**EXECUTIVE SUMMARY**

Yesterday, the House Energy and Commerce Subcommittee on Oversight and Investigations held a hearing to discuss mental health challenges in the U.S., specifically with regard to growing challenges faced by youth. Yesterday’s hearing is the fifth this year in a series intended to craft a broader legislative package aimed at addressing mental health in the U.S. This hearing comes on the heels of a number of recent hearings from the House Ways and Means Committee (TRP summary), the Senate HELP Committee (TRP summary), and the Senate Finance Committee (TRP summary; TRP summary) on the subject.

Both members and witnesses called for a multi-faceted approach to support the mental health and well-being of youth, further suggesting that parity is needed between the coverage and acceptance of mental health and physical health services. Witnesses additionally offered insight on the COVID-19 public health emergency's (PHE) effects on the health care workforce, substance use, and mental health, advocating for the expansion of telehealth to alleviate many of these issues.

**OPENING STATEMENTS**

**Full Committee Chair Frank Pallone (D-NJ)** (statement) called for the strengthening of mental health parity laws, claiming that insurance companies are failing to deliver parity for mental health and substance use disorder benefits as required. Chair Pallone noted that the House Ways and Means Committee is working to reauthorize a wide range of Substance Abuse and Mental Health Services Administration (SAMHSA) programs currently set to expire in September.

**Full Committee Ranking Member Cathy McMorris Rodgers (R-WA)** (statement) placed blame of the government for the uptick in youth mental health issues, claiming that school closures, masking, restrictions, and isolation have driven the mental health crisis.

**Chair Diana DeGette (D-CO)** (statement) discussed the COVID-19 PHE’s effects on mental health, citing statistics depicting a disproportionate impact on communities of color and people with disabilities. Chair DeGette further explored the COVID-19 PHE’s consequences on health care workers, ultimately calling for continued telehealth services as a remedy to the lasting effects of the PHE.
Ranking Member Morgan Griffith (R-VA) (statement) suggested that COVID-19 restrictions caused lasting impacts on mental health, adding that individual experiences — such as a loss of a family member, job, or normal social interactions — inhibited both academic and social development. Ranking Member Griffith further discussed the increase in substance use as a result of the PHE, which he claimed placed further burden on the health care workforce.

**WITNESS TESTIMONY**

Dr. Lisa Fortuna (testimony), University of California San Francisco, discussed the need to address social determinants of health and reduce health disparities by prioritizing policies and funding programs to advance access to evidence based and culturally competent care. With regard to telehealth, Dr. Fortuna advocated for policies that expand the telehealth flexibilities afforded to providers under the COVID-19 PHE and called for the removal of site of service and geographic restrictions.

Dr. Jacqueline Nesi (testimony), of Brown University, explained both the positive and negative effects of social media on mental health, specifically discussing developmental challenges associated with adolescents’ use of social media. Dr. Nesi stressed the need for additional research to determine how, when, and for whom social media is more harmful than helpful, adding that future research will reveal the lasting effects of the COVID-19 PHE on adolescents’ technology use.

Mr. Amit Paley (testimony), of the Trevor Project, noted an increase in mental health issues for LGBTQI youth as a result of the COVID-19 PHE, claiming that these youth have often lost access to key services during the pandemic. He discussed the 9-8-8 hotline, the new dialing code for the National Suicide Prevention Line, dubbing it an important step toward ensuring access to vital mental health resources, particularly for LGBTQI youth.

Mr. Christopher Thomas (testimony), of the Defensive Line, discussed his personal involvement and connection to youth mental health, offering policy recommendations to work towards more equitable and accessible mental health services, including: (1) the implementation of a K-12 suicide prevention curriculum with a mandated annual certification for educators; and (2) the general destigmatizing of mental health and suicide via legislative platforms.

Dr. Elinore McCance-Katz (testimony), Former Assistant Secretary for Mental Health and Substance Abuse, claimed that while the mitigation strategies put in place for the COVID-19 PHE were important, they lacked a balanced approach that offered a more broad consideration of mental health needs. Dr. McCance-Katz further discussed substance use disorders as a result of the COVID-19 PHE, noting the relationship between this increase and mental health.

**DISCUSSION AND QUESTIONS**

*Telehealth and Health Care Workforce*
• Following up on her recommendation for hybrid telehealth, Dr. McCance-Katz explained that certain individuals — often those who reside in rural communities — do not have access to broadband internet, thus necessitating the coverage and allowance of audio-only telehealth services.

• Rep. Tom O’Halleran (D-AZ) questioned what disparities are seen among mental health in children and what factors are driving these divides. Dr. Fortuna discussed the need to work across systems of care — including schools, integrated primary care, telehealth, and collaborative care — to reduce inequities.

• Rep. Kelly Armstrong (R-ND) questioned whether the requirement — to be instituted after the PHE ends — to have had an in-person exam with a physician within six months of an initial telehealth encounter is a barrier to care. Dr. McCance-Katz conveyed her belief that the requirement to see a physician in-person is necessary to ensure that patients receive the personalized care that they require. However, she believes requiring an in-person visit before a telehealth appointment to be a practice that can create barriers to care.

• Rep. Raul Ruiz (D-CA) inquired about the effects of the COVID-19 PHE on mental health providers, to which Dr. Fortuna cited increased levels of burnout among these physicians that has further exacerbated the health care workforce shortage.

• In line with his questioning on health care workforce shortages, Rep. Ruiz questioned what steps Congress can take to close the gap between the demand for services and the supply of providers given the sensitive nature of provider burnout. Dr. Fortuna called for: (1) an increase in pathways for the health care workforce; and (2) the institution and funding of a program to provide immediate mental health and support services for health care providers.

• Rep. Billy Long (R-MO) noted that the mental health workforce can participate in the Medicare Graduate Medical Education (GME) program but sought further insight on other avenues to aid in growing the health care workforce in rural and underserved areas. Dr. Fortuna advocated for increased funding for GME in the mental health space.

Substance Use

• Rep. Annie Kuster (D-NH) questioned how the COVID-19 PHE has affected substance use rates, particularly in marginalized communities. Dr. Fortuna explained that the COVID-19 PHE has exacerbated substance use in these communities, citing increased rates of substance use in the homeless community as an example.

• In discussing higher rates of substance use among LGBTQI youth and young adults, Rep. Kuster questioned what factors contribute to this disparity. Mr. Paley suggested that many of the same factors attributed to mental health issues — victimization, discrimination, and lack of acceptance — are faced by youth in the LGBTQI community. Mr. Paley noted that acceptance, support, and access to care would lead to better outcomes for this population.

Marginalized Communities

• Rep. Jan Schakowsky (D-IL) called for internet regulation to better protect children, particularly with respect to social media and its “adverse effects” on mental health. On the subject and in response to Rep. Schakowsky, Dr. Nesi explained that LGBTQI youth experience broader exposure to discrimination and hate speech when accessing the internet.
Reps. Kim Schrier (D-WA) and Lori Trahan (D-MA) echoed similar concerns over social media use and declining youth mental health.

- Noting that youth of color experienced increased rates of suicide in 2020 when compared to their white counterparts who saw a decline in that same year, Rep. Scott Peters (D-CA) questioned why this disparity exists. Dr. Fortuna explained that this is because youth of color, especially those living in disadvantaged communities, are experiencing escalating stress levels that stem from: (1) poverty; (2) discrimination; (3) racism; (4) inadequate supports in schools; and (5) a lack of quality, timely, and appropriate mental health services.

- Looking to better understand the COVID-19’s effects, Rep. Paul Tonko (D-NY) questioned what role the PHE played for LGBTQI+ youth. Mr. Paley, in response, stated that the COVID-19 PHE exacerbated access inequalities faced by this community, as well as communities of color, that were already in place before the PHE.

- In response to Rep. John Joyce (R-PA), Dr. McCance-Katz explained that certain factors, such as distance, are unique to rural communities and challenge mental health care delivery in these areas. To combat this, Dr. McCance-Katz suggested enlisting mobile health services.

- With respect to marginalized, rural, and underserved communities, Rep. Tony Cardenas (D-CA) questioned why a timely response and specialized services are important. Mr. Paley explained that these services are important as mental health care cannot function with “one-size-fits-all” solutions, adding that members of different communities require different services to address their unique mental health needs.

Other Topics

- In response to Chair DeGette’s question surrounding ways in which Congress can take action to remedy the current state of mental health care in the U.S., witnesses called for: (1) increased access to care; (2) proper public education surrounding social media best practices; (3) incentives to bolster workforce size and ability; (4) permanent access to telehealth; (5) preservation and expansion of the certified community behavioral health clinic program; (6) the requirement of, and proper funding for, K-12 suicide prevention programs; and (7) culturally competent care.

- Confirming Ranking Member Griffith’s assumption about the importance of face-to-face interaction in the cognitive and social development of infants and toddlers, Dr. McCance-Katz advocated for education efforts geared towards parents and caretakers to emphasize the need to interact with infants and toddlers without masks.

- In response to Chair Pallone’s inquiry about the importance of mental health parity, specifically in light of the COVID-19 PHE, Dr. Fortuna stressed the need to consider psychiatric illnesses equally as important and necessary to receive treatment as traditional, physical health care. To this end, Dr. Fortuna pinpointed lack of access to, and coverage of, psychiatric services as a key discrepancy in care between the two realms — highlighting lacking Medicare coverage as an example.

- With reference to the Medicaid Institutions for Mental Disease (IMD) exclusion, Rep. Michael Burgess (R-TX) questioned whether the measure required reevaluation. Dr. McCance-Katz suggested that, if lifted, providers would be better equipped to provide patients with the care needed, thus avoiding future hospitalizations.
In agreement with Rep. David McKinley's (R-WV) suggestion that schools be assigned a mental health counselor, Dr. McCance-Katz claimed that teachers are being asked to do “far too much” and dedicated mental health counselors would alleviate teachers of this responsibility.

Confirmed by Dr. Fortuna, Rep. Tonko stated that children’s mental health is multi-faceted and not due to any single factor, such as wearing masks throughout the duration of the COVID-19 PHE.

Rep. Gary Palmer (R-AL) communicated his belief that “lockdowns” have negatively affected youth mental health, contributing to the rising suicide and overdose rates.

Rep. Trahan suggested that ease of access to death by suicide methods are problematic once an individual is experiencing suicide ideation. Elaborating on this point, Dr. Nesi explained that easy access to means in a key risk factor for suicide among youth and adults, leading psychologists and psychiatrists to seek to limit access to means as a main method of treatment.

In response to Rep. Bob Latta (R-OH), Dr. McCance-Katz cited lack of: (1) access to care; (2) behavioral health providers; (3) sufficient reimbursement payments for providers; and (4) information sharing amongst providers as roadblocks to proper mental health care.

In response to Rep. Lisa Blunt Rochester (D-DE), Mr. Thomas explained that collaborations between community-based organizations, health care providers, and schools could be made easier via evidence-based training approach programs to help these entities better understand the role played by one another in children’s mental health.