

October 16, 2015

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton and Ranking Member Pallone,

As representatives of the substance use prevention and substance use disorder, treatment and recovery communities, the undersigned organizations would like to share our thoughts and concerns about the *Helping Families in Mental Health Crisis Act* (H.R. 2646).

While we are immensely grateful for the Act's commitment to improving our nation's mental health and substance use disorder prevention strategies and treatment systems, we have serious concerns about many of the Act's provisions. We appreciate its promotion of evidence-based treatment through increased research; its goal to coordinate services with physical health more fully; its provisions to strengthen the service workforce's ability to effectively serve individuals with mental health and substance use disorders; and its inclusion of mental health and substance abuse professionals in federal health information technology assistance and incentive programs. We also support the provision that would require the Government Accountability Office (GAO) to submit a report to Congress detailing the extent to which covered health plans, including Medicaid managed care plans, comply with the Mental Health Parity and Addiction Equity Act (MHPAEA).

However, we believe the bill would have many negative, unintended consequences for preventing and delaying substance abuse among youth as well as for patients at risk for or suffering from substance use disorders. Moreover, we have concerns with how the bill would lessen current privacy protections for patients with substance use disorders. Specifically:

- First, we do not support the proposed changes that would effectively dismantle the Substance Abuse and Mental Health Services Administration (SAMHSA). Further, in dismantling SAMHSA and establishing new grant programs under a new Assistant Secretary for Mental Health and Substance Use Disorders, the bill proposes drastic cuts to many current, effective SAMHSA programs, including more than \$100 million in cuts to critical substance abuse prevention and treatment programming. Over the last five years, programs within the Center for Substance Abuse Treatment (CSAT) have already been cut by \$44 million. Additional reductions such as those proposed in H.R. 2646 would have devastating effects, and would be especially egregious to make at a time when our nation is facing an epidemic of opioid addiction and overdose deaths. We are also concerned by the Act's proposed 43% cut to the Minority Fellowship Program, which helps increase the representation of minorities in the behavioral health workforce. This is an essential program to diversify a workforce that must meet the needs of historically and chronically underserved patients.
- Research has demonstrated that substance use prevention is cost-effective, with every dollar invested capable of achieving savings of between \$2 and \$20 (Swisher, J.D., Scherer and Yin, K. *The Journal of Primary Prevention*. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004). Unfortunately, over the past decade funding for federal substance use prevention programs has been cut by 48%. Of the funding that remains, SAMHSA's Center for Substance Abuse Prevention (CSAP) directly accounts for 86% of the FY 2015 appropriated total, and manages the other 14% for the Office of National Drug Control Policy. H.R. 2646, as written is silent about universal substance abuse prevention, to stop use before it starts, and includes definitions of primary, secondary and tertiary prevention that are no longer used in the substance abuse prevention field. It is totally unclear what effects H.R. 2646 would have on either the funding for or the maintenance of CSAP and its programs. This is of great concern to

the undersigned groups because bona fide substance use prevention is needed now more than ever, especially given the prescription drug crises facing our nation.

- We are concerned about the impact of a National Mental Policy Laboratory. The language in the legislation is unclear in terms of its authority over programs managed by CSAP and CSAT. The proposed Laboratory, along with the proposed Assistant Secretary for Mental Health and Substance Use Disorders, would be duplicative of functions held by SAMHSA's Office of Policy, Program, and Innovation (OPPI), HHS Assistant Secretary for Planning and Evaluation (ASPE), the Office of National Drug Control Policy (ONDCP), among other federal offices.
- In directing the new Assistant Secretary to undertake initiatives aimed at bolstering the mental health and substance use disorder treatment and research workforce, the bill neglects to include physicians other than psychiatrists. While psychiatrists are undoubtedly our nation's medical experts on mental health, addiction medicine specialists, whose primary specialty may be psychiatry or any other field of medicine, including but not limited to internal medicine, emergency medicine, pediatrics and obstetrics, are the foremost experts on the treatment of substance use disorders. Omitting the field of addiction medicine from a nationwide strategy to bolster our expert substance use disorder treatment workforce is a significant missed opportunity. Additionally, any workforce development must go beyond physicians, as a plethora of health professionals contribute to the treatment of behavioral health, including substance abuse counselors, social workers, and psychologists. While the Act recognizes the contributions that can be made by peer specialists, we urge you to recognize the full spectrum of health professionals that are required to construct an effective system of care.
- In attempting to improve interoperability and care coordination for patients with substance use disorders, the bill proposes changes to the consumer confidentiality protections required under 42 CFR Part 2. While we maintain that communication between health care providers should be encouraged, we oppose the bill's language which would make privacy protections non-applicable in certain settings in existence before, on or after the date of enactment. This language could be interpreted very broadly and potentially negate critically important privacy protections of patients who were seen at such facilities in the past, when they were under the impression that their substance use treatment records would not be shared without explicit patient consent. As SAMHSA's release of proposed guidance related to 42 CFR Part 2 is imminent, we urge you to reconsider including proposed changes to the federal drug and alcohol confidentiality law in the legislation.

Thank you for your leadership on this important issue and for considering our concerns related to this bill. We would welcome the opportunity to speak with your staff about these issues in more detail.

Sincerely,

American Society of Addiction Medicine
Association of Recovery High Schools
Community Anti-Drug Coalitions of America
Faces and Voices of Recovery
Harm Reduction Coalition
IC&RC
Legal Action Center
NAADAC – The Association for Addiction
Treatment Professionals

National Addiction Studies Accreditation
Commission
National Association for Children of Alcoholics
National Association of Drug Court Professionals
National Association of State Alcohol/Drug Abuse
Directors
Partnership for Drug-Free Kids
Therapeutic Communities of America
Treatment Alternatives for Safer Communities
Young People in Recovery