



MEMORANDUM

June 26, 2020

To: Subcommittee on Health Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Hearing on “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis”

On **Tuesday, June 30, 2020, at 11 a.m. (EDT), via Cisco Webex online video conferencing**, the Subcommittee on Health will hold a legislative hearing entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.”

I. BACKGROUND

Mental health is an essential part of overall health and includes an individual’s emotional, psychological, and social well-being.¹ Research shows that mental health conditions can be caused by stress, genetics, biological factors, traumatic life experiences or other serious medical injuries or conditions.²

Depression, anxiety, and post-traumatic stress disorder (PTSD) are among the most common mental health conditions in the United States. Nearly one third of adults report feeling worried, nervous, or anxious on a daily, weekly, or monthly basis.³ In 2018, 17 million adults and three million adolescents experienced a major depressive episode.⁴ Data from 2018 shows that 47.6 million American adults had a mental illness in the past year, while 11.4 million adults

¹ U.S. Department of Health and Human Services, *What is Mental health?* (www.mentalhealth.gov/basics/what-is-mental-health) (accessed June 5, 2020).

² National Library of Medicine, *Mental Disorders* (medlineplus.gov/mentaldisorders.html) (accessed June 5, 2020).

³ National Center for Health Statistics, *National Health Interview Survey, 2015-2018* (www.cdc.gov/nchs/nhis/index.htm) (accessed June 5, 2020).

⁴ Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (2019) (www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf).

had serious mental illness (SMI).⁵ In half of all mental health disorders, patients exhibit symptoms before the age of 14 and three quarters of mental health disorders begin before age 24.⁶ Research also showed that an estimated 7.7 million children have a mental disorder.⁷

Many Americans with a substance use disorder are also diagnosed with mental health disorders.⁸ Population surveys have found that roughly half of individuals with a mental illness will also experience a co-occurring substance use disorder.^{9 10}

Suicide, which is often associated with symptoms of mental illness, was among the top ten leading causes of death according to recent data.¹¹ In 2018, 10.7 million adults seriously contemplated suicide, 3.3 million of whom made suicide plans, and 1.4 million made a nonfatal suicide attempt.¹² Suicide rates vary by age group. It is the second leading cause of death in people between the ages of 10-34 and the fourth leading cause of death among people aged 35-54.¹³ Suicide rates among young Black communities are also on the rise.¹⁴

⁵ *Id.*

⁶ U.S. Department of Health and Human Services, *Mental Health Myths and Fact* (www.mentalhealth.gov) (accessed June 6, 2020).

⁷ Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* (2019) (pubmed.ncbi.nlm.nih.gov/30742204/).

⁸ National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders* (www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness).

⁹ Ross S, Peselow E. *Co-occurring psychotic and addictive disorders: neurobiology and diagnosis*, Clin Neuropharmacol (2012) (pubmed.ncbi.nlm.nih.gov/22986797/).

¹⁰ Kelly, Thomas M, and Dennis C Daley. *Integrated treatment of substance use and psychiatric disorders*. Social work in public health vol. 28 (2013) (www.ncbi.nlm.nih.gov/pmc/articles/PMC3753025/).

¹¹ National Center for Health Statistics, *Leading Causes of Death* (www.cdc.gov/nchs/fastats/leading-causes-of-death.htm) (accessed June 5, 2020).

¹² See note 6.

¹³ National Center for Health Statistics, *Leading Causes of Death Reports, 1981 – 2018* (accessed June 7, 2020).

¹⁴ *'We're losing our kids': Black youth suicide rate rising far faster than for whites; coronavirus, police violence deepen trauma*, USA Today (June 7, 2020) (www.usatoday.com/story/news/health/2020/06/07/coronavirus-police-violence-boost-risks-rising-black-youth-suicide/2300765001/).

Barriers to treatment exist for people with mental health conditions. Of those with mental health conditions, only slightly more than 43 percent say they have received treatment.¹⁵ For adults with SMI, 64.1 percent said they had received care.¹⁶ Overall, 11.2 million adults with mental conditions and 5.1 million adults with SMI said they had an unmet mental health treatment need in 2018.¹⁷ Studies show that the most common reason individuals do not seek care is the inability to pay for services.¹⁸ Other barriers include fear of discrimination in housing or employment.¹⁹ Workforce shortages have also contributed to the lack of available treatment.²⁰

II. COVID-19 AND MENTAL HEALTH

The coronavirus disease of 2019 (COVID-19) public health emergency has triggered distress for many Americans, such as experiencing the loss of family or community members, loss of employment, insurance and other supports. The Disaster Distress Helpline, supported by the Substance Abuse and Mental Health Service Administration (SAMHSA), saw an 891 percent increase in call volume in March 2020, compared to its call volume in March 2019.²¹ Research suggests that adverse effects of the pandemic on people with mental health conditions may be exasperated by physical distancing, self-isolation, and fear.²² More broadly, close to half of Americans say that their mental health has been negatively impacted due to worry and stress

¹⁵ See note 6.

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ Novak P et al, *Behavioral health treatment utilization among individuals with co-occurring opioid use disorder and mental illness: Evidence from a national survey*. Journal of Substance Abuse Treatment (2019).

¹⁹ Mojtabai R et al, *Comparing barriers to mental health treatment and substance use disorder treatment among individuals with comorbid major depression and substance use disorders*. Journal of Substance Abuse Treatment (2014) (pubmed.ncbi.nlm.nih.gov/30665603/).

²⁰ Health Resources & Services Administration, *Health Professional Shortage Areas* (data.hrsa.gov/topics/health-workforce/shortage-areas) (accessed June 5, 2020).

²¹ *Calls to US helpline jump 891%, as White House is warned of mental health crisis*, ABC News (Apr. 7, 2020) (abcnews.go.com/Politics/calls-us-helpline-jump-891-white-house-warned/story?id=70010113).

²² Kaiser Family Foundation, *The Implications of COVID-19 for Mental Health and Substance Use* (Apr. 21, 2020) (www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/).

over the virus.²³ Some children and adolescents are experiencing additional emotional distress because of a disrupted school schedule, family stress, or abuse at home.²⁴

First responders and frontline workers are also under significant stress which has led to reports of suicide attempts and suicide deaths by some health workers.²⁵ One study found that health care workers directly engaged with treating COVID-19 patients experienced symptoms of depression, anxiety, insomnia, and distress.²⁶ Prior to the rise in COVID-19 cases, a national study found that nurses were at higher risk of suicide than the general population.²⁷

Additionally, the pandemic is impacting the financial stability of mental health and behavioral health treatment centers.²⁸ Some treatment centers are experiencing increased demand due to the impact of the pandemic while others have been forced to cut staff or close altogether because of loss of revenue.²⁹ Despite these pressing needs and demands, many centers and behavioral health providers generally have not been included or eligible for sufficient amounts of COVID-19 relief funds made available by the Department of Health and Human Services (HHS).³⁰

²³ *Id.*

²⁴ United Nations, *Policy Brief: COVID-19 and the Need for Action on Mental Health*, (May 13, 2020) (www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf).

²⁵ *New York ER doctor who treated coronavirus patients dies by suicide*, The Guardian (Apr. 28, 2020) (www.theguardian.com/us-news/2020/apr/28/dr-lorna-breen-new-york-er-coronavirus).

²⁶ Lai J et al. *Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019*, JAMA Network (Mar. 23, 2020) (jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229).

²⁷ UC San Diego Health, *National Study Confirms Nurses at Higher Risk of Suicide than General Population*, (Feb. 3, 2020) (health.ucsd.edu/news/releases/Pages/2020-02-03-national-study-confirms-nurses-at-higher-risk-of-suicide.aspx).

²⁸ *A New Addiction Crisis: Treatment Centers Face Financial Collapse*, NPR (June 15, 2020) (www.npr.org/sections/health-shots/2020/06/15/865006675/a-new-addiction-crisis-treatment-centers-face-financial-collapse).

²⁹ *Swamped mental health and addiction services appeal for Covid bailout*, Politico (June 22, 2020) (www.politico.com/news/2020/06/22/coronavirus-bailout-mental-health-334588).

³⁰ *As suicide, addiction death projections soar amid COVID-19, treatment centers struggle to stay alive too*, USA Today (June 21, 2020) (www.usatoday.com/story/news/health/2020/06/21/covid-spurs-mental-health-needs-treatment-centers-go-underfunded/3191251001/).

III. MENTAL HEALTH PARITY

The Mental Health Parity Act of 1996 (MHPA) prevented large group health plans from imposing annual or lifetime dollar limits on mental health benefits that are less favorable than such limits imposed on medical/surgical benefits.³¹ In 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires parity between mental health or substance use disorder benefits and medical/surgical benefits.³² MHPAEA prohibits coverage requirements for mental health and substance disorder benefits from being more restrictive than those for medical/surgical benefits, and prevents health insurance plans that provide mental health or substance use disorder benefits from imposing less favorable financial requirements and treatment limitations on those benefits than on medical/surgical benefits. The Affordable Care Act (ACA) amended MHPAEA and applied the mental health parity provisions to individual market plans, including qualified health plans offered through the ACA Marketplaces.³³

IV. MENTAL HEALTH IN THE 21ST CENTURY CURES ACT

In 2016, Congress passed the 21st Century Cures Act, which included a number of mental health reforms.³⁴ Among other things, this legislation expanded access to mental health services for children through Medicaid, renewed emphasis on evidence-based strategies for treating serious mental illness, and improved coordination between primary care and behavioral health services. The 21st Century Cures Act also reauthorized important programs focused on suicide prevention and other prevention services.

V. LEGISLATION

A. H.R. 884, the “Medicare Mental Health Access Act”

H.R. 884, the “Medicare Mental Health Access Act,” introduced by Reps. Chu (D-CA), Schakowsky (D-IL), Mullin (R-OK), and Smith (R-MO), would expand the definition of “physician” under the Medicare program to include a clinical psychologist but only with respect to the furnishing of qualified psychologist services within the psychologist’s scope of practice.

B. H.R. 945, the “Mental Health Access Improvement Act of 2019”

H.R. 945, the “Mental Health Access Improvement Act of 2019,” introduced by Reps. Thompson (D-CA) and Katko (R-NY), would provide for coverage of marriage and family therapist services and mental health counselor services under Medicare Part B.

³¹ The Mental Health Parity Act of 1996, Pub. L. No. 104-204

³² The Paul Wellstone and Pete Domenici Mental Health Parity and Addition Equity Act of 2008, Pub. L. 110-343.

³³ The Patient Protection and Affordable Care Act, Pub. L. No. 111-148

³⁴ 21st Century Cures Act, Pub. L. No. 114-255.

C. H.R. 1109, the “Mental Health Services for Students Act”

H.R. 1109, the “Mental Health Services for Students Act,” introduced by Reps. Napolitano (D-CA) and Katko, expands and increases funding for existing SAMHSA grants to fund a comprehensive mental health program at 100 schools throughout the country. The program would fund grants that allow for prevention screening for social, emotional, mental, and behavioral issues, including suicide or substance use disorders; treatment and referral for these issues; development of evidence-based programs for students experiencing these issues; and other strategies for schools to treat students. The goal of the grant program is to place on-site licensed mental health professionals in schools throughout the country. SAMHSA would measure the outcomes of the grants awarded. Each grant would be for up to \$2 million per year for five years. The bill authorizes \$200 million per year for five years for a total authorization of \$1 billion.

D. H.R. 1646, the “Helping Emergency Responders Overcome Act of 2019”, or the “HERO Act of 2019”

H.R. 1646, the “Helping Emergency Responders Overcome Act of 2019,” or the “HERO Act of 2019,” introduced by Rep. Bera (D-CA), would create a data system at the Centers for Disease Control and Prevention (CDC) to capture public safety officer suicide incidences and study successful interventions, authorize grants for peer support behavioral health and wellness programs within fire departments and emergency medical service agencies, and would require the development of best practices for addressing PTSD in public safety officers and educational materials. This bill defines public safety officers as an individual serving as a law enforcement officer, firefighter, chaplain, or a Federal Emergency Management Agency employee performing duties related to a major disaster or emergency.

E. H.R. 2519, the “Improving Mental Health Access from the Emergency Department Act of 2019”

H.R. 2519, the “Improving Mental Health Access from the Emergency Department Act of 2019,” introduced by Rep. Ruiz (D-CA), would authorize SAMHSA to award grants to qualifying emergency departments for the purpose of supporting mental health services. Grant recipients must use funds to support the provision of follow-up services for individuals who present for care of acute mental health episodes, such as placement in appropriate facilities.

F. H.R. 2874, the “Behavioral Health Coverage Transparency Act”

H.R. 2874, the “Behavioral Health Coverage Transparency Act,” introduced by Rep. Kennedy (D-MA), would help improve and strengthen enforcement of existing mental health parity laws, which prohibit health insurance plans from imposing less favorable benefit limitations on mental and substance use disorder treatments than on medical/surgical benefits. The bill would require health insurance plans to disclose the analysis they utilize in making parity determinations, as well as the rate of and reasons for denials of mental health claims. It would also require federal regulators to conduct audits of health insurance plans, and establish a

Consumer Parity Unit that gives consumers a centralized online hub to get information about their rights and to submit complaints.

G. H.R. 3165, the “Mental Health Parity Compliance Act”

H.R. 3165, the “Mental Health Parity Compliance Act,” introduced by Reps. Porter (D-CA) and Bilirakis (R-FL), would increase transparency with respect to how health insurance plans are applying mental health parity laws, by requiring plans to make available certain analyses of how the plan is applying non-quantitative treatment limits (NQTLs) to mental health and substance use disorder benefits, in comparison to medical/surgical benefits. The bill would further require federal regulators to request this information if there have been complaints against a particular health insurance plan involving behavioral health benefits, and would require federal regulators to conduct random audits of health insurance plans.

H. H.R. 3539, the “Behavioral Intervention Guidelines Act of 2019”

H.R. 3539, the “Behavioral Intervention Guidelines Act of 2019,” introduced by Reps. Ferguson (R-GA), Burgess (R-TX), Kennedy, and Panetta (D-CA), requires SAMHSA to develop best practices for schools to establish behavioral intervention teams and properly train them on how to intervene and avoid inappropriate use of mental health assessments and law enforcement. No later than one year after enactment, best practices shall be made publicly available on a website of HHS.

I. H.R. 4428, the “Greater Mental Health Access Act”

H.R. 4428, the “Greater Mental Health Access Act,” introduced by Reps. Wild (D-PA), Trone (D-MD), Moulton (D-MA), would establish a special enrollment period in both the individual insurance and group insurance market for family members of an individual who has died by suicide. The bill would treat the death of a family member by suicide as a “qualifying life event” through which surviving family may enroll in or change their health insurance to cover mental health services. The bill would also provide \$6 million in grants from the Prevention and Public Health Fund for outpatient mental health services.

J. H.R.4564, the “Suicide Prevention Lifeline Improvement Act of 2019”

H.R.4564, the “Suicide Prevention Lifeline Improvement Act of 2019,” introduced by Reps. Katko, Beyer (D-VA), and Napolitano, would increase the authorization of the National Suicide Prevention Lifeline program. The bill also directs HHS to establish a plan for maintaining the program, including sharing certain data with CDC. In addition, the bill includes a pilot to research, analyze, and employ innovative technologies and platforms for suicide prevention and reports on the use and progress of the pilot.

K. H.R. 4585, the “Campaign to Prevent Suicide Act”

H.R. 4585, the “Campaign to Prevent Suicide Act,” introduced by Rep. Beyer, would direct CDC and SAMHSA to carry out a national suicide prevention media campaign to

advertise the new 9-8-8 number, when it becomes effective, and raise awareness for suicide prevention resources and cultivate a more effective discourse on how to prevent suicide. The bill would provide guidance to TV and social media companies on how to talk about suicide by creating a best practices toolkit.

L. H.R. 4861, the “Effective Suicide Screening and Assessment in the Emergency Department Act”

H.R. 4861, the “Effective Suicide Screening and Assessment in the Emergency Department Act,” introduced by Reps. Bilirakis and Engel (D-NY), would create a grant program to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide by: (1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and (2) enhancing the coordination of care for such individuals after discharge.

M. H.R. 5201, the “Telemental Health Expansion Act of 2019”

Under the Medicare program a distance site is the location where a health care provider delivers a telehealth service to a patient and an originating site is the location where a patient receives a telehealth service.³⁵ Historically, a patient would have to receive the telehealth service at an eligible originating site located in a rural area for the telehealth service to be reimbursed by Medicare. However, in response to the COVID-19 public health emergency, the Medicare program has temporarily removed these geographic restrictions for all telehealth services and allowed for a patient’s home to be an eligible originating site.

H.R. 5201, the “Telemental Health Expansion Act of 2019,” introduced by Reps. Matsui (D-CA) and Johnson (R-OH), would permanently include the patient’s home as an eligible originating site for mental health services delivered via telehealth and remove Medicare’s geographic restrictions for such services, enabling providers to be reimbursed by Medicare for mental health services delivered via telehealth in urban and rural areas and in the patient’s home.

N. H.R. 5469, the “Pursuing Equity in Mental Health Act of 2019”

H.R. 5469, the “Pursuing Equity in Mental Health Act of 2019,” introduced by Rep. Watson Coleman (D-NJ) and eight other Members of Congress,³⁶ includes provisions that would: (1) authorize grants targeted at high-poverty communities for culturally and linguistically appropriate mental health services; (2) support research into disparities in mental health; and (3) reauthorize the Minority Fellowship Program to support more students of color entering the mental health workforce, among other things.

³⁵ Centers for Medicare and Medicaid Services, *Medicare Learning Network Booklet on Telehealth Services* (Mar. 2020) (www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf).

³⁶ Also listed as introducing H.R. 5469 are Reps. Hastings (D-CA), Norton (D-DC), Cleaver (D-MO), Omar (D-MN), Davis (D-IL), Adams (D-NC), Hayes (D-CT), Horsford (D-NV), and Lee (D-CA).

O. H.R. 5619, the “Suicide Prevention Act”

H.R. 5619, the “Suicide Prevention Act,” introduced by Reps. Stewart (R-UT) and Matsui establishes two grant programs to prevent self-harm and suicide. CDC must award grants to state, local, and tribal health departments to expand surveillance of self-harm, and SAMHSA must award grants to hospital emergency departments for programs to prevent self-harm and suicide attempts among patients after discharge.

P. H.R. 5855, the “Bipartisan Solution to Cyclical Violence Act of 2020”

H.R. 5955, the “Bipartisan Solution to Cycle of Violence Act of 2020,” introduced by Reps. Ruppertsberger (D-MD) and Kinzinger (R-IL), would create a grant program at HHS to support trauma centers with violence intervention and violence prevention programs. The funds would also research to reduce the incidence of re-injury and re-incarceration caused by intentional violent trauma, excluding intimate partner violence.

Q. H.R. 6645, To direct the Secretary of Health and Human Services, acting through the Director of the National Institute of Mental Health, to conduct or support research on the mental health consequences of SARS-CoV-2 or COVID-19, and for other purposes

H.R. 6645, introduced by Rep. Tonko (D-NY), directs the Director of the National Institute of Mental Health to conduct or support research on the mental health consequences of COVID-19, authorizes research efforts at the National Institute of Mental Health to study the impact of COVID-19 on health care workers, explores the use of digital mental health interventions, and expands research into the delivery of services to underserved populations, and research on suicide prevention.

R. H.R. 7080, the “Stopping the Mental Health Pandemic Act”

H.R.7080, the “Stopping the Mental Health Pandemic Act,” introduced by Rep. Porter, would direct SAMHSA to provide grant support to States, localities, tribes, community-based entities, and primary care and behavioral health organization to enable such entities to increase capacity on the ground, such as through telehealth or workforce training. The grant would also enhance efforts like outreach to underserved communities, mental health awareness trainings, emergency crisis intervention or mobile crisis units, and 24-hour call centers, among other things.

S. H.R. 7147, the “Creating Resources to Improve Situations of Inherent Severity Act” or the “CRISIS Act”

H.R. 7147, the “Creating Resources to Improve Situations of Inherent Severity Act,” or the “CRISIS Act,” introduced by Rep. Latta (R-OH), would amend SAMHSA’s Community and Mental Health Service Block Grant to increase the program’s authorization for two years. This bill includes a five percent set-aside for evidence-based crisis care service. The bill also directs States to include a description of how it supports evidenced-based crisis care needs.

T. H.R. 7159, the “Crisis Care Improvement and Suicide Prevention Act of 2020”

H.R. 7159, the “Crisis Care Improvement and Suicide Prevention Act of 2020,” introduced by Rep. Bustos (D-IL), would amend SAMHSA’s Community and Mental Health Service Block Grant to include a five percent set-aside for evidence-based crisis care service. The bill also directs States to include a description of how it supports evidenced-based crisis care needs. This bill includes a funding contingency that makes null the five percent crisis care set-aside if the block grant does not receive an increased appropriation \$35 million.

U. H.R.7293, the “Suicide and Threat Assessment Nationally Dedicated to Universal Prevention Act of 2019” or the “STANDUP Act of 2019”

H.R. 7293, the “Suicide and Threat Assessment Nationally Dedicated to Universal Prevention Act of 2019,” or the “STANDUP Act of 2019,” introduced by Reps. Peters (D-CA) and Bilirakis, would require State and Tribal educational agencies that receive priority mental health grants under Section 520A of the Public Health Service Act to establish and implement a school-based student suicide awareness and prevention training policy, and collect information on training activities. The training policy would be focused on grades six through twelve and would train students on self-harm and suicidal ideation.

V. H.R. 7316, the “Emergency Mental Health and Substance Use Technical Assistance Act”

H.R. 7316, the “Emergency Mental Health and Substance Use Technical Assistance Act,” introduced by Rep. Rose (D-NY) would establish an emergency mental health and substance use training and technical assistance center. This technical assistance center at SAMHSA will support public or nonprofit entities and public health professionals seeking to establish or expand access to mental health and substance use services associated with the emergency period. This center will provide best practices and expertise to grantees and ensure the delivery of mental health and substance use services is efficient and most effective in this new environment.

VI. WITNESSES

The following witnesses have been invited to testify:

Former Representative Patrick J. Kennedy

Founder

The Kennedy Forum

Arthur C. Evans, Jr. Ph.D.

Chief Executive Officer

American Psychological Association

Jeffrey L. Geller, M.D., M.P.H.

President, American Psychiatric Association,
Professor of Psychiatry and Director of Public Sector Psychiatry at the University of
Massachusetts Medical School
Worcester Recovery Center and Hospital

Ms. Arriana Gross

National Youth Advisory Board Member
Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club