

SENATE HELP DISCUSSES POTENTIAL RESPONSES TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN THE U.S.

EXECUTIVE SUMMARY

Today, the Senate Health, Education, Labor, and Pensions (HELP) Committee held a [hearing](#) to deliberate ways in which Congress should respond to the increase in mental health and substance use disorders (SUD) in the U.S. **Senators intended this hearing to be the first step in developing a mental health and substance use disorder (SUD) package**, and members on both sides of the aisle were eager to offer suggestions and policies to be included in such legislation.

Democrats and Republicans were deeply engaged in a discussion to provide early **mental health interventions and supports to school children**, as well as mechanisms to ease **provider shortages**. Senators also touched on **SUD**, with Republicans focusing on the influx of fentanyl into the U.S. **Mental health care parity** was also a bipartisan concern during the hearing, with Senators asking questions about differences in insurance coverage for mental and physical health, namely regarding prior authorization policies.

OPENING STATEMENTS

Chair Patty Murray (D-WA) touched on the high rates of mental health and SUD issues in the U.S., especially in light of the COVID-19 pandemic. Overdose deaths were amongst her chief concerns, and she cited fentanyl and methamphetamine use as the main culprits exacerbating these issues. She noted that suicide in teenagers is on the rise, coinciding with a lack of proper training for educators and a shrinking mental health workforce. Chair Murray spoke further on the importance of equitable access to SUD and mental health treatment, adding that Black Americans make up a predominant share of opioid deaths last year.

Sen. Lisa Murkowski (R-AK) said that mental health and SUD are at “crisis levels,” concurring that the COVID-19 pandemic has exacerbated these issues. She stressed that communities lack provider networks to support people, noting that high suicide rates are shifting to lower age brackets. Sen. Murkowski discussed her Mainstreaming Addiction Treatment Act of 2021 ([S.445](#)) and its provisions to make medication-assisted treatment (MAT) more readily available. She also promoted the Tele-Mental Health Improvement Act ([S.660](#)) and the Effective Suicide Screening and Assessment in the Emergency Department Act of 2021 ([S.467](#)). Sen. Murkowski said that she would be introducing the Guarding Our Mental Health Act to ensure that National Guard members are not discharged for seeking treatment to improve their mental health, as well as the Senate version of the House-sponsored Youth Mental Health and Suicide Prevention Act ([H.R. 1803](#)) with **Sen. Jacky Rosen (D-NV)**.

NV) to provide the Substance Abuse and Mental Health Services Administration (SAMHSA) with more mental health programming in schools. Sen. Murkowski offered support for passing a package of bills to address various mental health and SUD concerns.

WITNESS TESTIMONY

Dr. Mitch Prinstein ([testimony](#)), of the American Psychological Association, provided several options to remedy mental health and SUD issues: (1) a diverse and robust workforce, including Medicare reimbursement for mental health care residencies; (2) additional school and community-based services via the Mental Health Services for Students Act ([S.1841](#)); (3) expand integration between primary and behavioral health care; (4) grant the Department of Labor (DOL) authority to issue out civil monetary penalties, based on findings from the 2022 Mental Health Parity and Addiction Equity Act Enforcement [report \(press release\)](#); (5) reauthorize and expand the graduate psychology education and minority fellowship programs; (6) pass the Mental Health Professionals Work Shortage Loan Repayment Act ([S.1578](#)); and (7) expand scientific investment in psychological research.

Dr. Michelle P. Durham ([testimony](#)), of Boston University School of Medicine, discussed low barrier housing and integrated care as mechanisms to help those with co-occurring mental health and SUD issues. She also expanded upon the disparate impact of these conditions on Black and LatinX populations and said that the U.S. is failing to treat overdose deaths. Dr. Durham explained that data-driven and community-based research is helping to ease the lack of treatment and support for communities of color dealing with SUD issues.

Ms. Sara Goldsby ([testimony](#)), Director of the South Carolina Department of Alcohol and Other Drug Abuse Services, recommended: (1) that SAMHSA coordinate all federal mental health and SUD programming; (2) ensuring that federal policy and funding flow through state alcohol and drug industries; (3) supporting the Substance Abuse Prevention and Treatment (SAPT) block grant; (4) statutory authority through the Health Resources and Services Administration (HRSA) to address workforce challenges; (5) that the impending 988 crisis response elevates the importance of treating SUD; and (6) expanding pandemic flexibilities that help state agencies treat addiction.

Dr. Jennifer D. Lockman ([testimony](#)), CEO of Centerstone Research Institute, discussed the SAMHSA grants that Centerstone received to address suicide and the suicide screening process. However, she said that keeping providers up to date on training is expensive and would be “unbillable” without SAMHSA grants. Dr. Lockman touched on necessary support to help those who call 988 and advocated for the Behavioral Health Crisis Services Expansion Act ([S.1902](#)), as well as the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration, the CCBHC grant program, and the Comprehensive Opioid Recovery Centers grant.

Ms. Claire Rhyneer ([testimony](#)), mental health youth advocate, stressed that those who are most in need of mental health services are least likely to have access to support. She said that supporting school counselors, fostering university wellness programs, and introducing mental health classes

into the health curriculum — as well as making mental health care affordable and integrated into primary care — are critical to addressing mental illness in youth.

DISCUSSION AND QUESTIONS

Youth Mental Health

- In response to Chair Murray, Dr. Prinstein explained that in-school interventions are key to identifying children with trauma who need mental health support.
- Sen. Murkowski noted that children are more apt to speak up about mental health issues compared to previous generations, to which Ms. Rhyneer explained that stigma often stems from parents. She recommended bringing mental health education into schools via health classes.
- **Sens. Susan Collins (R-ME) and Sen. Roger Marshall (R-KS)** were concerned that pandemic shutdowns were harming children's mental health. Dr. Prinstein and Ms. Rhyneer agreed that children were experiencing mental health difficulties for numerous reasons stemming from the COVID-19 pandemic, and he suggested mental health and resilience programs in schools.
- **Sen. Bill Cassidy (R-LA)** explained that federally funded programs for children with severe emotional disturbances are regulated to only cover children with a mental health diagnosis. He and Dr. Prinstein agreed that these regulations should include preventative services and children waiting on a diagnosis in their coverage determination.
- **Sen. Maggie Hassan (D-NH)** was concerned about reports that children wait for months in "horrific" conditions to get an inpatient bed. Dr. Prinstein responded that more outpatient providers — as well as mental health funding on par with physical health funding — could help mitigate these incidents. Ms. Durham also chimed in with a comment about stigmas in schools, drawing attention to the prevalence of mental health stigmas in communities of color. She and Ms. Rhyneer suggested partnerships with community organizations could help to bridge this gap.
- **Sen. Tina Smith (D-MN)** said that several bills introduced this Congress — including her Mental Health Services for Students Act ([S.1841](#)) — address mental health care access in schools. She stressed that policies to remedy these issues must be included in a broader mental health legislative package.
- **Sen. Jacky Rosen (D-NV)** said that she is working on legislation that would authorize SAMHSA to provide targeted, timely funding for mental health programs directly to schools, and Dr. Prinstein enthusiastically supported her efforts. Sen. Rosen also noted that psychology and behavioral health university students in need of internship hours were partnering with local k-12 schools to provide counseling.

Provider Workforce

- Dr. Durham told Chair Murray that patients with overlapping health care and SUD needs often fall through the cracks of care, as providers are often trained in a singular specialty.
- In voicing her support for more mental health services in schools, Sens. Murkowski and Smith noted that legislation to address these issues must include components to bolster the provider workforce.

- **Sen. Bob Casey (D-PA)** inquired about the integration of behavioral health and primary care. Dr. Prinstein strongly supported the concept, though he identified funding, cross-disciplinary training, billing codes, record sharing, and incentivizing physicians as barriers to operationalizing this policy.
- In response to Sen. Cassidy's promotion of the Tele-Mental Health Improvement Act, Dr. Lockman supported the need for telehealth flexibilities to help ease the provider shortage.
- **Sen. Tim Kaine (D-VA)** promoted the Dr. Lorna Breen Health Care Provider Protection Act ([H.R.1667](#)) included in his Protecting Medicare and American Farmers from Sequester Cuts Act ([S. 610](#)). Dr. Prinstein supported the bill, noting high rates of burnout amongst mental health care professionals.
- **Sen. Tammy Baldwin (D-WI)** looked forward to the implementation of the 988 hotline in July 2022 and asked what else Congress can do to facilitate access to care. Drs. Lockman and Prinstein recommended sufficient training for those responding to calls and messages, using inclusive messaging, and building out the “entire crisis continuum,” such as mobile crisis services and crisis stabilization units.

Substance Use Disorder

- Sen. Casey focused on developing Plans of Safe Care (POSC) for families dealing with SUD and the need for “non-punitive services.” He appreciated reporting mechanisms for infants who need a plan of safe care, and Ms. Goldsby elaborated on the importance of the SAPT block grant and the Child Abuse Prevention and Treatment [Act](#) (CAPTA).
- **Sen. Mike Braun (R-IN)** asked about the impact of Southern Border crossings on overdoses. Ms. Goldsby noted that trends in overdoses related to fentanyl coincide with the border trends that Sen. Braun articulated. She also said that naloxone and fentanyl test strips have been integral to treatment approaches.
- Sen. Braun endorsed legislation that he cosponsored with **Sen. Ed Markey (D-MA)**, including the Lessening Addiction By Enhancing Labeling (LABEL) Opioids Act of 2021 ([S. 2353](#)) and the Safer Prescribing of Controlled Substances Act ([S. 2354](#)). Ms. Goldsby spoke in favor of both pieces of legislation.
- Dr. Durham told Chair Murray that many inequities in SUD treatment stem from the treatment of SUD as a crime instead of a medical condition.

Mental Health Care Parity

- In responding to a question about inequities in the mental health care space, Dr. Durham explained to Chair Murray that insurance companies often dictate mechanisms that providers can use to treat SUD. Said that despite a provider’s preference for MAT, psychotherapy, or a combination of approaches, insurance coverage is the deciding factor regarding the ultimate treatment plan.
- **Sen. Chris Murphy (D-CT)** called for better mental health care coverage, saying that insurance plans are not in compliance with parity regulations. Dr. Durham agreed, adding to her previous conversation with Chair Murray by elaborating on insurers’ actions to block treatment options that utilize the best evidence-based treatments. She added that prior authorizations for inpatient mental health care can take hours to be approved and are not

needed for physical health conditions. Dr. Durham connected these issues to workforce shortages, explaining that she spends hours trying to secure patients' medications while she should be treating patients.

- Sen. Marshall expressed frustration regarding prior authorization in mental health care, asking if it was utilized to ration or delay care. He also discussed his Improving Seniors' Timely Access to Care Act of 2021 ([S. 3018](#)), which would streamline prior authorization processes under Medicare Advantage (MA) plans in an effort to increase timely access to care. Dr. Durham agreed that prior authorization delays care — especially in the emergency room — and supported his legislation.