



Congress of the United States

House of Representatives

Washington, DC 20515

March 19, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, U.S. Capitol
Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader McCarthy,

During times of crisis, such as the current outbreak of COVID-19, mental health concerns are often amplified. Fear and anxiety are at high levels, and social distancing separates individuals from their usual support networks and mental health providers. Individuals might have difficulty accessing needed therapies due to movement restrictions.

In light of these concerns, we urge you to consider incorporating provisions in the next coronavirus response package aimed at addressing the mental health challenges associated with the coronavirus, including:

\$10 million in supplemental appropriation for the National Suicide Prevention Lifeline in FY20

During moments of acute public stress the National Suicide Prevention Lifeline has seen surges in distressed individuals in need of crisis services., The Lifeline has seen nearly an eightfold increase in crisis calls following recent high profile suicides, and call volumes

can double after natural disasters. It is crucial that the Lifeline be adequately resourced to respond to increased public demand for crisis services related to the COVID-19 outbreak.

At current capacity, Lifeline call centers answer roughly 66 percent of the calls made in the States in which they originate. With an estimated cost of \$25 per call, we ask that you consider appropriating an additional \$3,865,000 to address the current shortfalls in call center capacity. In addition, we ask that you also consider appropriating \$6,135,000 to prepare crisis call centers to transition to remote call answering, to avoid overcrowding crisis call centers and to scale services to respond to potential increases in call volume related to the COVID-19 outbreak. This additional \$10 million in emergency funding for the National Suicide Prevention Lifeline would respond to their current capacity challenge, prepare call centers to operate effectively during this pandemic, and strengthen State capacity to respond to crisis callers.

\$3 million supplemental appropriation for the National Child Traumatic Stress Network in FY20

We ask that you consider \$3 million in additional funding for grantees in the National Child Traumatic Stress Network, specifically to provide resources for families, caregivers, early care and education programs, teachers, principals, administrators, and other school leaders to help address the challenges related to stress associated with COVID-19. This provision was included in Sen. Murray's *Supporting Students in Response to Coronavirus Act* (S.3489).

Inclusion of H.R. 1767 – the Excellence in Mental Health and Addiction Treatment Expansion Act

We ask that you consider including the *Excellence in Mental Health and Addiction Treatment Expansion Act*, which would provide the eight states currently participating in the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration with two additional years of planning funds and would expand the demonstration to 11 additional states that have already planned for the program. Responding to the coronavirus pandemic requires a comprehensive health care strategy that includes boosting access to mental health and addiction treatment services. CCBHCs, which integrate physical health, mental health and substance use treatment to provide 24/7 crisis care, are a critical component to COVID-19 response. These clinics work with law enforcement and schools, and coordinate with hospitals to reduce emergency department (ED) visits. Since 2016, CCBHCs have shown to reduce ED visits by 61%. CCBHCs also already provide telemedicine services, and are poised to allow individuals to receive treatment without increasing their potential exposure to the virus. As the number of people with COVID-19 rises, additional federal support will help CCBHCs meet the tremendous increased need to provide primary, mental health and addiction care, while giving hospitals the space they need to treat this pandemic.

Inclusion of H.R. 1920 - the Medicaid BUMP Act

Medicaid, as the largest payer of mental health services in the United States, plays an increasingly important role in providing care and ensuring a robust workforce with strong network adequacy. We ask that you consider the *Medicaid Bump Act*, which would leverage Medicaid's role and create an enhanced federal Medicaid assistance percentage (FMAP) match for mental and behavioral health services. Under the legislation, Medicaid would reimburse states through an enhanced FMAP for 90 percent of the cost of providing new mental and behavioral health services in excess of states' 2018 spending. Additionally, MACPAC would submit annual reports on the impact of the bump to payment rates and utilization of services. As anxiety, panic, and stress continue to grow throughout this pandemic, this legislation would increase the number of behavioral health providers treating Medicaid patients for the duration of the COVID-19 crisis and could be tailored to be time-limited or phased down once the crisis abates.

Include provision allowing college student mental health and medical professionals to practice across state lines for a period of 6 months

As many colleges move to a remote/virtual instruction, and students return home for the remainder of the semester, many will not have access their mental health provider. Allowing students to continue to receive care through their campus counseling center is critical for ensuring continuity of care. We ask that you consider a provision addressing this concern.

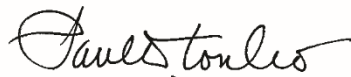
Include provisions addressing youth suicide

Studies of past pandemics, such as Severe Acute Respiratory Syndrome (SARS), show that children experience high levels of stress, anxiety, and confusion as a direct result of community mitigation strategies designed to address public health pandemics. As schools close, children are forced to self-quarantine, diminishing their daily interactions with peers and increasing their risk for loneliness. Furthermore, thousands of parents are now facing job insecurity, and such economic instability can destabilize children's lives.

Economic stress can exacerbate any pre-existing mental health conditions, can put children at risk for developing new ones, and can increase thoughts of suicide. Therefore, we ask that you include provisions that support mental health and suicide prevention services, increase access to care, and educate youth and young adults on signs, symptoms, and risk factors for mental illness and suicide. With the contributing risk factors children experience during pandemics and otherwise, coupled with high rates of suicide, it is essential that we take comprehensive action to address the long-lasting mental health effects of COVID-19 may have on our nation's children.

Thank you for considering the unique mental health challenges posed by the COVID-19 outbreak. We appreciate your leadership during these trying times and stand ready to assist in the continued response efforts.

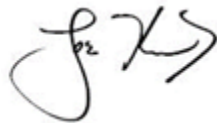
Sincerely,



Rep. Paul D. Tonko



Rep. Doris Matsui



Rep. Joseph P. Kennedy, III



Rep. Scott Peters

Also signed by:

Rep. Susan Wild
Rep. Alan Lowenthal
Rep. Sheila Jackson Lee
Rep. Thomas R. Suozzi
Rep. Kendra S. Horn
Rep. Rashida Tlaib
Rep. Debbie Dingell
Rep. Madeleine Dean
Rep. Elissa Slotkin
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Rep. G. K. Butterfield