

May 18, 2023

Senate Health, Education, Labor and Pensions Subcommittee on Primary Health and Retirement Security Hearing on Mental Health and Substance Use Disorder Care

On Wednesday (May 17), the Senate Health, Education, Labor and Pensions (HELP) Subcommittee on Primary Health and Retirement Security held a hearing entitled, "A Crisis in Mental Health and Substance Use Disorder Care: Closing Gaps in Access by Bringing Care and Prevention to Communities." The hearing centered on the escalating mental health crisis, with a particular focus on opioid use disorder (OUD), which lawmakers and witnesses noted is being exacerbated by the increasing workforce shortages. Flexible health services, including telehealth and mobile health services, were among some of the proposed solutions. During the hearing, lawmakers heard testimony from a panel of four witnesses who each provided their unique perspective on the crisis.

- For more information: <https://www.help.senate.gov/hearings/a-crisis-in-mental-health-and-substance-use-disorder-care-closing-gaps-in-access-by-bringing-care-and-prevention-to-communities>

Opening statements

Subcommittee Chairman Ed Markey (D-MA): In his statement, Chairman Markey said that it is the HELP Committee's responsibility to "take up the fight for a better mental health and substance use disorder (SUD) care system that meets people where they are with dignity." However, he noted that they were losing that fight, citing statistics that show 94% of people aged twelve and older with SUDs didn't receive treatment. Markey suggested the cause of this crisis was complex but pointed to overprescribed oxycontin by pharmaceuticals and the "toxic content served by big tech" as contributing factors. Markey concluded that the solution was "affordable, accessible mental and substance use care for any and all who need it, when they need it and where they need it." [Full Statement.](#)

Subcommittee Ranking Member Roger Marshall (R-KS): In his statement, ranking member Marshall suggested that he was "a very strong advocate" for Certified Community Behavioral Health Clinics (CCBHCs) and cited data showing that those who receive care at a CCBHC spend 70% less time in the hospital and are much more likely to have access to a primary care provider. Marshall also commented on the role of social media in rewiring children's brains to "constantly seek out immediate gratification" leading to "obsessive compulsive and addictive behaviors," citing data from the Centers for Disease Control and Prevention (CDC) that show nearly 60% of young girls reported a mental health issue. Ranking member Marshall called on Congress to work to ensure that timely access to care was available, saying lawmakers must "continue to bolster efforts on prevention, treatment and recovery." [Full Statement.](#)

Witness testimony

Maria Celli, Deputy CEO, Brockton Neighbourhood Health Center: Dr. Celli described four opportunities to improve community level access to mental health services, including: increasing support for integrated care models; leveraging mobile medical units and continued use of telehealth services; prioritizing pediatrics; and workforce development and wellness. She emphasized the need to reach vulnerable populations, and in this

regard, she strongly supported the permanent extension of telehealth flexibilities implemented during the COVID-19 public health emergency as well as more flexible funding to support projects such as the Brockton Neighbourhood Health Center. [Full Testimony.](#)

Steven Denny, Four County Mental Health Center: Mr. Denny spoke about the CCBHC model, describing it as a “game changer” when combining a community focus with comprehensive care, data-driven approaches and a continuous focus on quality. Mr. Denny said CCBHCs have served as a “lifeline” to people in Kansas as the mental health crisis and the resource shortage worsen. He also commented on the importance of timely access to services, noting the need to develop more mobile crisis services which can reduce hospital visits. He concluded by expressing his support for the CCBHC model moving “beyond demonstration status” to become “a staple of our health care system.” [Full Testimony.](#)

Stephen Taylor, President Elect, American Society of Addiction Medicine: Dr. Taylor began by characterizing OUD as “the deadliest addiction and overdose crisis in American history” and praised the bipartisan work of Congress to address the crisis. However, he noted that more work needs to be done to create “sustainable and robust addiction care infrastructure,” citing three areas as “ripe for policy intervention.” First, is strengthening the addiction specialist physician workforce, including through the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP) which he strongly encouraged reauthorizing. Second, Dr. Taylor advocated for decriminalizing the prescribing of methadone for OUD by addiction specialist physicians for pharmacy dispensing and strongly supported passage of the Modernizing Opioid Treatment Access Act ([S.644](#)). Finally, Dr. Taylor called for enforcement of the existing federal mental health and addiction parity law, citing findings that health plans and issuers are not always delivering parity for mental health benefits to their beneficiaries. [Full Testimony.](#)

Dr. Warren Ng, President, American Academy of Child and Adolescent Psychiatry: Dr. Ng similarly noted that the escalating mental health crisis and pediatric suicide rate are being compounded by workforce shortages. He proposed short-term solutions to increase access to care, including: supporting primary care and school-based providers in their settings; integrating behavioural health into the primary care process; and use of telepsychiatry. Dr. Ng also suggested that the workforce shortage could be partially addressed by recognizing international graduates as eligible care providers. Regarding long-term solutions, he advocated for “building a strong pipeline” of mental health providers through targeted student loan repayment programs and better reimbursement rates and full parity for insurance coverage. He concluded by asking Congress to support racially ethnic diverse pediatric professionals through scholarship assistance and development opportunities so that pediatric systems reflect the “diverse communities” they serve. [Full Testimony.](#)

Discussion Topics

During the hearing, discussion centered on the escalating crisis in mental health and OUD as well as possible solutions. In particular, topics of concern included the importance of flexible behavioural health services, OUD and decriminalizing methadone for pharmacy dispensing, rural access and community-based care and the role of social media.

Importance of flexible behavioural health services. The hearing highlighted the need to allow for more flexible care options, in large part because of resource shortages. As a follow-up to questioning by Sen. Lisa Murkowski (R-AK) on limited access in rural areas, Subcommittee Chairman Markey noted that there were “so few practitioners” in these areas and asked what reimbursement and licensing barrier prevent people from practicing across state lines virtually and “what are those new licensing opportunities that are going to have to be put in place if we’re going to ensure that we get the resources to where the problem is?” Dr. Ng suggested there were multiple strategies, including state compacts, to provide regional support. He further noted that familiarity with

the community a child and adolescent psychiatrist is serving is key until specialists can be embedded in the local areas. He noted that this includes partnering with local resources. When Chairman Markey pressed Dr. Ng further for a specific recommendation, he noted pediatric mental health care access programs which help to partner child and adolescent psychiatrists with pediatricians can help extend local clinical expertise. Though, he did note that these were short-term strategies. Separately, when questioned by Subcommittee Ranking Member Marshall about what isn't currently working, Dr. Ng suggested that "creating a better continuum of care" is necessary so that people in need of care don't "have to jump through hoops" and can experience care "surrounded by people who can provide the care they need." He suggested creating innovative programs that are "funded and sustainable" would help. Later, Sen. John Hickenlooper (D-CO) asked about the value of school-based mental health programs which enable peer-to-peer support. Here, Dr. Ng noted that youth involvement in the pediatric care process was critical but added that this should be "where we start not stop" and again referenced care as a continuum.

ODD and decriminalizing methadone for pharmacy dispensing. Subcommittee Chairman Markey opened his Q&A by noting the stigma associated with methadone and asked Dr. Taylor about the importance of decriminalizing this SUD treatment. Dr. Taylor suggested that the fact that it was an FDA approved drug that is not available for pharmacy dispensing is a "remnant of a stigmatizing approach" to treatment. He urged Congress to pass the Modernizing Opioid Treatment Access Act to allow health care providers to be "very thoughtful and very careful in our approach." Sens. Tammy Baldwin (D-WI) and Murkowski expressed a similarly view of ODD as a severe epidemic. When questioned by Sen. Baldwin about why fentanyl is so challenging to treat, Dr. Taylor suggested that it was cheaper and more readily available than heroin and that the synthetic analogues were extremely potent which made their withdrawal more difficult and patients more likely to drop out of treatment. He emphasized that this was why making methadone prescription available as a treatment is so critical. Baldwin noted her role as chair of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies in the Appropriations Committee and suggested she was "committed to fighting for sufficient resources." At the end of the hearing, subcommittee ranking member Marshall asked about identifying at risk people. Dr. Taylor suggested the risk factors are known and that there are evidence-based interventions that work.

Rural access and community-based care. Murkowski commented on the shortages of behavioral health care providers in Alaska, suggesting that some of her constituents travel to Seattle or Utah to receive care and that it's a situation "we're really struggling with." She referenced the Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023 ([S.462](#)) that she has cosponsored as design to get professionals out to rural areas. In response, Dr. Ng suggested that telepsychiatry "has been really important to be able to bridge some of those gaps" and that being able to fund providers is key. Sen. Hickenlooper similarly noted that rural areas in Colorado often don't have the resources necessary to provide care to kids. Subcommittee Ranking Member Marshall was particularly interested in the CCBHC approach, including its ability to reduce time spent waiting in emergency rooms as well as mobile health unit services. Mr. Denny said that an effective community needs assessment followed by deploying models that will be optimal to the specific population are necessary for successful CCBHCs and mobile health unit services.

Role of social media. Subcommittee Chairman Markey asked Dr. Celli about the role of social media in escalating the mental health crisis among adolescents, describing it as "an accessory to this tragedy." Dr. Celli suggested that social media provides instant gratification and can be very engrossing but that it didn't allow children to practice actual social skills and could leave them feeling more isolated.

Other topics. Sen. Murkowski commented on the high rates of traumatic brain injury (TBI) amongst her constituents and the higher rates of suicide in this population before asking Dr. Ng about how these individuals

can access the mental health services they need. Dr. Ng noted the importance of integrating behavioural health and suicide screening in primary care settings.

If you have questions, please contact [Heather Meade](#) or [Heather Bell](#).

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