



**U.S. House of Representatives  
Committee on Energy and Commerce  
Subcommittee on Health  
Hearing on  
“High Anxiety and Stress: Legislation to Improve Mental Health During Crisis”  
Tuesday, June 30, 2020**

Thank you for the opportunity to participate in the hearing on *High Anxiety and Stress: Legislation to Improve Mental Health During Crisis*. NSC is America’s leading nonprofit safety advocate – and has been for over 100 years. As a mission-based organization, we work to eliminate the leading causes of preventable death and injury, focusing our efforts on the workplace, roadway and impairment. We create a culture of safety to not only keep people safer at work, but also beyond the workplace so they can live their fullest lives. Our more than 15,000 member companies and federal agencies represent employees at nearly 50,000 U.S. worksites.

Throughout the coronavirus pandemic, NSC has focused on supporting worker safety and health, including mental health, and giving employers resources to do so. NSC guidance and recommendations have evolved as public knowledge has changed about this novel virus, but our focus on safety and health has not wavered. Mental health is an essential pillar for workplaces to address as employers navigate keeping their workplace mentally and physically safe during the pandemic.

NSC thought leadership on workplace safety and health provided the foundation for the SAFER initiative, and SAFER task force members have shared best practices from their experiences here and abroad to develop “one stop” [playbooks](#).<sup>1</sup> These playbooks provide valuable and timely information, resources and tips for employers. The [Stress, Emotional, and Mental Health Considerations](#)<sup>2</sup> playbook contains information for employers who must consider how they intend to allay the concerns, anxieties and uncertainty that workers may feel about their lives, jobs and the future of the organization when returning to work. Mental health distress and illnesses may continue to impact employees’ return to work and their ability to safely focus on the job at hand for a significant period of time.

[NSC recommends](#)<sup>3</sup> all employers commit to supporting the mental and emotional health of employees by sharing support resources and adjusting relevant policies. SAFER resources also include “[Quick Hits](#)”<sup>4</sup> which provide tactical information, including checklists, procedures and protocols for addressing new workplace operations. One of these Quick Hits is on [Managing Employee Stress and Anxiety](#).<sup>5</sup>

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<sup>1</sup> <https://www.nsc.org/work-safety/safety-topics/safe-actions-for-employee-returns-safer/safer-playbooks>

<sup>2</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/Safety%20at%20Work/covid-19/safer-playbooks/mental-health.pdf?ver=2020-06-10-094235-910](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer-playbooks/mental-health.pdf?ver=2020-06-10-094235-910)

<sup>3</sup> <https://www.nsc.org/in-the-newsroom/ten-universal-actions-every-employer-must-take-to-help-ensure-a-safer-reopening>

<sup>4</sup> <https://www.nsc.org/work-safety/safety-topics/safe-actions-for-employee-returns-safer/safer-quick-hits>

<sup>5</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/Safety%20at%20Work/covid-19/safer/qh-managing-employee-anxiety.pdf](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer/qh-managing-employee-anxiety.pdf)

Similarly, resources are available for Human Resources on [Working with Benefits Providers](#),<sup>6</sup> the [Employer Role in Supporting Employee Mental Health](#),<sup>7</sup> how the opioid crisis has been impacted by the COVID-19 pandemic and [how employers can help](#).<sup>8</sup>

## **Mental Health**

People across the country are facing an incredible amount of stress right now. As many as 150,000 people could die from alcohol, drug overdoses and suicide caused by social isolation during the coronavirus pandemic.<sup>9</sup> Beyond the negative impact of a traditional economic downturn, COVID-19 presents additional challenges – fear of the virus itself, collective grief and the mental health impacts of prolonged physical distancing and associated social isolation. A recent poll by the Kaiser Family Foundation found that nearly half (45%) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus.<sup>10</sup>

The COVID-19 pandemic intensifies the threat of mental health distress in several ways, including stress caused by financial, employment, child and family-care instabilities, as well as fear of being exposed to or infected by COVID-19. Trauma, economic distress and unemployment increase risk for mental health issues and substance use disorders. Job loss is associated with increased depression, anxiety, distress and low self-esteem, and may lead to higher rates of substance misuse, substance use disorder and suicide. A recent survey on the impacts of COVID-19 on individuals with substance use disorders showed that more than one in three respondents reported changes in treatment or recovery support services due to the COVID-19 pandemic, and one in five reported an increase in substance use.<sup>11</sup>

Mental health issues have increased as measures taken to slow the spread of the virus, such as physical distancing, business and school closures and shelter-in-place orders, lead to greater isolation and potential financial distress. COVID-19 has caused the sharpest economic pullback in modern history and a record-breaking spike in unemployment. Extended social isolation can lead to the development of substance use disorders. Additionally, as a result of the pandemic, those with previous substance use disorders are even more vulnerable due to reduced access to treatment, recovery supports and harm reduction services. For example, at least 30 states are reporting spikes in fatal opioid overdoses in connection with COVID-19.<sup>12</sup>

There is also a strong, bi-directional relationship between mental health and fatigue, both of which impact safety in the workplace. Long-term or chronic stress, which many people are experiencing as a result of the pandemic, increases the likelihood of fatigue. Fatigue is also a symptom of several mental illnesses, including depression – one of the most commonly diagnosed mental illnesses in the United States, with over 17 million adults having a major depressive episode in 2017.<sup>13</sup> Similarly, people with

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<sup>6</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/Safety%20at%20Work/covid-19/checklist-benefits-providers.pdf?ver=2020-04-02-123448-233](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/checklist-benefits-providers.pdf?ver=2020-04-02-123448-233)

<sup>7</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/Safety%20at%20Work/covid-19/checklist-employer-role-mental-health.pdf?ver=2020-04-29-213839-257](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/checklist-employer-role-mental-health.pdf?ver=2020-04-29-213839-257)

<sup>8</sup> <https://www.nsc.org/work-safety/safety-topics/coronavirus/mental-health-and-wellbeing>

<sup>9</sup> [https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT\\_Deaths-of-Despair\\_COVID-19-FINAL-FINAL.pdf](https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf)

<sup>10</sup> <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>11</sup> [https://54817af5-b764-42ff-a7e2-97d6e4449c1a.usrfiles.com/ugd/54817a\\_7ff82ba57ba14491b888d9d2e068782f.pdf](https://54817af5-b764-42ff-a7e2-97d6e4449c1a.usrfiles.com/ugd/54817a_7ff82ba57ba14491b888d9d2e068782f.pdf)

<sup>12</sup> According to the AMA: <https://www.ama-assn.org/system/files/2020-06/issue-brief-increases-in-opioid-related-overdose.pdf>

<sup>13</sup> <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

chronic fatigue can exhibit similar symptoms as those with a mental illness, including feelings of sadness, hopelessness or anxiety.

These conditions will not disappear as the country recovers and people regain a sense of normalcy. The mental health impacts of the COVID-19 pandemic will continue to manifest in the coming weeks, months and years. Employers play a vital role to help their employees manage this stress and support mental wellbeing.

To help employers address these interconnected issues, employers need to prioritize employee well being, emotional and mental health now and as employees return to traditional work environments. Additionally, employers must prepare for an increase in substance misuse – one that could be a serious threat to worker safety, and cost tens of thousands of dollars per person in productivity losses, absenteeism, presenteeism and workers' compensation claims if employers do not plan ahead.

Each person will experience the stress and trauma of the COVID-19 pandemic differently. Some may not show signs of or experience mental health distress for weeks or months. In the [\*Stress, Emotional and Mental Health Considerations Playbook\*](#),<sup>14</sup> NSC recommends employers build both short- and long-term responses to these mental health considerations and ensure mental health continues to be prioritized. That means leveraging employee assistance programs (EAPs), providing employees with contact information for mental health services and openly acknowledging and discussing the impacts of COVID-19 on mental health. The playbook also offers guidance to secure buy-in and engagement from leadership, management, human resources, communications and employees, which is critical for success.

Employers with short- and long-term response plans will be the best equipped to help their workers. Some key factors that workplaces should incorporate into their strategy include:

- Building a culture of psychological safety in workplaces, including training leadership and supervisors
- Establishing resources and benefits to provide treatment and access to help when needed
- Thinking about and shifting language used in human resources and other documents to describe substance use disorders and mental illnesses to ensure it is non-stigmatizing
- Leading education and awareness opportunities for all staff so that they can protect themselves from mental health issues and stress related to COVID-19, as well as practice safe coping mechanisms
- Communicating frequently with employees to ensure they know that they are supported in seeking any help they need

NSC encourages this Committee and Congress to take action to ensure that our healthcare system is able to provide the full spectrum of mental health services needed to address the consequences of the pandemic. This includes providing more support for mental health in the pandemic response, but also moving to minimize barriers to care, increase the mental health workforce, and ensure mental health parity.

### *Minimizing Barriers to Care*

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<sup>14</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/Safety%20at%20Work/covid-19/safer-playbooks/mental-health.pdf?ver=2020-06-10-094235-910](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer-playbooks/mental-health.pdf?ver=2020-06-10-094235-910)

Removing barriers to care can lead to better access and health outcomes, including for people with mental illnesses and substance use disorders. Policymakers should consider covering telehealth, removing prior authorization requirements, discontinuing arbitrary coverage limits, and eliminating work requirements.<sup>15</sup> For example, removing the barrier of requiring prior authorization for medications for addiction treatment has been found to increase treatment and decrease emergency room visits.<sup>16</sup> Hindering access by implementing work requirements may have negative repercussions for individuals with substance use disorders.<sup>17,18</sup> Many states expanded access to telehealth during the COVID-19 pandemic to increase access to care, and these policies should be made permanent, as outlined in H.R. 5201.<sup>19</sup>

### *Medicaid*

Medicaid is a critical program for the people and families who need it most. Its importance is clear during the current economic downturn. Medicaid spending makes up a considerable portion of any state's budget. When economic downturns occur, people likely to qualify for Medicaid which strains the state's ability to pay for additional coverage. The benefits of healthcare coverage outweigh the costs, and the federal government should provide adequate funding to ensure states can maintain and meet increasing coverage demands during these times.

[Medicaid plays an essential role<sup>20</sup>](#) in addressing the opioid crisis and increasing access to treatment. Early screening for substance and opioid use disorders is an effective prevention mechanism, as is coordinated care across systems, which can be facilitated by Medicaid. Medicaid also increases access to mental health services. In the United States, only 41% of people who had a mental illness in the past year received professional health care or other services.<sup>21</sup> Medicaid is the single largest payer for mental health services and covers more than one in four adults with a serious mental illness. Medicaid financing and coverage facilitate access to a variety of behavioral health services, including psychiatric care, counseling, medications, inpatient treatment, supportive housing and case management.<sup>22</sup>

As a result the COVID-19 pandemic, the current economic downturn and resulting job losses, more people are becoming eligible for Medicaid.<sup>23</sup> Most of these newly unemployed individuals – potentially nearly 17 million people by the start of 2021 – are seeking health coverage, putting stress on both the operational and clinical side of Medicaid. Ensuring access to Medicaid coverage in the coming months and years will be critical to promoting and supporting the mental health of our nation.

### *Workforce*

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<sup>15</sup> <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4124-z>

<sup>16</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764598?resultClick=24>

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[https://www.urban.org/sites/default/files/publication/101113/lessons\\_from\\_launching\\_medicaid\\_work\\_requirements\\_in\\_arkansas.pdf](https://www.urban.org/sites/default/files/publication/101113/lessons_from_launching_medicaid_work_requirements_in_arkansas.pdf)

<sup>18</sup> <https://labblog.uofmhealth.org/industry-dx/overdose-rates-are-higher-but-opioid-addiction-care-harder-to-find-medicaid-work>

<sup>19</sup> <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>

<sup>20</sup> <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

<sup>21</sup> <https://www.mentalhealthfirstaid.org/2019/02/5-surprising-mental-health-statistics/>

<sup>22</sup> <https://www.kff.org/infographic/medicaids-role-in-behavioral-health/>

<sup>23</sup> <https://www.kff.org/health-reform/issue-brief/changes-in-income-and-health-coverage-eligibility-after-job-loss-due-to-covid-19/>

Supporting and expanding the behavioral health workforce is a critical component of addressing mental health, mental illness, and substance use. As detailed in the NSC [National Plan to Address Opioid Misuse](#),<sup>24</sup> the National Safety Council recommends:

- Expanding the behavioral health workforce
- Ensuring focus on cultural competencies and communication in order to effectively serve diverse populations
- Concentrating on recruiting credentialed professionals by using incentives such as loan repayment programs as well as retention
- Examining and prioritizing reimbursement rates, improving working conditions, preventing burnout, and removing bureaucratic obstacles and other factors that cause current professionals in the field to leave

### *Mental Health Parity*

NSC supports mental health parity as designated by the Mental Health Parity and Addiction Equity Act (MHPAE), ensuring that coverage, payment, and treatment for mental health conditions and substance use disorders are equal to that of other chronic and acute health conditions. We believe that making effective care available to those suffering from mental illness and/or substance use disorder is imperative in the fight to reduce the impacts of mental illness and substance use. NSC supports language that reduces the stigma of mental health conditions and substance use disorders.

Thank you again for providing the National Safety Council the opportunity to offer this information. NSC looks forward to working together on supporting the mental health of the nation's workforce as employees return to the workplace.

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<sup>24</sup> [https://www.nsc.org/Portals/0/Documents/NSCDocuments\\_Advocacy/national-plan-opioid-misuse.pdf?ver=2020-03-30-084342-013](https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/national-plan-opioid-misuse.pdf?ver=2020-03-30-084342-013)