

HOUSE E&C DISCUSS LEGISLATION TO REMEDY MENTAL HEALTH, SUBSTANCE USE DISORDERS ACROSS U.S. HEALTH CARE SYSTEM

EXECUTIVE SUMMARY

Yesterday, the House Energy and Commerce Subcommittee on Health held a [hearing](#) to consider 19 pieces of legislation related to mental health and substance use disorders (SUD) broadly. President Biden has included addressing mental health and addiction as two of the four pillars of the [Unity Agenda](#) he outlined in his 2022 State of the Union address ([TRP summary](#)), and mental and behavioral health have been at the forefront of congressional committee priorities as of late with ten hearings dedicated to the subject in 2022 alone. **Subcommittee Chair Anna Eshoo (D-CA)** dubbed the measures discussed during this hearing a “first step in moving a comprehensive legislative package” surrounding mental and behavioral health, though the Chair did not provide a timeline for markup or next steps.

Largely bipartisan efforts, the legislation under consideration in yesterday’s hearing falls under the umbrellas of: (1) children’s mental health; (2) health care workforce; and (3) SUD and behavioral health prevention, coverage, treatment, and recovery services, among other items. Specifically, these pieces of legislation encompass reauthorizations for over 32 mental health programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) set to expire after September 30, 2022, lending itself to the importance of passing a legislative package on the subject.

LEGISLATION

[H.R. 2376](#) — The “**Excellence in Recovery Housing Act.**” This bill would amend title V of the Public Health Service Act to provide for increased oversight of recovery housing, and for other purposes.

[H.R. 2929](#) — The “**Virtual Peer Support Act.**” This bill would provide funding for the Assistant Secretary for Mental Health and Substance Use to award grants for the purpose of supporting virtual peer behavioral health support services, and for other purposes.

[H.R. 4251](#) — The “**Native Behavioral Health Access Improvement Act of 2021.**” This bill would amend the Indian Health Care Improvement Act to authorize a special behavioral health program for Indians, and for other purposes.

[H.R. 4944](#) — The “**Helping Kids Cope Act of 2021.**” This bill would amend the Public Health Service Act to authorize grants to support pediatric behavioral health care integration and coordination, and for other purposes.

H.R. 5218 — The “**Collaborate in an Orderly and Cohesive Manner.**” This bill would amend the Public Health Service Act to increase uptake of the Collaborative Care Model.

H.R. 7073 — The “**Into the Light for Maternal Mental Health Act.**” This bill would amend the Public Health Service Act to reauthorize a grant program for screening, assessment, and treatment services for maternal mental health and substance use disorders, and for other purposes.

H.R. 7076 — The “**Supporting Children’s Mental Health Care Access Act of 2022.**” This bill would amend the Public Health Service Act to reauthorize the pediatric mental health care access grant program, and for other purposes.

H.R. 7232 — The “**9-8-8 and Parity Assistance Act of 2022.**” This bill would provide for improvements in the implementation of the National Suicide Prevention Lifeline, and for other purposes.

H.R. 7233 — The “**Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act**” (KIDS CARES Act). This bill would amend title XIX of the Social Security Act to provide for requirements under Medicaid State plans for health screenings and referrals for certain eligible juveniles in public institutions; and to require the Secretary of Health and Human Services to issue clear and specific guidance under the Medicaid and Children’s Health Insurance programs to improve the delivery of health care services, including mental health services, in elementary and secondary schools and school-based health centers.

H.R. 7234 — The “**Summer Barrow Prevention, Treatment, and Recovery Act.**” This bill would amend the Public Health Service Act to reauthorize certain programs with respect to mental health conditions and substance use disorders, and for other purposes.

H.R. 7235 — The “**Substance Use Prevention, Treatment, and Recovery Services Block Grant Act of 2022.**” This bill would amend title XIX of the Public Health Service Act to make certain improvements with respect to block grants for substance use prevention, treatment, and recovery services, and for other purposes.

H.R. 7236 — The “**Strengthen Kids’ Mental Health Now Act of 2022.**” This bill would amend title XIX of the Social Security Act to expand the availability of mental, emotional, and behavioral health services under the Medicaid program, and for other purposes.

H.R. 7237 — The “**Reauthorizing Evidence-based and Crisis Help Initiatives Needed to Generate Improved Mental Health Outcomes for Patients Act of 2022**” (REACHING Improved Mental Health Outcomes for Patients Act of 2022). This bill would amend the Public Health Service Act to reauthorize certain mental health, suicide prevention, and crisis care programs, and for other purposes.

H.R. 7238 — The “**Timely Treatment for Opioid Use Disorder Act of 2022.**” This bill would direct the Secretary of Health and Human Services shall revise opioid treatment program admission criteria to eliminate the requirement that patients have been addicted for at least 1 year prior to being admitted for treatment.

H.R. 7241 — The “**Community Mental Health Services Block Grant Reauthorization Act.**” This bill would amend title XIX of the Public Health Service Act to reauthorize the community mental health services block grant program, and for other purposes.

H.R. 7248 — The “**Continuing Systems of Care for Children Act.**” This bill would amend title V of the Public Health Service Act to reauthorize certain mental health programs for children, and for other purposes.

H.R. 7249 — The “**Anna Westin Legacy Act of 2022.**” This bill would amend the Public Health Service Act to provide education and training on eating disorders for health care providers and communities, and for other purposes.

H.R. 7254 — The “**Mental Health Justice and Parity Act of 2022.**” This bill would authorize the Secretary of Health and Human Services to award grants to States and political subdivisions of States to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers in emergencies involving one or more persons with a mental illness or an intellectual or developmental disability, and for other purposes.

H.R. 7255 — The “**Garrett Lee Smith Memorial Reauthorization Act.**” This bill would amend title V of the Public Health Service Act to reauthorize the Garrett Lee Smith Memorial Act, and for other purposes.

OPENING STATEMENTS

Subcommittee Chair Anna Eshoo (D-CA) discussed provisions within the bills under consideration during the hearing, highlighting legislation to: (1) support the continuum of mental health care for children via increased reimbursement for pediatric mental health services through Medicaid; (2) create new grant programs to expand national capacity to deliver care for children; (3) address gaps in mental health care, including the creation of housing for individuals with SUD; (4) improve peer support; and (5) establish a behavioral health program for Tribes. The Chair communicated the need to provide the mental health care and support in the U.S. health care system, dubbing this hearing “the first step in moving a comprehensive legislative package to address our nation's ongoing mental health crisis.”

Subcommittee Ranking Member Brett Guthrie (R-KY) ([statement](#)) credited the COVID-19 pandemic with the worsening rates of SUD and mental health challenges in the U.S. To this end, the Ranking Member criticized the rejection of calls by House Republicans to permanently schedule fentanyl-related substances as Schedule I drugs under the Controlled Substances Act. In closing,

Ranking Member Guthrie lauded the subcommittee's "bipartisan track record" in advancing legislation designed to bolster resources for those with SUD.

Full Committee Chair Frank Pallone (D-NJ) ([statement](#)) discussed a range of barriers to accessing mental health care, including: (1) stigma and discrimination; (2) provider workforce shortages; and (3) cost of coverage of care. Chair Pallone called for bipartisan support for increased funding for the programs up for reauthorization and expressed his desire to come to an agreement on the block grant reauthorizations that provide states with both the resources and flexibility to expand prevention, early intervention, and recovery support services.

Full Committee Ranking Member Cathy McMorris Rodgers (R-WA) ([statement](#)) expressed her desire to learn "how existing programs are working well" and discuss "where more must be done." The Ranking Member cautioned against establishing duplicative programs that compete with existing and effective programs for funding and referred to several bills under consideration which she believes run this risk. Ranking Member McMorris Rodgers raised concern over the Medicaid Institutions for Mental Disease (IMD) exclusion, suggesting that the provision must be addressed prior to implementation of the 9-8-8 suicide hotline scheduled for this summer.

WITNESS TESTIMONY

Panel I

Dr. Miriam Delphin-Rittmon ([testimony](#)), Assistant Secretary at the SAMHSA, pointed towards five near-term agency priorities to reduce the prevalence of SUD and mental illness, including: (1) preventing overdose; (2) enhancing access to suicide prevention and crisis care; (3) promoting child and youth behavioral health; (4) integrating primary and behavioral healthcare; and (5) using performance measures, data, and evaluation to optimize programs aimed at reduction. She also highlighted the need for equity in behavioral health, workforce support, recovery practices, and adequate funding for behavioral health services to drive improvements in this realm.

Ms. Carole Johnson ([testimony](#)), Administrator of HRSA, discussed the two HRSA mental health programs currently seeking reauthorization, including the: (1) Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program; and (2) Pediatric Mental Health Care Access Program. Ms. Johnson noted that the agency received funding as a result of COVID-19 to bolster mental health and the behavioral health workforce and discussed other investments, programs, and initiatives that the agency is pioneering to continue these efforts.

Panel II

Dr. Rebecca Brendel ([testimony](#)), of the American Psychiatric Association, advocated for certain policies related to mental health and community support. To this end, she suggested that Congress: (1) incentivize the integration of behavioral healthcare into primary care; (2) bolster the mental health and SUD workforce; (3) promote enforcement of the parity law; (4) address health equity; (5) increase access to telehealth; (6) expand crisis care services; and (7) improve psychiatric bed supply.

Dr. Sandy Chung ([testimony](#)), of American Academy of Pediatrics, recommended that Congress focus on comprehensive approaches to ensuring support for children, adolescents, and their families to bolster behavioral health, including trauma-informed care and community supports and services. Dr. Chung further urged Congress to revisit “funding restrictions” — namely those in the SAMHSA Community Mental Health Services Block Grant — which she claimed prevents allocation of federal funding to support prevention and early identification services.

Dr. Steven Adelsheim ([testimony](#)), of Stanford Center for Youth Mental Health and Wellbeing, conveyed that half of all mental health conditions are onset by the age of 14, stressing the need to create the continuum of public mental health supports for children and adolescents as a result. Dr. Adelsheim called for the expansion of prevention and early intervention services to address mental health conditions, further advocating for funding for “critical programs” that bolster suicide prevention efforts, tribal and rural mental health supports, incorporate the youth voice in service systems.

Dr. Debra Pinals ([testimony](#)), of the National Association of State Mental Health Program Directors, stressed that funding for mental health services is necessary, dubbing it a national priority. Dr. Pinals asserted that funding for preventative programs that avert “long waits” in emergency departments and child removals into foster care due to SUD from caregivers are needed and urged Congress to adopt proposals which deliver these results.

Ms. Cassandra Price ([testimony](#)), of the National Association of State Alcohol and Drug Abuse Directors, discussed continued challenges related to SUD and overdoses, adding that the COVID-19 pandemic only exacerbated these circumstances. Ms. Price highlighted the role that state alcohol and drug agencies play in overseeing and implementing the prevention, treatment, and recovery service system, calling for the promotion of coordinate across state government to ensure efficiency and effectiveness.

Ms. LeVail Smith ([testimony](#)), Peer Support Specialist Instructor and Mentor, shared his experience with “recovery and wellness” whilst living with a mental health and substance use condition. Mr. Smith further discussed the role that SAMHSA — and other government funded programs — play in promoting the prevention, intervention, treatment, and recovery of behavioral health conditions.

DISCUSSION AND QUESTIONS

Health Care Workforce

- Chair Eshoo questioned how the President’s Budget would bolster the workforce that HRSA oversees. Ms. Johnson claimed uncertainty as to how many additional jobs this funding would provide and committed to providing this information to the Chair at a later date.
- In response to Chair Eshoo, Ms. Johnson asserted that HRSA is committed to ensuring that the primary care workforce — through Community Health Centers (CHC) — continue to focus on mental health and SUD treatment in these settings. Ms. Johnson added that HRSA is

building out its capacity to train mental health and SUD providers through its workforce programs.

- **Rep. Kathy Castor (D-FL)** highlighted an increase in mental health and SUD workforce shortages illuminated during the COVID-19 pandemic. She added that constituents have communicated that it has become increasingly difficult to find routine care from a qualified mental health professional — especially for children — and cited a “doubling” in adolescent mental health hospitalizations in her district.
- **Rep. Kurt Schrader (D-OR)** stressed the importance of delivering critical mental health services in rural areas, adding that workforce shortages must be addressed to do so.
- In response to **Rep. Billy Long’s (R-MO)** question, Ms. Johnson detailed HRSA’s efforts to address the loss of behavioral health providers as a result of the COVID-19 pandemic, including efforts to retain the current workforce while supporting and training new mental health workers.
- **Rep. Debbie Dingell (D-MI)** inquired about potential actions which Congress could take to address workforce shortages of psychiatrists and other mental health providers in underserved areas. Ms. Johnson pointed towards: (1) training new behavioral health providers; (2) incentivizing providers to practice in underserved communities through loan repayment and scholarship opportunities; (3) training primary care providers in behavioral health issues; and (4) maximizing mental health expertise via telehealth. She added that HRSA is encouraging such providers to be in community settings, namely libraries and other non-traditional settings.
- **Rep. Kim Schrier (D-WA)** dubbed the Peer Action League program as a means to “meet patients where they are” in rural and underserved areas as well as to decrease mental health provider shortages.
- In discussing the mental health challenges for the elderly, **Rep. Jan Schakowsky (D-IL)** stressed the need for additional staff and providers dedicated to mental health services for this population.
- Rep. Sarbanes advocated for parity between physical and mental health services, further championing change to ensure that mental health parity is reached for frontline health care workers. Dr. Brendel echoed these comments, noting that the COVID-19 pandemic played a large role in necessitating mental health services for this population.
- Rep. Fletcher advocated for the collaborative care model. She noted that the model is population- and measurement-based, claiming it can contribute to alleviating the behavioral health care workforce shortage.

Children’s Mental Health

- In response to Rep. Castor, Ms. Johnson suggested that children’s access to mental health services is a “three-legged stool,” including workforce, access, and early intervention.
- In response to **Rep. John Sarbanes’ (D-MD)** inquiry about the need for increased resources for the [Youth and Family TREE Program](#), Dr. Delphin-Rittmon suggested that this program takes both a systems- and family-based approach, which is critical to meeting the broad range of needs for children.

- Rep. Sarbanes questioned the importance of school-based health centers in delivering mental and behavioral health care services to children and what HRSA is doing to support such services. Ms. Johnson noted that the agency plans to offer \$25 million in grants through 125 awards to support school-based health centers this Spring.
- **Rep. Morgan Griffith (R-VA)** asked whether SAMHSA or HRSA plans to conduct a long-term study on the mental health impacts resulting from the “closure of society” during the COVID-19 pandemic. Dr. Delphin-Rittmon explained that SAMHSA included questions related to the pandemic and its effects on mental health in a recent survey and committed to sharing these results with Rep. Griffith. **Rep. Buddy Carter (R-GA)** made a similar inquiry surrounding the impacts of closures on school-aged children.
- In discussing emergency department wait times for children with mental health conditions, **Rep. Gus Bilirakis (R-FL)** questioned how SAMHSA is providing resources to states and communities to address this issue. Dr. Delphin-Rittmon discussed programs implanted by the agency with the ultimate goal of addressing children’s mental health needs to prevent any potential crises.
- In response to **Rep. Annie Kuster (D-NH)**, Dr. Delphin-Rittmon asserted that the continuum of care is critical to adolescents with mental health diagnoses.
- **Rep. Lori Trahan (D-MA)** asked how awareness building activities, such as those supported by SAMHSA’s suicide prevention research center and college campuses, might prevent youth suicides. Dr. Delphin-Rittmon highlighted data in support of positive outcomes obtained by college campuses which implement awareness building activities.
- Chair Eshoo received no opposition from witnesses to the Strengthen Kids’ Mental Health Now Act of 2022 when asking about their opinions on the measure.
- In response to Chair Eshoo’s question surrounding insurance reimbursement rates and their effect on availability of mental health services, Dr. Adelsheim expressed concern over a “lack of basic capacity” for children’s mental health services in comparison to other health care services.
- Dr. Chung agreed with Rep. Matsui that mental health skills taught in first aid training help to create greater opportunities for teachers and other school workers to engage with children facing these challenges.
- Dr. Chung, in response to Rep. Sarbanes, asserted that adolescents are particularly vulnerable to SUD, advocating for programs which promote early intervention.
- In response to Rep. Bilirakis, Dr. Pinals communicated the need to support access across the continuum of care. He also advocated for residential treatment programs as a means to ensure that no “arbitrary barriers” to access exist — especially for children.
- Rep. Castor levied criticism against “big tech platforms” and social media, claiming that these platforms harm children’s mental health. Building on this, Dr. Chung suggested that social media exacerbates children’s mental health conditions and called for additional guardrails and restrictions on these sites to mitigate potential harms.
- Discussing long term impacts of maternal mental health and SUD on children, Rep. Schrier questioned how the health care system can better recognize and act on maternal mental health as a factor in infant and child health. Dr. Adelsheim highlighted the importance of: (1) prenatal and postnatal screening; (2) expanding integrated care models of support; and (3)

family visiting programs as a means to increase recognition of maternal mental health concerns.

Prevention, Treatment, and Access

- Dr. Miriam Delphin-Rittmon communicated to Chair Eshoo that the 9-8-8 hotline is “almost ready” for launch. She explained that SAMHSA is working closely with states and crisis call centers to ensure that the program is effective and efficient once implemented.
- With regard to Ranking Member Guthrie’s inquiry surrounding the Substance Use Prevention, Treatment, and Recovery Services Block Grant Act of 2022, Dr. Delphin-Rittmon suggested that flexible state funding is a “useful” tool in identifying and addressing specific needs or gaps that may be present within state and community systems.
- In response to Chair Pallone, Dr. Delphin-Rittmon stated that SAMHSA is focused on working to address overdose rates through comprehensive, evidenced-based supports and practices.
- Chair Pallone touted his legislation — the Native Behavioral Health Access and Improvement Act — which would establish a behavioral health program for Tribes within the Indian Health Service. **Rep. Raul Ruiz (D-CA)** further advocated for this legislation.
- Chair Pallone questioned whether dedicated funding for Tribal communities for prevention, treatment, and recovery for mental health and SUD would reduce inequities faced by this population. Dr. Delphin-Rittmon discussed the mental health and SUD related discrepancies faced in tribal communities and confirmed that dedicated funding would work to reduce these inequities.
- **Rep. Doris Matsui (D-CA)** called for the integration of behavioral health services in primary care settings, specifically with regard to eating disorders.
- Rep. Matsui stressed the need to expand the number of Certified Community Behavioral Health Clinics (CCBHC) in the U.S. Dr. Delphin-Rittmon added that acuity of care has risen, requiring “significant” coordination of services and supports to meet the needs of individuals.
- Rep. Griffith noted that the [CARES Act](#) included provisions — to be implemented via regulation — to improve the ability of individuals with SUD to receive safe and effective treatment. He explained that these updated regulations were required to be released in March of 2021 and questioned why there has been a delay. Dr. Delphin-Rittmon noted that this work is currently underway, though she was unable to provide an exact date for its release.
- **Rep. Peter Welch (D-VT)** dubbed access to safe, reliable housing and peer-support services as “essential components” to SUD recovery.
- Rep. Long suggested that CCBHCs play an important role in providing comprehensive community-based mental health services, questioning how SAMHSA is promoting the integration and coordination of behavioral health services in primary care environments. Dr. Delphin-Rittmon noted that CCBHCs are aiding in increasing access to a broad range of services and supports to patients within the mental health and SUD space.
- In discussing SAMHSA’s [National Guidelines for Behavioral Health Crisis Care](#), **Rep. Tony Cardenas (D-CA)** asked about the importance of “properly funding” this continuum of care. Dr. Delphin-Rittmon explained that adequately funding this continuum of care leads to cost savings in the long-term.

- In a discussion around parity between mental health and physical health services, **Rep. John Curtis (R-UT)** mused that the Department of Labor should release clearer guidance on the issue prior to Congress' passage of permanent laws.
- Touting his work on the Community Mental Health Services Block Grant Reauthorization Act, **Rep. Dan Crenshaw (R-TX)** questioned the importance of this legislation to support state mental health efforts. Dr. Delphin-Rittmon explained that reauthorization of the block grant helps to provide states with flexible funds to implement evidence-based mental health services and supports at the community level.
- **Rep. Robin Kelly (D-IL)** inquired about the importance of studying integrated care models and, in doing so, incorporating a diverse range of mental health providers. Dr. Delphin-Rittmon noted that integrated care is a priority for SAMHSA, adding that it creates multiple entryways into behavioral health services.
- Looking to lessen the impacts of the SUD epidemic, **Rep. Paul Tonko (D-NY)** advocated for strengthening and supporting state substance use treatment and recovery efforts through the reauthorization of the Substance Use Prevention, Treatment, and Recovery Services Block Grant.
- While in support of reauthorization, Rep. Tonko called for changes to the block grant, specifically in regard to an increase in authorized funding levels. He also called for a recovery "set-aside" in conjunction with an equal increase in authorization.
- **Rep. Tom O'Halleran (D-AZ)** discussed the "real world impacts" of mental health and SUD on children and families, adding that rural communities see "higher rates" of SUD than others in the U.S.

Other Topics

- In discussing the IMD exclusion, **Rep. Michael Burgess (R-TX)** questioned whether this may act as a barrier to receiving care. Dr. Delphin-Rittmon suggested that SAMHSA is aware of "challenges" arising as a result of the IMD exclusion.
- **Rep. Fred Upton (R-MI)** commemorated the bipartisanship that the committee has displayed in putting forth the legislation under consideration during this hearing.
- Ranking Member McMorris Rodgers noted that, rather than using funding for multiple purposes, SAMHSA has allocated 80 percent of its funding toward the 9-8-8- hotline. Dubbing this a "restrictive approach," the Ranking Member asked whether this practice should be continued. Dr. Delphin-Rittmon detailed SAMHSA's approach in this regard and communicated the agency's commitment to working with states to ensure flexibility in implementing this program.
- **Rep. Larry Bucshon (R-IN)** asked if grantees are able to use funds distributed through SAMHSA programs to provide surgeries or other medical intervention procedures, to which Dr. Delphin-Rittmon asserted that they cannot.
- Rep. Bucshon expressed his dedication to lowering maternal mortality rates, adding that maternal mental health plays a "vital role" in his quest to do so. Dr. Delphin-Rittmon noted that SAMHSA is paying particular attention to health equity which encompasses the Representative's concerns.

- Rep. Dingell raised concerns over “opening up” the IMD exclusion, suggesting that doing so would lead to greater institutionalization and less use of home- and community-based services (HBCS).
- Dr. Delphin-Rittmon clarified to **Rep. John Joyce (R-PA)** that inpatient services are not supported with the community mental health block grant, to which Rep. Joyce stressed the need for inpatient services as they relate to mental health.
- Ranking Member Guthrie inquired about the importance of congressional legislation to schedule fentanyl-related substances as a Schedule I drug. Ms. Price stressed the importance of doing so, adding that the “legality” of fentanyl results in difficulty when attempting to provide treatment and recovery support.
- Rep. Matsui touched on the benefits of tele-mental health services, particularly with respect to maternal mental health. In response to Rep. Matsui, Dr. Brendel highlighted the importance of care coordination in addressing perinatal mental health.
- To ensure parity, Rep. Cardenas called for “buy-in” at the local, state, and federal levels in conjunction with private insurers. He further encouraged the fortification of these entities with the personnel needed to carry out parity between mental and physical health services.
- Ranking Member McMorris Rodgers suggested that Congress pursue “targeted means” to lift the IMD exclusion, which she believes would “protect” those with disabilities and “other vulnerable communities” whilst expanding access to care.