

WAYS AND MEANS DELIBERATES SUBSTANCE USE, SUICIDE RISK

EXECUTIVE SUMMARY

Earlier today, the House Ways and Means Committee held a [hearing](#) to deliberate approaches to preventing and treating substance use disorder (SUD) and other behavioral health concerns. Committee members on both sides of the aisle concentrated heavily on **access to SUD treatment**, with health insurance coverage, medication assisted treatment (MAT), and telehealth serving as the primary points of discussion. Democrats then engaged in a conversation about **social determinants of health (SDOH)** and their impact on SUD and behavioral health issues. This included discussion of barriers that often impact homeless populations, communities of color, including Asian Americans and Pacific Islanders (AAPI), and incarcerated individuals.

Committee members also questioned witnesses about avenues to **shore up the provider workforce**, with both Democrats and Republicans inquiring about innovative ways to incentivize provider participation in SUD and mental health specialties. Lawmakers on both sides of the aisle were also keenly focused on **SUD and behavioral health conditions affecting children**, with several members pointing towards school-based services and early intervention services as a mechanism to mitigate the risk of developing behavioral health conditions. On the other hand, committee members disagreed over southern border priorities, with Republicans urging for stronger **border enforcement policies** to stop the flow of fentanyl into the U.S.

OPENING STATEMENTS

Chair Richard Neal (D-MA) explained that social isolation, anxiety, and burnout from the COVID-19 pandemic are exacerbating suicide, overdose, and SUD rates. He referred to success from passage of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities [Act](#), especially Medicare coverage of treatment options. Chair Neal added that marginalized communities face additional hurdles in accessing care and are disproportionately affected by SUD.

Ranking Member Kevin Brady (R-TX) noted that everyone — including the elderly and veterans — is negatively impacted by mental health issues. He said that the Biden administration poorly managed the epidemic, exacerbating mental health concerns. Ranking Member Brady was especially critical of fentanyl, explaining that its prevalence from the southern border is a persistent issue. He wrapped up his statement by calling for permanent telehealth expansion for mental and behavioral health services.

WITNESS TESTIMONY

Dr. Jonathan Metz ([testimony](#)), of Vanderbilt University, said that the U.S. must focus on increased access to behavioral health care and improved treatment options. He discussed mechanisms to break cycles of isolation, expanding telehealth, and providing outreach to those with SUD. Dr. Metz also touched on underlying structural inequities that impact mental health outcomes.

Dr. Edwin Chapman ([testimony](#)), addiction medicine physician, discussed his experience practicing MAT. He explained that patients often have confounding health issues such as Hep C and HIV/ AIDs, as well as having spent time in the U.S. correctional system. He referenced American Medical Association (AMA) and American Society for Addiction Medicine (ASAM) policy options to boost access to SUD care. Specifically, he said that prior authorization for buprenorphine, a lack of national standards for care coordination with bundled payment systems, and low provider participation in SUD treatment all function as barriers to SUD care.

Ms. Regina LaBelle ([testimony](#)), of the O'Neill Institute, promoted the Biden administration's recent strategy to boost behavioral health care. She reiterated her colleagues' calls for equitable access to SUD treatment and outlined three areas of focus to improve SUD care: (1) protect children from harm via several avenues, including making the expanded Child Tax Credit (CTC) permanent; (2) reduce stigma by providing stable housing via the Affordable Housing Resident Services Act of 2022 ([H.R. 6602](#)) and the Neighborhood Homes Investment Act ([H.R. 2143](#)); and (3) implement recommendations to mitigate drug-related deaths in correctional facilities, such as the Medicaid Reentry Act of 2021 ([H.R. 955](#)).

Dr. Marielle Reataza ([testimony](#)), of the National Asian Pacific American Families Against Substance Abuse, said that the stigma behind accessing care is compounded for the AAPI community, who often face cultural and linguistic barriers. She elaborated on the behavioral health impacts of racism in AAPI communities, including SUD and suicide rates among young adults. Increasing capacity for community-led research, enhancing data collection to collect better data on affected AAPI populations, and boosting harm-reduction policies were among her top priorities.

Ms. Jessica Hulsey ([testimony](#)), CEO of the Addiction Policy Forum, underscored the difficulty that people face to find behavioral health and SUD care. She reiterated Ranking Member Brady's concern regarding fentanyl deaths in the U.S. and shared stories from families affected by SUD. Ms. Hulsey promoted MAT and called for: (1) enhanced access to treatments such as naloxone, solutions for stimulant treatment, and syringe services; (2) boost workforce; and (3) prevent child and adult Alcohol Use Disorder (AUD).

DISCUSSION AND QUESTIONS

Access to Mental Health Treatment

- Chair Neal and Ranking Member Brady agreed that implementation of the 988 hotline will be a useful tool in connecting people to behavioral health care services.

- Chair Neal supported Medicaid coverage of opioid treatment programs, and Dr. Chapman added that telehealth reimbursement rates and SDOH — such as housing instability — are key to addressing this issue. **Rep. Kevin Hern (R-OK)** also voiced support for telehealth expansion, though he cautioned against costly provisions that would further consume the Medicare Trust Fund.
- In response to Ranking Member Brady, Ms. Hulseley said that Congress should scale up evidence-based interventions, including the development of medications for stimulant use disorder as well as increase access to MAT.
- Ms. Hulseley agreed with **Rep. Adrian Smith (R-NE)** that the Protecting Rural Telehealth Access Act ([H.R. 5425](#)) would increase access to behavioral health care, and she recommended equal reimbursement rates for audio-only visits. She also emphasized the importance of rural telehealth access to **Rep. Drew Ferguson (R-GA)**, noting that providers should be able to treat patients across state lines.
- **Rep. Tom Reed (R-NY)** shared his recovery story and inquired about the efficacy of spiritual-based and community treatment programs. Ms. Hulseley endorsed the efficacy of mutual aid support groups.
- **Rep. Brian Higgins (D-NY)** advocated for MAT, noting that its misuse and diversion can be remedied by making the treatments more accessible. Dr. Chapman concurred, adding that MAT access should be available to “anyone and everyone.”
- **Rep. Judy Chu (D-CA)** promoted her Stop Mental Health Stigma in Our Communities Act ([H.R. 3573](#)), and Dr. Reataza spoke in favor of the bill.
- **Reps. Brad Wenstrup (R-OH)** and **Carol Miller (R-WV)** said that people coming out of recovery treatment need to have wraparound services available.
- Ms. Hulseley told **Rep. Ron Estes (R-KS)** that contingency management through digital therapeutics, MAT, and cognitive behavioral therapy (CBT) can help improve outcomes for those with SUD.
- **Rep. Steven Horsford (D-NV)** asserted that high deductible health plans should be required to cover mental health and SUD services, and he was concerned about access to MAT. Regarding the latter comment, Ms. LaBelle promoted the Medication Access and Training Expansion (MATE) Act ([H.R. 2067](#)) as a policy solution to address access issues.

Disparately Impacted Communities & SDOH

- Ms. LaBelle answered a question regarding SDOH from **Rep. John Larson (D-CT)**, explaining that community-based care and preventing infectious disease mitigate the impacts of SUD for populations prone to adverse outcomes.
- In response to Chair Neal, Dr. Chapman agreed that wraparound services for inmates with SUD are critical and added that jails and prisons often restrict access to treatments such as MAT.
- **Reps. Bill Pascrell (D-NJ)** and **Linda Sánchez (D-CA)** were frustrated by some states efforts to pass legislation that they argued would put LGBTQIA+ individuals at higher risk for SUD and behavioral health issues. Rep. Sánchez said that such laws would exacerbate preexisting stigmas and harm access to care.

- Rep. Sánchez also inquired about the impact of racism and discrimination on emotional wellbeing, to which Dr. Metzl said that discrimination and economic disparities in the U.S. have a “huge” impact on suicide rates.
- **Rep. Mike Thompson (D-CA)** touted his efforts to develop telehealth legislation that would reduce SUD stigma. Dr. Chapman noted that homeless communities do not have internet access and require someone to help connect them to services.
- Rep. Chu inquired about the correlation between racism against AAPI communities and SUD rates in the community, to which Dr. Reataza explained that stimulants laced with opioids and industry-created SUD exacerbate the impact of hate crimes on AAPI SUD rates. She later told **Rep. Jimmy Panetta (D-CA)** that AAPI communities are more likely to deal with immigration issues which compound anxiety and depression issues.
- **Rep. Gwen Moore (D-WI)** asked witnesses about structural competency for mental health programs. Dr. Metzl suggested that health care clinics include resources to address SDOH. Dr. Reataza added that these services should include resources to help patients access appropriate health plans, apply for jobs that provide a living wage, and find housing options.
- **Rep. Dan Kildee (D-MI)** touched on the impact of SDOH on marginalized communities, pointing to Flint, Michigan as a prime example. Dr. Chapman explained that SUD incidence increases when people do not have access to jobs and said that SUD then perpetuates SDOH in people’s communities.
- **Rep. Stacey Plaskett (D-VI)** discussed the unequal treatment of SUD for prescription pills and drugs such as methamphetamine, crack cocaine, and heroin. Dr. Metzl agreed that addiction and criminalization of SUD lead to drastically different outcomes, and Dr. Chapman concurred.

Provider Workforce

- Dr. Metzl explained to Chair Neal to serve those with SUD and mental health needs, communities should broaden health care networks, focus on social infrastructure, train culturally competent providers, and make community partnerships. Dr. Reataza added that the mental health care system is especially difficult for AAPI to navigate due to a lack of culturally competent care.
- Dr. Chapman told Rep. Thompson that hurdles to assisting hard-to-reach patient populations lead to provider burnout and a small workforce.
- **Rep. Adrian Smith (R-NE)** promoted his PEERS in Medicare Act ([H.R.2767](#)), which would boost training and availability of peer support specialists. Specifically, he discussed the need to address provider shortages in rural areas.
- Rep. Pascrell alluded to legislation he is working on with Rep. Chu that would improve access to behavioral health care for Medicare beneficiaries. Dr. Chapman said that provider services — including social workers and peer support staff — are often lacking for this population.
- **Reps. Greg Murphy (R-NC)** and Ferguson said that educating providers and supplying them with additional resources could help patient outcomes. Ms. Hulsey said that bolstering the behavioral health care workforce is of primary importance, noting that the field faces difficulties to train, retain, and adequately pay providers.

- **Rep. Brad Schneider (D-IL)** promoted his Substance Use Disorder Workforce Act of 2021 ([H.R. 3441](#)), which would provide funding to increase SUD-focused residency spots.

Interventions to Address Children's Behavioral Health & SUD

- In response to **Rep. Vern Buchanan's (R-FL)** concern for children struggling with SUD, Ms. Hulse stressed the importance of early interventions for children displaying signs of drug use, especially for those with co-occurring issues. She later told **Rep. Mike Kelly (R-PA)** that federal SUD funding would be best utilized for child prevention efforts.
- **Rep. Danny Davis (D-IL)** was especially worried about the impact of SUD on child welfare. Ms. LaBelle told him that early interventions from pediatricians, parental education, SUD treatment for pregnant women, and the Child Abuse Prevention and Treatment Act (CAPTA) reauthorization are integral to protecting children from SUD.
- Ms. LaBelle told Rep. Larson that enhancing the CTC would improve outcomes for children with family members experiencing SUD. Rep. Horsford later cautioned that criticizing the CTC was detrimental to the goal of mitigating the impact of SDOH on SUD in children.
- **Rep. Jackie Walorski (R-IN)** asked the witnesses about programs for children who have a parent with SUD and about homeless youth intervention programs. Ms. Hulse said that there are many solutions to address children's proximity to SUD, though she was not aware of programs dedicated to homeless youth.
- **Rep. Don Beyer (D-VA)** voiced concerns about gun-related suicides, to which Dr. Metzl stressed the importance of swift interventions in these circumstances.
- Dr. Reataza echoed Rep. Schneider's frustration over mental health stigma in schools and a lack of school-based care, and she drew attention to the negative impacts of social media on children.

Fentanyl & Border Concerns

- Ranking Member Brady characterized the influx of fentanyl into the U.S. as a "shocking" issue, and he and **Rep. Jason Smith (R-MO)** asked about the changing fentanyl landscape since the passage of the SUPPORT Act. Ms. Hulse explained that counterfeit pills and stimulant disorders indicate the need for more proactive interventions and enhanced law enforcement strategies.
- In response to Rep. Miller, Ms. Hulse added that the influx of fentanyl into the U.S. is nerve-racking for patients and families, and promoted the use of interdiction efforts, naloxone, and fentanyl test strips.
- Several Republicans — including **Reps. Tom Rice (R-SC), Jodey Arrington (R-TX)**, Hern, Ferguson, Wenstrup, Estes, Miller, and Kelly — voiced frustrations that the Biden administration is not working to curtail fentanyl trafficking from the southern border. Chair Neal later pushed back against this criticism, saying that drug trafficking into the U.S. is a supply and demand issue fueled by addiction.