153 solve this crisis tomorrow if we intervene on first incidents
2154 of schizophrenia. There is no mystery in this country how to
2155 avoid the over-hospitalization and crisis management. We are
2156 picking up the pieces after people have fallen off the cliff.
2157 We know what to do. Intervene right away with first onset.
2158 Don't let the time lapse. And as Paul said, you permanently
2159 change the trajectory of those people. So for people who are
2160 interested in return on investment, your investment is a
2161 lifelong disability is averted if you do that wraparound
2162 services, first incident.

2163 So, Representative Murphy, I appreciate that being a
2164 major focus. The raise work that is being done now is the
2165 model. Naples is the model. The prodromal phase

2166 scientifically before symptoms is really what our Holy Grail
2167 should be. And we can do that with scientists like Jeff
2168 Lieberman.

2169 To the answer on accountability, we are in a new post-
2170 parity world. We have the legal infrastructure to appeal
2171 when people aren't being treated equitably under the parity
2172 law. And I appreciate the fact in this legislation you have
2173 a specific GAO report evaluating non-quantitative treatment
2174 limits. That is the secret way that insurance companies deny
2175 care. They keep it behind, they--of course, we have
2176 eliminated the quantitative treatment that sets premium
2177 discrimination, copay discrimination, lifetime limit--that is
2178 gone. So now where has the discrimination moved? It has
2179 moved to this non-quantitative treatment limits.

2180 If we expose that, which your bill, among many other
2181 things calls for greater transparency and accountability, I
2182 am telling you, you are going to see a sea change in the way
2183 that we move towards this problem, because we are not going
2184 to be waiting for it to become crisis. It is going to be
2185 evident to insurers that it is more cost-effective for them
2186 to intervene early. So I appreciate that. And the state
2187 reporting is key because, as you acknowledge in this bill, it
2188 is the states' mandate to continue to work in implementing
2189 this law. We need to have an accountability structure to see

2190 how they are doing, and I appreciate that also being in this
2191 legislation.

2192 Mr. {Murphy.} Thank you.

2193 Mr. {Pitts.} The chair thanks the gentleman.

2194 I now recognize the gentlelady, Ms. Castor, 5 minutes
2195 for questions.

2196 Ms. {Castor.} Well, thank you, Mr. Chairman and Mr.
2197 Green, for calling this hearing today. And I want to thank
2198 the panel for relaying a sense of urgency for the Congress to
2199 act when it comes to mental health. And thank you for your
2200 expert recommendations on how to improve the bill today.

2201 And, Congressman Kennedy, it was great to see you a few
2202 months back at the Florida Mental Health Research Institute
2203 in Tampa, at the University of South Florida. They presented
2204 Congressman Kennedy with the Humanitarian Service Award that
2205 is very well-deserved. So it is great to see you.

2206 I want to keep the focus on implementation of the Mental
2207 Health Parity Act. There is an important provision in the
2208 draft bill that would require the Department of Labor to
2209 submit a report to Congress identifying federal
2210 investigations conducted or completed during the previous
2211 year regarding compliance with parity in mental health and
2212 substance abuse disorders under the Mental Health Parity Act.
2213 Remember, that Act enshrined in law that principle that

2214 mental health is equivalent to physical health. And the law
2215 required group health insurance plans covering mental health
2216 and substance abuse services to cover them at parity with
2217 physical health services.

2218 Then the Affordable Care Act extended this principle to
2219 the individual health market--individual health plan market.
2220 It also requires that all expanded Medicaid programs, as well
2221 as individual and small group health insurance plans, cover
2222 mental health and substance abuse services as part of the
2223 essential health benefits package. That is critical. The
2224 ACA expanded these benefits and parity protections for 62
2225 million Americans.

2226 But Congressman Kennedy, I--in your--the beginning of
2227 your testimony you referenced the difficulty with
2228 implementation. You are hearing about insurance companies'
2229 compliance or noncompliance with the parity requirements, is
2230 that accurate?

2231 Mr. {Kennedy.} Absolutely accurate. And if members
2232 want to make a difference tomorrow on getting more people
2233 care than they have today, write a letter to Secretary Perez
2234 from the Department of Labor, because Secretary Perez can
2235 issue greater guidance on all ERISA plans, that is employee--
2236 employers' insurance plans, that this should be a greater
2237 evaluation on whether they are complying with a federal law.

2238 He can issue guidance tomorrow. He needs to hear from you
2239 that you want him to do that, because 65 percent of the
2240 health market is that employer-sponsored health care. And
2241 our veterans, by the way, are going to depend on their health
2242 plans, if they are employed, having coverage for their
2243 signature wounds of war.

2244 Two, you could write a letter to Secretary Burwell from
2245 HHS. She has the authority today to issue greater disclosure
2246 requirements on all insurance companies so that we can better
2247 understand how they do medical management, because as you
2248 know, Representative Castor, the key to this is the
2249 utilization management, how they move those things around.
2250 We under parity, by necessity, need to know how to compare
2251 the way they do utilization management for the mental health
2252 patient, to the way they do utilization management for the
2253 stroke patient, for the cancer patient, for the diabetic. If
2254 we know how to draw those analogs, we can enforce parity
2255 because the law would require that they do something
2256 different than they are currently doing.

2257 Ms. {Castor.} Other panel members, are you hearing
2258 about difficulties with implementation of the important goals
2259 of mental health parity? Mr. Gionfriddo?

2260 Mr. {Gionfriddo.} Absolutely. I think that everybody
2261 understands that the law has changed, but the implementation

2262 law hasn't fully taken place yet. And we deal with this
2263 every single day at Mental Health America. We are hearing a
2264 lot about this, and strongly endorse efforts to try to make
2265 certain that we realize all the benefits of parity for all
2266 the people we care about.

2267 Ms. {Castor.} Mr. Rosenthal?

2268 Dr. {Lieberman.} I can--

2269 Ms. {Castor.} Yes, go ahead.

2270 Dr. {Lieberman.} I can add to that. When I was in my
2271 role as President of the American Psychiatric Association, we
2272 had to make decisions about which litigation to pursue
2273 against various insurance companies that were denying
2274 benefits or not complying with the parity law. And what it
2275 ultimately came down to was the fact that we had a very
2276 strong case in almost all instances, but there were such deep
2277 pockets on the side of the insurers that financially, they
2278 just drained us. And so it became a much more complicated
2279 sort of battle to fight, and I think we are still engaged in
2280 that battle.

2281 Ms. {Castor.} Well, I want to thank you all. Really, I
2282 think with Mr. Murphy's help, we can look at ways to improve
2283 this. If you all, when you are submitting comments back to
2284 the committee, would make some recommendations--specific
2285 recommendations here. And I also appreciate Ranking Member

2286 Pallone bringing up the Medicaid expansion, the importance of
2287 it. The State of Florida, unfortunately, just last week,
2288 rejected a republican State Senate plan to expand Medicaid in
2289 Florida. That leaves about 800,000 of my neighbors across
2290 the State of Florida in that gap, leaves billions of dollars
2291 of our taxpayer dollars here in Washington, rather than
2292 bringing them back home. So if you all can talk to
2293 policymakers in the State of Florida, please relate to them
2294 how important Medicaid expansion is for mental health
2295 services.

2296 Thank you.

2297 Mr. {Pitts.} The chair thanks the gentlelady.

2298 I now recognize the gentleman from Virginia, Mr.
2299 Griffith, 5 minutes for questions.

2300 Mr. {Griffith.} Thank you very much, Mr. Chairman.
2301 Thank you, members of the panel, for being here this morning,
2302 particularly Senator Deeds. It is so great of you to be
2303 here. Your story is obviously very compelling, and when the
2304 incident occurred with you--your son, the entire region was
2305 affected by it. And we appreciate you being here.

2306 That being said, one of the reasons I asked to be on
2307 this particular subcommittee was so I could talk about rural
2308 health care issues. And how long have you been in the state
2309 legislature, 24 years?

2310 Mr. {Deeds.} Twenty-four years. Got there one term
2311 before you.

2312 Mr. {Griffith.} That is what I was thinking. And you
2313 live about, what, 9 or 10 miles outside of the 9th
2314 Congressional District?

2315 Mr. {Deeds.} I used to be one of only two members in
2316 the State Senate that was on the dirt road, off a dirt road
2317 caucus, but the other fellow retired, so I am the last one
2318 that lives on a dirt road, off a dirt road.

2319 Mr. {Griffith.} There you go.

2320 Mr. {Deeds.} It is a little--about 9 miles out of the
2321 9th District.

2322 Mr. {Griffith.} So that brings up the issue, you worked
2323 very hard and got some great legislation through in Virginia
2324 to make sure that there was a mental health bed registry
2325 available to the people of Virginia. But I noticed in an
2326 article last year--late last year that Eastern State is
2327 getting a lot of patients because they are the location that
2328 has beds, and they are the beds of last resort. And I am
2329 wondering if we need to be thinking about encouraging the
2330 states to participate in a national bed registry, because you
2331 are also not far outside the 9th. How far are you from West
2332 Virginia--

2333 Mr. {Deeds.} I am not far from West Virginia at all,

2334 and I am--

2335 Mr. {Griffith.} Ten, 15 miles?

2336 Mr. {Deeds.} Probably a little bit further than that,
2337 but not very far. Twenty-five miles. And national registry
2338 might make some sense. It might make some sense, but as you
2339 know, and we in Virginia have also turned down the Medicaid
2340 dollars. They provide insurance to about 800,000 Virginians--
2341 -400,000 Virginians and about 162,000 of them have serious
2342 mental illness. Pretty significant for us.

2343 Mr. {Griffith.} Yeah. And mental--I will agree with
2344 you that mental health issues are things that we need to take
2345 a look at and be very serious about.

2346 I am also concerned about the HIPAA requirements that
2347 you weren't able to know. Whether it is a misunderstanding
2348 or not, we need to change the language to get rid of the
2349 misunderstanding--

2350 Mr. {Deeds.} Absolutely. Yes.

2351 Mr. {Griffith.} --to make it clearer. I think this
2352 bill does a lot of that. One of my concerns is, and I know
2353 you have only read the summary of the bill, is that in the
2354 sections on HIPAA, we get family members involved, which I
2355 think is great. My concern is the family member--and I know
2356 you have practiced in this area, or at least most rural
2357 lawyers have, where somebody has abandoned the family when

2358 somebody is a juvenile, and you think it might be helpful if
2359 we put language in there. We have excluded people who have a
2360 documented history of abuse, but do you think it might be
2361 helpful if we also excluded family members who have abandoned
2362 a juvenile--

2363 Mr. {Deeds.} That--

2364 Mr. {Griffith.} --before the incident--obviously, as an
2365 adult, but when they were a juvenile, abandon them?

2366 Mr. {Deeds.} I think that language needs to be clear.
2367 The summary I read does make clear that there has to be some
2368 kind of caregiver relationship between the family that is
2369 going to have information and the person that is affected.

2370 Mr. {Griffith.} And I appreciate that.

2371 I have a little bit of time left. It is great to see
2372 you--

2373 Mr. {Deeds.} Thank you very much.

2374 Mr. {Griffith.} --and appreciate you being here. Is
2375 there anything else that we haven't touched on that you
2376 wanted to touch on?

2377 Mr. {Deeds.} That--I think we have touched on a whole
2378 lot, yes. Thank you. Thank you for asking.

2379 Mr. {Griffith.} All right, and we have.

2380 Mr. {Murphy.} Gentleman would yield time, or--

2381 Mr. {Griffith.} Yes, I--well, I can. The gentleman

2382 from Pennsylvania is requesting my time, and I would like to
2383 yield to Mr. Murphy.

2384 Mr. {Murphy.} I thank the gentleman from Virginia.

2385 Dr. Lieberman, I want to clarify something about HIPAA,
2386 because I hear a lot of talk about it, but you are the only
2387 one on this panel, as I understand, who is a licensed
2388 provider who has to follow HIPAA laws in that sense as a--in
2389 your doctor role there. Is it just a matter of getting
2390 education out to other providers and saying if only you
2391 follow this, everything is going to be fine, or do you think
2392 there needs to be some changes in what you are allowed to
2393 tell loving, caring family members who are the provider?
2394 What is it that--do you think?

2395 Dr. {Lieberman.} Referring to in terms of the HIPAA--

2396 Mr. {Murphy.} In terms of HIPAA--

2397 Dr. {Lieberman.} --HIPAA discretions?

2398 Mr. {Murphy.} --I mean the restrictions at HIPAA now,
2399 what you are allowed to tell someone, is it just educating
2400 them or do we really need some changes?

2401 Dr. {Lieberman.} Right, it is certainly more than
2402 education because there is a medical-legal aspect to it that,
2403 you know, health care institutions are cognizant of, and
2404 doctors have the fear of God placed in them by not just their
2405 hospital CEOs but also the personal injury lawyers.

2406 Mr. {Murphy.} So right now then, and along those lines,
2407 if you were seeing Creigh Deeds, and he says, can you tell me
2408 about my son, can you just tell me what is his diagnosis,
2409 when is his next appointment, where is he, I want to get in
2410 there. Would you be allowed to say that as existing law is
2411 now?

2412 Dr. {Lieberman.} Right. You--strictly speaking, no.
2413 If he is an adult, if he is overage, but if you did it, you
2414 would be doing it at your own risk because you could be sort
2415 of challenged. Doctors often do that, but I don't want to
2416 get into that because that--it is the commonsense thing to
2417 do.

2418 Mr. {Murphy.} Okay, thank you.

2419 Mr. {Griffith.} I yield back.

2420 Mr. {Pitts.} The chair thanks the gentleman.

2421 I now recognize the gentlelady from California, Ms.
2422 Matsui, 5 minutes for questions.

2423 Ms. {Matsui.} Thank you, Mr. Chairman. And I want to
2424 thank all of you for being here today. Your testimonies have
2425 been very compelling, the full range of mental health.

2426 And first of all, let me just say I agree with
2427 Congressman Kennedy about the continuum of care. We should
2428 not allow prevention, intervention go against the serious
2429 mental illness. I--it is just a continuum of care. This is

2430 what we are talking about today. And the emphasis should be
2431 on the mental health of an individual. And I believe in
2432 prevention and intervention at the early end, and all of the
2433 services that have to be provided, and that has been my
2434 history. I have always been feeling that way. And I think
2435 that what is really important here to look at too is the fact
2436 that we have been focusing many times here on serious mental
2437 illness, because we know how tragic that is. Whether or not
2438 it ends tragically or not, I know in my family, I have a
2439 sister who has been severely mentally ill for a long time,
2440 and during that time, she really did not have the care
2441 because it was a long time ago. I think today, she would
2442 probably be functioning much better, much like your son, Ms.
2443 Billingsley. But I would have to say this. I have been
2444 affected very much by the tragedies that have occurred. I
2445 have a couple of friends who have adult children who have,
2446 they felt, been limited by not being able to assist them.
2447 And listening to you, Senator Deeds, I feel that pain again.
2448 And I thought that the importance of this bill, because it
2449 covers such a broad range, and HIPAA has come up so very
2450 often, and I think that HIPAA should be not looked at as an
2451 enemy here, and we can't use it as an excuse either. I think
2452 we really need to figure on what can we do with HIPAA. And I
2453 have spent a lot of time thinking about this, and also asked

2454 myself what can we do about these situations when it feels
2455 like there is no communication and no one to turn to. And I
2456 really thank you for working with me to answer that question,
2457 specifically for these issues about sharing information and
2458 communications between providers and caregivers. We have to
2459 walk a fine line here. We must protect the patient's right
2460 to privacy, and protect them from those who don't have their
2461 best interests at heart, but we must also empower families
2462 and loved ones to be able to help.

2463 I think my bill strikes that balance. It is not a
2464 wholesale change. I don't believe we can do that because
2465 HIPAA should cover both mental and physical illnesses. It
2466 just can't be one versus the other. This bill is really
2467 supported by mental health advocates that really fall on both
2468 sides of the mental health policy issues, as well as groups
2469 in between. Groups like the American Psychiatric
2470 Association, the Bazelon Center for Mental Health Law, the
2471 Mental Health Association of California. And additionally, I
2472 thank Congressman Kennedy and the Kennedy Forum for
2473 recognizing the importance of this bill. I thank NAMI, the
2474 Treatment Advocacy Center, the National Council for
2475 Behavioral Health, the American Psychologic Association, and
2476 others for their help. I really feel that this is something
2477 where we just can't just say we are going to change it. We

2478 have to look at it to find out how we can change it, and I
2479 believe that this bill that--strikes the right balance.

2480 And, Congressman Murphy, I also believe too that your
2481 bill is something we can work with, and I would like to work
2482 with you on it. And I think you have heard of--from people
2483 on my side of the aisle that they feel that there are really
2484 good points to this, and there are adjustments that have to
2485 be made, and I think people on the panel have expressed the
2486 same also. So I feel strictly that today we should feel
2487 heartened that we are actually drilling down and trying to
2488 find some solutions to this, and that to me is probably the
2489 most important outcome of this because, as we move forward,
2490 we pledge to do something here that makes real sense.

2491 And just to comment on my bill here. Mr. Rosenthal, can
2492 you describe any situations where it would be important to
2493 protect the patient's right to privacy?

2494 Mr. {Rosenthal.} I would say that--I am struggling for
2495 a little bit here, I was caught off guard. Sorry. I think
2496 that patients really feel--want to feel a sense of integrity
2497 and choice, and I think if they really are already feeling
2498 fearful, don't want to feel like their caregivers and the
2499 therapists are talking whenever possible about them without
2500 them.

2501 Ms. {Matsui.} Okay. Can you think on the other side of

2502 this situation, when it would be appropriate and even
2503 necessary for a provider to communicate or share information
2504 with a patient's family?

2505 Mr. {Rosenthal.} When somebody's health and welfare and
2506 safety are at risk, the person or someone else, I think that
2507 is critical. So I think those are critical sort of--

2508 Ms. {Matsui.} Okay.

2509 Mr. {Rosenthal.} --considerations.

2510 Ms. {Matsui.} All right. I yield back. Thank you.

2511 Mr. {Pitts.} The chair thanks the gentlelady.

2512 The chair recognizes Dr. Murphy for a unanimous consent
2513 request.

2514 Mr. {Murphy.} Mr. Chairman, just to correct the record
2515 on the misrepresentation or perhaps misunderstanding about
2516 abortion. I ask that S. 1299, the Garrett Lee Smith Memorial
2517 Reauthorization Act, authored by Senator Jack Reed of Rhode
2518 Island, be introduced into the hearing record. It is Senator
2519 Reed's legislation, endorsed by the American Foundation for
2520 Suicide Prevention, which is identical to the language of
2521 H.R. 2646, the Helping Families in Mental Health Crisis Act
2522 on Suicide Prevention.

2523 Mr. {Pitts.} Without objection, so ordered.

2524 [The information follows:]

2525 ***** COMMITTEE INSERT *****

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2526 Mr. {Pitts.} The chair recognizes the gentleman from
2527 Florida, Mr. Bilirakis, 5 minutes for questions.

2528 Mr. {Bilirakis.} Thank you, Mr. Chairman. I appreciate
2529 it very much. And thank you for holding this hearing. Very
2530 important hearing.

2531 Last December, I had the pleasure of hosting Congressman
2532 Murphy in Florida for a mental health roundtable with
2533 stakeholders from the community. I commend him for the
2534 extensive amount of time he put into addressing mental health
2535 and substance abuse disorders. I also serve on the Veterans
2536 Affairs Committee, where we have extensively focused on
2537 mental health issues plaguing our veterans, our true American
2538 heroes. In 2012, Time Magazine wrote back that--or wrote
2539 that more U.S. Military personnel sadly have died by suicide
2540 since the war in Afghanistan began than have died fighting
2541 there. Mental health is an important issue, and I am glad we
2542 are addressing it. Thank you, Congressman Murphy.

2543 A question for Dr. Lieberman. Dr. Lieberman, training
2544 for law enforcement that addresses how officers can best
2545 approach individuals with mental health or substance abuse
2546 issues has been extremely important in my community.
2547 Training programs that establish a partnership between law
2548 enforcement and mental health groups have effectively been

2549 implemented in my district. Since this legislation provides
2550 the creation of such programs, can you provide some insight
2551 about what effective training might entail, what should law
2552 enforcement be aware of when encountering individuals with
2553 mental health or substance abuse disorders in the line of
2554 duty, how could a lack of training cause an escalation in
2555 these encounters?

2556 Dr. {Lieberman.} Thank you for that question. This
2557 really is a very important but also unfortunate situation
2558 that has arisen in which the law enforcement and criminal
2559 justice system has become so intertwined with mental illness
2560 and mental health care. Every time I see, you know, a
2561 terrible story about a mentally disturbed individual being
2562 subdued and possibly injured or killed by police, I am
2563 thinking why are the police called upon to be first
2564 responders? That is really not their training. And
2565 similarly, in correctional officers in jails or prisons,
2566 because of the increasing number, that is not their training,
2567 and even if they do have some in-service training about this,
2568 it really is not sufficient.

2569 So I think both criminal--and it is interesting you ask
2570 that because just last Friday--this past Friday, I was
2571 speaking to 500 attorneys in the Manhattan District
2572 Attorney's Office. They asked me to come down to speak to

2573 them about mental illness, what the nature of it was, what it
2574 looked like, and also how could they try and adapt so that
2575 they could better manage the process of judicially reviewing
2576 cases of individuals who clearly have mental illness. So
2577 this is a growing problem.

2578 I think training is important, both for the police as
2579 well as for the criminal justice system, but frankly, if we
2580 are going to basically launder our mentally ill through the
2581 criminal justice system, both juvenile and adult, we probably
2582 need to have mental health professionals embedded with the
2583 police and more present within the prisons, in the jails.
2584 You know, this is the new normal or the new reality, and we
2585 need to provide care where it is required.

2586 I was having a conversation with individuals at that
2587 meeting on Friday where I offered the observation that, in
2588 jails you have--I mean in adult prisons, you have people
2589 principally who are adults, who are either psychotic, with
2590 schizophrenia, bipolar disorder, possibly psychotic
2591 depression, and substance abusing. Predominant diagnoses.
2592 In the juvenile detentions, it is kids who have what are
2593 regarded as antisocial behaviors and conduct, but in many
2594 respects, I would even venture to say it is the majority,
2595 these individuals start out as individuals who have learning
2596 disabilities or what is scientifically called pediatric

2597 cognitive disorders. They have dyslexia, they have ADHD,
2598 they have nonverbal learning disabilities, and they can't
2599 connect with the world socially, educationally, and because
2600 they aren't succeeding, they are getting kind of negative
2601 feedback, they react to it in an obstreperous or disobedient
2602 way, and that leads them down this path and they end up in
2603 prisons. So it gets to what Patrick was saying about, you
2604 know, we are sort of addressing this downstream, after--
2605 closing the barn door after the horses have left. But either
2606 we give a modicum of training to our law enforcement and
2607 correctional people, or we embed mental health professionals
2608 and--or we really go for the big solution which is preempting
2609 the flow of individuals into the legal system to begin with.

2610 Mr. {Bilirakis.} Thank you. Thank you very much. I
2611 will yield back. I don't have any more time. Thank you, Mr.
2612 Chairman.

2613 Mr. {Pitts.} The chair thanks the gentleman.

2614 I now recognize the gentleman from Maryland, Mr.
2615 Sarbanes, 5 minutes for questions.

2616 Mr. {Sarbanes.} I thank you, Mr. Chairman. I want to
2617 thank the panel. Patrick, welcome back. It is great to see
2618 you. I was talking to Dr. Nancy Grasmick the other day when
2619 I was working with you on brain research affecting early
2620 childhood, and she is incredibly excited about the work that

2621 you all are doing together. And I worked for her for 8
2622 years, so I can tell you if she is excited, it has to be good
2623 stuff. So congratulations on that, and thank you for your
2624 testimony here today.

2625 There is no question that we still live in a world
2626 where, when we see physical pain, our impulse is to treat it,
2627 and unfortunately, when we see mental pain, our collective
2628 impulse often is to look in the other direction. And the
2629 first step towards remedying that, a critical step,
2630 obviously, is to make sure that our health care system acts
2631 with the kind of parity that Patrick Kennedy and others
2632 fought so hard for, and is now embedded in the Affordable
2633 Care Act.

2634 There is this tension as we think about how to
2635 distribute resources across a health care system that is more
2636 sensitive to issues of mental health between, sort of where
2637 along the spectrum do you place the resources to maximize the
2638 positive impact you can have. When you are talking about
2639 people that are on that spectrum of illness, intervening in
2640 an earlier stage may be intervening when the illness is less
2641 acute, more moderate. And so that is something that I know
2642 we are trying to sort out in the deliberations over this bill
2643 and other proposals that have come forward.

2644 It occurred to me that the--a lot of the debate over

2645 what kind of information can be made available to parents,
2646 for example, or family members of people that are suffering
2647 from mental illness, occurs because those suffering are of
2648 adult age, and that is when these protections kick in, which,
2649 to my mind, just emphasizes the importance of early
2650 intervention, because presumably early intervention,
2651 intervention at first instance, as Patrick indicated, would
2652 oftentimes be intervention that occurs before the individual
2653 reaches the age of majority and these protections kick in.
2654 So if we could promote more of that, we are not going to be
2655 diffusing all the situations where you have these kind of
2656 competing considerations between privacy and delivering care,
2657 but we will be addressing a significant number of them. And
2658 also presumably, just promoting a broader and more open and
2659 more candid conversation among all the affected people in the
2660 equation so that you begin to build a relationship and a
2661 communication, a conversation, that can help support that
2662 individual as they move forward. One that includes family
2663 members and includes caregivers, and so forth.

2664 And finally, early intervention, I presume, has to
2665 promote parity. And we talk about sort of legal parity and
2666 health insurance coverage parity, but the greatest challenge
2667 we face, obviously, is achieving parity in a judgment that
2668 society delivers upon one kind of illness versus another.

2669 And I think that we all want to get to a place where our
2670 reflexive response to someone who is suffering from mental
2671 illness is on par with the way we respond to those who are
2672 experiencing a physical trauma, kind of in the traditional
2673 sense.

2674 I am committed to this ongoing conversation. I thank
2675 Representative Murphy for putting this in front of us for
2676 discussion. I thank Representative Matsui for her important
2677 contribution to the conversation. It is something we have to
2678 continue going forward.

2679 And I don't really have any questions, just to thank you
2680 all for your testimony today. And I will yield back.

2681 Mr. {Pitts.} The chair thanks the gentleman.

2682 I now recognize the gentleman from New York, Mr.
2683 Collins, 5 minutes for questions.

2684 Mr. {Collins.} Thank you, Mr. Chairman.

2685 Before I get started, I just need to go out of my way to
2686 thank Congressman Murphy for his tireless work on the
2687 important issue we are here talking about. As a cosponsor of
2688 this bill last Congress, I am pleased to see this moving
2689 forward. This is certainly one step in that process. But I
2690 want to particularly thank Congressman Murphy for adding into
2691 this bill Section 207(d), a version of the Ensuring
2692 Children's Access to Specialty Care Act, which I introduced

2693 earlier this year with Congressman Joe Courtney. This
2694 provision adds child and adolescent psychiatrists to the loan
2695 repayment program in the National Health Service Corp, or
2696 NHSC, for those doctors who practice in underserved areas. I
2697 believe this is an important step forward in getting mental
2698 health treatment to children, and I will continue to work to
2699 ensure that all pediatric subspecialties are covered in the
2700 NHSC program.

2701 I think we have covered a lot of the details today, and-
2702 -but I did hear, Mr. Rosenthal, you mentioned, and I know you
2703 are a supporter of Obamacare, and we can all agree to
2704 disagree on certain things, you certainly left it hang out
2705 there that because of Obamacare, the--in the Medicaid
2706 expansion in those states that have accepted Medicaid
2707 expansion, they are offering significantly better different
2708 programs in mental health than the states that did not accept
2709 expansion. And I guess in the category of you don't know
2710 what you don't know is always--it has been my impression that
2711 with one minor exception, which is an optional minor
2712 demonstration program dealing with reimbursement for
2713 emergency inpatient psychiatric care, with the exception of
2714 that, the main thing that the Medicaid expansion did was
2715 change the income guidelines under which patients would
2716 qualify for Medicaid. States that accepted the expansion

2717 were able to get people in at a higher income level than
2718 states that didn't. But I wasn't aware that there was this
2719 wide area of different programming, et cetera, et cetera,
2720 going on. So I guess all I can do is say I kind of take
2721 issue with that piece of it which is kind of hung out there.
2722 But also I just want to bring up, you know, we had a--under
2723 Chairman Murphy, a hearing on SAMHSA, and in that clearly,
2724 this committee was generally not happy with some of the
2725 outcomes, the expenditures of money, and so forth. And I
2726 know I--correct me if I am wrong, but I think the majority of
2727 your funding comes from SAMHSA, so you are--doesn't. But I
2728 am assuming you are well versed in what SAMHSA does.

2729 Mr. {Rosenthal.} I would say 3 percent of my funding--

2730 Mr. {Collins.} Okay.

2731 Mr. {Rosenthal.} --comes from--

2732 Mr. {Collins.} But I know you do deal with SAMHSA and
2733 get--

2734 Mr. {Rosenthal.} Yes.

2735 Mr. {Collins.} Okay. So I guess kind of as a pick-up
2736 on that particular hearing, you know, we are--I believe this
2737 committee would like more local control of dollars, good
2738 reporting coming back, because, you know, SAMHSA is a funding
2739 mechanism to get grants out. I mean could you share with us
2740 here your thought son SAMHSA and how we might have the

2741 taxpayer dollars go to better use with that funneling
2742 mechanism, have you got any recommendations? I don't know
2743 that it belongs in this bill or not, but we would just be
2744 interested in your observations there.

2745 Mr. {Rosenthal.} Well, as I said earlier, I think
2746 SAMHSA really helped birth the recovery consumer movement,
2747 and my experience with them in the contracts that I am
2748 working on is really focused on peer support, health care
2749 integration, employment, things that are, you know,
2750 noncontroversial and very important and significant. I think
2751 that arguments have been made that SAMHSA needs to be more
2752 balanced, but I think that the solution of--I am sorry, of
2753 eliminating it is not the way to go. We will lose an
2754 important resource and decades--

2755 Mr. {Collins.} Yeah, I don't think that has been
2756 suggested, but like some government agencies, I think at some
2757 point more accountability, more metrics--

2758 Mr. {Rosenthal.} I don't disagree with that,
2759 Congressman. I think--

2760 Mr. {Collins.} Okay.

2761 Mr. {Rosenthal.} --SAMHSA needs more accountability.

2762 Mr. {Collins.} Yeah. Well, I appreciate all of your--
2763 you would like to make a comment?

2764 Dr. {Lieberman.} Yeah, I mean SAMHSA--

2765 Mr. {Collins.} You only have about 30 seconds, but--

2766 Dr. {Lieberman.} SAMHSA's budget is \$3.6 billion. The
2767 NIMH's budget is \$1.2 billion. SAMHSA's efforts to try and
2768 provide and innovate mental health care from the perspective
2769 of the academic psychiatric community has been a disaster.
2770 They have not had a psychiatrist in a significant position of
2771 leadership in that in a decade. There is an ideological bias
2772 which pervades the organization. In fact, I would go so far
2773 as to say that SAMHSA is a proxy agency for the antimedical,
2774 antipsychiatry approach to mental health care.

2775 Mr. {Collins.} I can appreciate those comments, and
2776 certainly we continue to look to Chairman Murphy to lead our
2777 discussion in many of these areas based on his expertise.
2778 And while I don't think anyone would suggest SAMHSA go out of
2779 existence, I think we want to see our taxpayer dollars go
2780 where they should, and perhaps a rebalancing might be
2781 appropriate as we move forward, and we would certainly
2782 appreciate your input on that.

2783 My time has expired, Mr. Chairman. I yield back.

2784 Mr. {Pitts.} The chair thanks the gentleman.

2785 I don't see any other Health Subcommittee members
2786 present, so without objection, we will go to--do we have--

2787 {Voice.} It is full committee.

2788 Mr. {Pitts.} Full committee members. Mr. Tonko, you

2789 are recognized 5 minutes for questions.

2790 Mr. {Tonko.} Thank you, Mr. Chair.

2791 I think we need to identify for the record whether or
2792 not we eliminate the SAMHSA role with the creation of a new
2793 structure within the Secretary's position.

2794 Mr. {Pitts.} Do you want to respond, Dr. Murphy?

2795 Mr. {Murphy.} What we do is we elevate SAMHSA from an
2796 agency to having Assistant Secretary of Mental Health and
2797 Substance Use be the head of that. And so it is not
2798 eliminated at all. It is elevated in terms of the authority
2799 of that. As you know, with these 112 federal agencies out
2800 there, someone needs to have enough strength behind their
2801 name and title to actually coordinate many aspects of this.

2802 Mr. {Tonko.} Okay. I think it certainly warrants
2803 further discussion. And Mr. Butterfield--Representative
2804 Butterfield had to leave. He has asked that I request that
2805 this article, Fatal Police Shootings in 2015 Approaching 400
2806 Nationwide be submitted to the record.

2807 Mr. {Pitts.} Without objection, so ordered.

2808 [The information follows:]

2809 ***** COMMITTEE INSERT *****

|
2810 Mr. {Tonko.} And I thank you, Mr. Chair. And thank you
2811 as well to my colleagues. Certainly, Representative Murphy
2812 and Representative Matsui have been doing great work to
2813 introduce legislation that continues the conversation on how
2814 we can best address the needs of those struggling with mental
2815 illness.

2816 While I continue to have a number of concerns with the
2817 Helping Families in Mental Health Crisis Act, I believe that
2818 it is a thoughtful and earnest endeavor, and it is my hope
2819 that we can all come together to move forward, address these
2820 concerns, strengthen the legislation, and produce a final
2821 product. I think it is very important that we do that, and
2822 that need has been expressed by several on the panel here
2823 this morning.

2824 That being said, Mr. Gionfriddo, in your testimony you
2825 touched upon the issue of funding for the new programs
2826 included in this legislation, stating that it is emphatically
2827 the position of Mental Health America that any offsets should
2828 not come from existing community mental health programs. One
2829 of my concerns with this legislation as it currently is
2830 written is that it is ambiguous on the funding mechanisms of
2831 many of these programs, and where it does speak to funding
2832 specific programs, it often reauthorizes them at lower levels

2833 than currently funded. As the authorizing committee, it is
2834 our job to ensure that we put our money where our mouth
2835 indeed is, and provide clear and unambiguous funding
2836 instructions to the Appropriations Committee so that
2837 together, we can make the strong bipartisan case that more
2838 funding is needed for mental health and substance use
2839 programs--

2840 Mr. {Gionfriddo.} Yeah.

2841 Mr. {Tonko.} --and can you please comment on this and,
2842 more generally, the need for this legislation to support not
2843 supplant existing funding for mental health and substance use
2844 programs?

2845 Mr. {Gionfriddo.} Yes, I would be happy to. The first
2846 thing is that I would certainly encourage the committee to
2847 not make any doubt about the fact, or have any doubt about
2848 the fact that those dollars ought to come from someplace
2849 else. And, of course, I said in my testimony I think they
2850 ought to come from the jails and prisons. I think that is
2851 the place to get them from because that is the place they
2852 have been sent to.

2853 Too many dollars have been cut. You know, the states
2854 cut \$4.6 billion from mental health agencies between 2009 to
2855 2013, and here we hear that we only put the federal level
2856 \$1.2 billion into IMH, and then SAMHSA only put \$1.2 billion

2857 into the mental health side. That is 1/2 of what the states
2858 have cut is the total federal amount. So we can't continue
2859 to live with that. If the states aren't going to do their
2860 jobs, and they haven't been doing their jobs in this area,
2861 they just haven't, the Federal Government has to step in and
2862 figure out how to give them the guidance to make sure that
2863 they invest this way, and make sure they continue to invest
2864 early on in the process.

2865 Mr. {Tonko.} Thank you very much.

2866 And can I ask our other panelists to comment on that
2867 same question about supporting, nor supplanting existing
2868 funding? Senator Deeds?

2869 Mr. {Deeds.} Sure. You know, and I am--I don't claim
2870 any expertise. I know about the Virginia system, but from my
2871 perspective, the system overall is not working. I don't
2872 think it hurts anything to examine the way you spend money
2873 and see if you can spend it more efficiently. I have never
2874 been one--I have been in the state legislature 24 years, I
2875 have never believed that you solve problems just by throwing
2876 money at them. But it is clear to me that in some cases,
2877 more funding is needed, but we have to make sure we are
2878 doing--we are spending money as efficiently as we can right
2879 now, and I don't think we are.

2880 Mr. {Tonko.} Okay. Congressman Kennedy, great to see

2881 you. Thank you for your hard work.

2882 Mr. {Kennedy.} Well, thank you, Representative Tonko.
2883 You in New York passed the parity in New York. We
2884 acknowledge that.

2885 I would say that we can't--you know, we have to see the
2886 forest for the trees. And the forest says that if we employ
2887 a whole new--system, instead of the emergency rooms, instead
2888 of the jails, we could give better care to people and it will
2889 cost us less money. And talk about a bipartisan plan that
2890 would get through Congress. So we need to talk about with
2891 GAO and OMB new mechanisms to think about mental health in a
2892 systemic way so that we are not trimming along the edges,
2893 because right now, Representative Murphy's statement that we
2894 are fiddling while Rome burns is true. We need to look at
2895 the more fundamental issues of where the funding is coming
2896 overall, and align them in between committees of
2897 jurisdiction, because a lot of people hear about the housing
2898 issues which need to be supported, the Department of Labor
2899 issues, the job training and support, none of that is aligned
2900 in our budgets and that is what hobbles our ability to have a
2901 comprehensive solution to this challenge.

2902 Mr. {Tonko.} Thank you very much. Dr. Lieberman?

2903 Dr. {Lieberman.} I completely agree. I think it is not
2904 a matter of sort of reducing funding, but it is a matter of

2905 sort of--I mean I think SAMHSA needs to be basically
2906 rehabilitated, and there is a mechanism in this bill which
2907 really elevates the stature and importance of mental health
2908 care which had been under the rubric of SAMHSA. I mean I
2909 remember, my career goes back to when there was ADAMHA which
2910 was the combination of the NIMH and what is now SAMHSA, and
2911 there was effective oversight and direction then, but for a
2912 variety of reasons I don't claim to be privy to, they were
2913 separated. The NIMH went back into the NIH, and SAMHSA went
2914 off on its own, and it has been a complete waste ever since.

2915 Mr. {Pitts.} The gentleman's time has expired.

2916 The chair now recognizes Mr. Loeb sack 5 minutes for
2917 questions.

2918 Mr. {Loeb sack.} Thank you, Mr. Chair, and, Ranking
2919 Member. Thank you for letting me kind of be an interloper
2920 here today. I am not a member of this subcommittee, and so
2921 it is a great opportunity for me to speak to some of these
2922 issues, and ask a couple of questions.

2923 First thing I should say, as so many of the folks in
2924 this body, I have personal experience with this issue. My
2925 mom, as I was growing up, and as long as I can remember, as
2926 long as she lived, she struggled with mental illness. That
2927 leads me to the issue of stigma, and I am really glad that
2928 Ms. Schakowsky talked about that. I know that you folks are

2929 very aware of that. And, Congressman Kennedy, I mean we have
2930 talked about this while you were here, and you have been such
2931 a great champion on these issues. When I was on the
2932 Education and Labor Committee, we had a lengthy hearing, we
2933 had Rosalynn Carter come in and talk about this. I tell
2934 people often as a Member of Congress, if I don't succeed at
2935 anything else on the mental illness front, I am going to be
2936 very successful in talking about this issue and doing
2937 everything I can to remove the stigma from this issue and
2938 those folks who are struggling with this issue. And if that
2939 is all I succeed then I will have at least done something
2940 while I am here.

2941 On the policy front, I do thank my friend, Congressman
2942 Murphy, for his attempts to do what he can on this front. I
2943 know we can do better. He knows we can do better. And I
2944 have talked to him at great length about how we can hopefully
2945 work together to resolve some of these issues.

2946 My big issue today that I just want to mention briefly
2947 has to do with children, has to do with rural areas, and
2948 there are a number of us on this panel who are from rural
2949 areas. Clearly, children are best served by providers that
2950 are trained to meet their needs. There is no question about
2951 that. That may mean a child psychiatrist where one is
2952 available, and that is the big issue in many ways, but it

2953 should also involve pediatricians, I would argue, that have
2954 well-established relationships with families and that serve
2955 as a medical home for children. But in Iowa, there are only
2956 53 child and adolescent psychiatrists. Now, we only have 3
2957 million people, but only 53. And these providers are
2958 concentrated in 14 counties. That leaves 85 more rural
2959 counties without a single provider. Also, the provider on
2960 average is 52 years old. So the demographics are there as
2961 well. You know this very well, Dr. Lieberman.

2962 I am going to be introducing legislation soon that would
2963 tackle this issue by supporting innovative programs that
2964 operate in more than 1/2 of all states, including my own,
2965 Iowa, to provide mental health consultation by child
2966 psychiatrists, or pediatric primary care practices, often
2967 called child psychiatry access programs, to enable the
2968 pediatrician to treat a child in his or her office, or refer
2969 to a specialist if that is necessary. These programs, I
2970 think, show a lot of promise. They are being well received
2971 by pediatricians and by child psychiatrists alike. So I
2972 guess I would like to--Dr.--or, Mr. Gionfriddo, and perhaps
2973 Dr. Lieberman as well, and anyone else, talk to me about
2974 these issues if you would, about the need for early childhood
2975 intervention and treatment programs, and about how the needs
2976 of children are different than the needs of adults, and how

2977 child psychiatrists are uniquely qualified, if you will, to
2978 help this population, and integrating that as well, as I have
2979 suggested.

2980 Mr. {Gionfriddo.} Well, you know, starting from a
2981 nonclinical perspective, and mostly sort of a parental
2982 perspective about this--

2983 Mr. {Loebsack.} That is important.

2984 Mr. {Gionfriddo.} --it was absolutely essential that my
2985 son, at a relatively early age, had access to a good child
2986 psychiatrist. He had access to a good child psychologist as
2987 well, and they together really helped develop a plan. Now,
2988 it didn't work out all that well because we couldn't
2989 integrate what the schools were doing, and that is a whole
2990 other issue we all need to talk about--

2991 Mr. {Loebsack.} Right.

2992 Mr. {Gionfriddo.} --how we do that with kids. But it
2993 is absolutely essential that we get those perspectives
2994 working with parents and the parents' pediatricians, as you
2995 point out, right from the start, because together, all of
2996 those 4 parties, if you will, and the social workers who
2997 assist, and others too, can put together the kind of plans
2998 that can change trajectories of lives. And that is what we
2999 have to think about here. We don't just have these 2
3000 populations, all these people are going to get better on

3001 their own, or those other people we have to wait until
3002 disaster occurs to treat, 99.9 percent of the people like my
3003 son, somewhere in the vast middle of this, and we can do so
3004 much for them if we all work together, just like you are
3005 going to do so much for us by all working together this year.

3006 Mr. {Loebsack.} That is right. Hey, we have done some
3007 of that on this committee already, and I think we have
3008 already set some good examples.

3009 Yeah, Dr. Lieberman?

3010 Dr. {Lieberman.} I couldn't agree with you more. I
3011 mean if you talk to any primary care doctor, whether it is a
3012 pediatrician, a family medicine doctor, or an internist, they
3013 will tell you that 40 percent of their practice or more is
3014 psychiatric. And there aren't enough child psychiatrists,
3015 there aren't enough adult psychiatrists, to go around, and we
3016 need to have really teams of mental health care providers
3017 which include all the disciplines; psychology, social work,
3018 nurse practitioners, that are, you know, have defined roles
3019 and responsibilities. But the frontier, the line of first
3020 defense, needs to be in the primary care system.

3021 Mr. {Loebsack.} Okay.

3022 Dr. {Lieberman.} And so mental health education needs
3023 to be part of all the primary care system. That includes
3024 pediatrics, OB/GYN, and family medicine.

3025 Mr. {Kennedy.} And I would just add collaborative care
3026 models have been validated through 80-plus randomized control
3027 trials. So this notion of building this has been
3028 demonstrated to be cost-effective in outcomes, and why we
3029 don't have insurance companies reimbursing for something that
3030 is in their self-interest in terms of better financial
3031 interest and better health, is something we still have to
3032 work on. But you are right on target with this--trying to
3033 bridge this gap in the workforce shortage by having more
3034 collaborative care models.

3035 Mr. {Loebsack.} Thanks to all of you. And thank you,
3036 Mr. Chair. Thank you.

3037 Mr. {Pitts.} The chair thanks the gentleman.

3038 I now recognize the gentleman from Indiana, Dr. Bucshon,
3039 5 minutes for questions.

3040 Mr. {Bucshon.} Mr. Chairman, I yield my time to Mr.
3041 Murphy from Pennsylvania.

3042 Mr. {Murphy.} I thank the gentleman from Indiana. And
3043 just a couple of quick questions here.

3044 Dr. Lieberman, is there anything we can do to really
3045 totally prevent schizophrenia and bipolar right now?

3046 Dr. {Lieberman.} I think that these conditions are
3047 preventable in the sense that we can't cure them, but we can
3048 stop them from starting. And the way to do that has really

3049 already been--a template has been created in the area of
3050 cardiovascular disease. In 1955, President Eisenhower had a
3051 heart attack and, you know, I think it is known that he loved
3052 to play golf, he was a chain-smoker, he was obviously in high
3053 stress, he had a heart attack. And he went in the hospital
3054 for 4 weeks, he rested, afterwards they told him to take it
3055 easy for another 4, 6 weeks and then come back to work. And
3056 he sort of resumed the same lifestyle, and some years later,
3057 from a recurrent heart attack, he died. But that stimulated
3058 public attention and galvanized research in the medical
3059 community and the NIH funding. And 50 years later, the
3060 morbidity and mortality of cardiovascular--arteriosclerotic
3061 heart disease is 60 percent less, 60 percent less. But apart
3062 from that, it transformed the way cardiovascular disease was
3063 managed. It is no longer wait until somebody gets sick and
3064 then put them in the hospital or treat them with something,
3065 it is when you are born, you know what risk factors you have.
3066 You may have a family history. As you grow, you have to
3067 watch your weight. Your family may want you to watch your
3068 diet. You can have your cholesterol measured. There are now
3069 gene panels that assess risk for cardiovascular disease. So
3070 preemptively, these are being addressed. But if you do get
3071 into a point where you are short of breath and you have
3072 chests pain or something, you can have a thallium scan, you

3073 can have a stress EKG, you can have various tests with pre-
3074 morbidly, that is your secondary prevention--

3075 Mr. {Murphy.} Are we getting to some of those, so one
3076 comment Mr. Rosenthal said by fostering a sharp swing to a
3077 more medical biological approach to mental health, we
3078 shouldn't be doing that necessarily, but I mean--but yet last
3079 summer they identified 108 genetic--genomic markers of
3080 schizophrenia. I see that as a breakthrough. I hope we can
3081 get there to do these things.

3082 And let me give a couple of concluding comments. I
3083 think I am the last person to question here.

3084 Senator, I feel like I have made a new friend today, and
3085 I thank you for that. I thank you for your courage and your
3086 tenacity as well. If every state had someone like you for
3087 our Nation, more people like you, we would get this done.
3088 Patrick, also a dear friend, thank you for your voice on
3089 these issues. It is powerful. We have to keep that up.
3090 Keep it motivated. Jeff Lieberman, I know you are dedicated
3091 to these things. You are a great voice in saying we can
3092 solve these problems, and we will do that. Paul, we
3093 developed a good friendship over this too, and understand we
3094 have common grounds here. We have to work on these
3095 prevention issues. It is your work that made substantial
3096 changes in this bill. I thank you for that. We will keep

3097 working on that. And, Mr. Coe and Ms. Billingsley and
3098 Rosenthal, as I said earlier, there is a lot you said I
3099 totally agree with, and what we have to do is find the right
3100 wording to make sure we have that in there. You have heard a
3101 joint commitment here as we go through with Ms. Matsui, Mr.
3102 Tonko, and others here. We have more conversations of this
3103 on the Floor than--of course, the media would never report,
3104 but you know what, we are actually working together. And
3105 maybe that is the news. But in this--because we have been so
3106 involved in mental health for a long time, I began some 40
3107 years ago at this too, but I think of that when we are all
3108 fresh and wet behind the ears, dealing with the mental health
3109 field. One of the things that oftentimes struck me is why do
3110 we do it this way? Why can't we just help these families?
3111 Why can't we just talk to people? Why can't we use evidence-
3112 based care? And oftentimes we were told, well, we can't do
3113 it that way because, and it shouldn't be that way. I say
3114 psychiatry and psychology are the only areas of medicine that
3115 are defined by lawyers, and we need to make them defined by
3116 the patients' needs, by that--by the consumers' needs, and
3117 get involved in a model that says really, yes, we can, and
3118 not only yes, we can, but we have to.

3119 Now, with regard to funding on these things, look, I am
3120 first in line to nag the Appropriations Committee. And now,

3121 the Senate may have some different rules they can follow, but
3122 we have to put a bill through that is budget-neutral. We are
3123 working hard to find some offsets on this. I look forward to
3124 working with my colleagues on this. I--look, I have no doubt
3125 that this equal, equal passion for changing these things, and
3126 we will do these things together.

3127 And I ask along those lines if all the members of this
3128 panel, all the witnesses, all the members of this
3129 subcommittee and others, we will keep working together. You
3130 have given us some great ideas today about what we have to do
3131 about the wording for this. But for all those people who we
3132 have lost this year and lost in other years, let's not make
3133 their lives lost a lost cause. Let's join together and
3134 recognize that we have to make sure that those disappearance
3135 of their lives shouldn't be a disappearance of our passion
3136 and our dedication to this. We can make this happen. I fear
3137 greatly for this Nation if we do not make this the year that
3138 we make these significant and substantial reforms in this.
3139 Let's use our voices together. We will not be silenced. We
3140 will make some changes here.

3141 And with that, Mr. Chairman, I thank you for your
3142 leadership in this as well. We can get this done.
3143 Hopefully, next time we get together will be for a Markup,
3144 and--or as a group, but with my colleagues, we will work

3145 together on some wording of these things for their concerns.

3146 And I--with that, I yield back.

3147 Mr. {Pitts.} The chair thanks Dr. Murphy. Thank you
3148 for that excellent summary of our hearing today.

3149 And the chair would like to thank all of the witnesses
3150 for your patience, for your testimony, your expertise. It
3151 has been a very important hearing in this whole path that we
3152 are traveling on this issue, and the committee will act on
3153 this legislation.

3154 Members who were not here will have questions, I am
3155 sure. Some of us may have follow-up questions. We will
3156 submit those to you in writing. We ask that you please
3157 respond promptly.

3158 I remind members that they have 10 business days to
3159 submit questions for the record. That means they should
3160 submit their questions by the close of business on Tuesday,
3161 June 30.

3162 Without objection, the subcommittee is adjourned.

3163 [Whereupon, at 12:48 p.m., the Subcommittee was
3164 adjourned.]