



Mental Health America (MHA) – founded in 1909 –with over 200 affiliates is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal. MHA is guided by its Before Stage 4 (B4Stage4) philosophy – that mental health conditions should be treated long before they reach the most critical points, such as becoming chronic and causing disability.

PREVENTION

- Support \$15 million in appropriations for the **Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment** program (Sec 10006 of the 21st Century Cures Act of 2016). These grants promote positive emotional development in children at risk for mental illness and behavioral disorders, and children who have experienced trauma by leveraging and improving early mental health promotion, identification, and treatment, as well as training, coordination and integration among providers.
- Support \$5 million in appropriations for the **Screening and Treatment for Maternal Depression** program (Sec 10005 of the 21st Century Cures Act of 2016). Maternal mental health conditions, including postpartum depression, anxiety, and psychosis, impact up to 20 percent of women during and after pregnancy, and can have lasting effects on families if left untreated. This funding will increase access to local screening and treatment that is tailored to various geographical, ethnic, racial and cultural needs of women and their families.
- Support \$100 million in appropriations for the **Pregnant and Postpartum Women (PPW)** program service grants (included in the CARA 2.0 Act of 2018). These funds will increase the supply of parent-child residential treatment during a time of critical need as states face the opioid epidemic. There is an extreme shortage of family-centered residential addiction treatment facilities for mothers with their children and this funding is needed to keep children with their mothers during treatment for substance use disorders.
- Fully fund the **Family First Prevention Services Act** (signed into law as part of the Bipartisan Budget Act on February 9, 2018). Reforms in this bill improve cross sector integration of the federal child welfare financing streams and provide prevention services to families with children who are at risk of entering the child welfare system. The aim of this bill is to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also improves the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care (group homes).

EARLY INTERVENTION

The [Trauma-Informed Care for Children and Families Act of 2017](#) (S.774/H.R.1757) would allow the Department of Education to award grants for the improvement of trauma support services and mental health care for children in educational settings; require the Centers for Disease Control and Prevention (CDC) to encourage states to collect and report data on adverse childhood experiences (ACEs); establish an Interagency task force on Trauma-Informed Care, a National Law Enforcement Child and Youth Trauma Coordinating Center, and a Native American Technical Assistance Resource Center; and it would allow for Medicaid demonstration projects to test trauma-informed approaches for delivering early and periodic screening, diagnostic, and treatment services (EPSDT) to eligible children.

- Adverse Childhood Experiences, known as ACEs, are traumatic or stressful events children experience as they are growing up, which impacts their lifetime health outcomes. ACEs include violence in the household; a household member that is incarcerated or that has a mental health or substance use condition; and being exposed to physical, emotional, sexual abuse or neglect. The more ACEs that children have while growing up the higher the likelihood that they will experience all types of negative health outcomes, impaired social/emotional growth, chronic and disabling disorders such as heart-disease, cancers, mental illness and addiction, and experience premature death.

Lead Sponsors: Senator Heitkamp (ND), Representative Danny Davis (IL-07). Bill Status: S.774 was referred to the Senate Committee on Health Education Labor and Pensions (HELP). Some, but not all, provisions of S.774 passed the HELP committee as part of Opioid Crisis Response Act (S. 2680). H.R.1757 was referred to the House Committees on Education and the Workforce, Energy and Commerce, Judiciary, Ways and Means.

The [National Suicide Prevention Hotline Improvement Act of 2017](#) (S.1015/H.R. 2345) would require the Federal Communications Commission (FCC) to coordinate with the Substance Abuse and Mental Health Services Administration (SAMHSA) to consult with the Department of Veterans Affairs to examine the feasibility of designating a three-digit dialing code for a national suicide prevention and mental health crisis hotline system that would immediately connect people in crisis to help and link them to support and resources in their community.

- A just released report by the Centers for Disease Control shows an increase of over 25% in the number of people dying by suicide in the US over the previous two decades ending in 2016. Some states showed an increase of more than 30%. For every person that dies by suicide twenty-five people attempt to take their lives. Suicide is one of the top three causes of death in the country. A 3-digit number for mental health and suicidal crises that is separate from 911 systems would lessen the burdens on law enforcement and emergency services across the country.
- This bill would also help to demonstrate the need for increased funding the national crisis hotline system.

Lead Sponsors: Senator Orin Hatch (UT), Representative Chris Stewart (UT-02). Bill Status: S.1015 unanimously passed the Senate and H.R. 2345, passed out of subcommittee, awaiting full mark up in Energy and Commerce.

INTEGRATED TREATMENT

The [Expanding Telehealth Response to Ensure Addiction Treatment \(eTREAT\) Act](#) (S.2901) and the [Access to Telehealth Services for Opioid Use Disorders Act](#) (H.R.5603) are similar bills in the Senate and House that would allow the Secretary of Health and Human Services to waive Medicare telehealth restrictions for the treatment of a substance use disorder and a co-occurring mental health condition.

- Approximately 25 percent of the adult population is reported to have a mental illness and a shortage of behavioral health providers continues to grow. Outdated laws and regulations prevent healthcare providers from using technology to provide care to most Medicare beneficiaries. The expansion of telehealth through passage of these bills is critical as telehealth services are proven to drive important advancements for patients, expand access to care, improve health outcomes, overcome stigma barriers, and reduce costs of care.

Lead Sponsors: Senator John Thune (SD), Representative Matsui (CA-06) and Representative Tony Cardenas (CA-29). Bill Status: S.2901 was referred to the Senate Committee on Finance. H.R.5603 was referred to the House Committees on Energy and Commerce, and Ways and Means.

Protected health information:

The [Overdose Prevention and Patient Safety Act](#) (H.R. 5795) and [Protecting Jessica Grubb's Legacy Act](#) (S.1850) are similar bills in the House and Senate that would allow a single authorization to permit the sharing of substance use disorder (SUD) information in the same manner as all other health information. The bills would also increase penalties for impermissible disclosure and add other discrimination protections for people seeking and receiving SUD treatment.

- 42 CFR Part 2 was enacted more than 20 years before the Health Information Portability and Accountability Act (HIPAA) and 40 years prior to the utilization of electronic health care records. While separate treatment of SUD records was important in the 1970s, today the separation has imperiled care coordination and increased the risk of overdose death for people with SUD.
- Health care providers can't treat a whole person with half a record – removing the prohibition ensures providers have the information they need to make important decisions about care, while still safeguarding people's SUD information.

Lead Sponsors: Representative Markwayne Mullin (OK-02), Representative Earl Blumenauer (OR-03); Senator Shelley Moore Capito (WV), Senator Joe Manchin (WV). Bill Status: H.R.5795 passed the House Committee on Energy and Commerce. S.2901 was referred to the Senate Committee on Health, Education, Labor, Pensions (HELP). One bill provision passed the Senate HELP committee as part of Opioid Response Act.

Access:

The [Behavioral Health Coverage Transparency Act](#) (H.R.4778/S.2301) would require issuers of health insurance to disclose their analysis in making parity determinations and their denial rates for mental health versus other medical claims. Additionally, it would require federal regulators to conduct random audits yearly and create an online portal for consumers to access parity information about their insurer such as audit results and tools for submitting a formal complaint.

- Despite enactment of the Paul Wellstone Pete Domenici Mental Health and Addiction Equity Act of 2008, [reports](#) show continued disparities between access and utilization of behavioral health services and access and utilization of other health services. Improved transparency and accountability of health insurers is essential to realizing the goal of parity. H.R. 4778 and S.2301 would strengthen enforcement of federal rules that cover equal treatment of mental and substance use disorder benefits.

Lead Sponsors: Representative Joseph Kennedy (MA-04), Senator Elizabeth Warren (MA). Bill Status: H.R. 4778 was referred to the House Committee on Energy and Commerce subcommittee on Health. S.2301 was referred to the Senate Committee on Health, Education, Labor, and Pensions.

The [Restoring the Patients Voice Act](#) (H.R. 2077) would establish an exception to medication step-therapy protocol.

- Medication step-therapy protocol establishes a specific sequence in which prescription drugs are covered by a health insurance issuer based on the cost of the drug. Patients must go through a series of steps, taking lower cost medications and failing on them before their health plan will pay for the higher cost medication prescribed by their doctor. MHA believes prescribing is best done through shared decision-making between the provider and the patient.

Lead Sponsors: Representative Brad Wenstrup (OH-02). Bill Status: H.R.2077 was referred to the House Committee on Education and the Workforce.

RECOVERY

The [Peer-Support Specialist Act of 2017](#) (H.R.2046) would commission a report to Congress on best practices for peer-support specialist programs and authorize up to \$100 million in grants for behavioral health paraprofessional training and education.

- Research shows that peer support specialists have a transformative effect on both individuals and systems. Peer support has been shown to improve quality of life, engagement and satisfaction with services and supports, and whole health including chronic conditions, while decreasing hospitalizations, inpatient days, and overall cost of services. This bill would provide for funding and federal research to demonstrate and increase the impact of peer specialists as a critical part of recovery-oriented care teams.

Lead Sponsor: Representative Ben Ray Lujan (NM-03). Bill Status: H.R.2046 was referred to House Committee on Energy and Commerce.

The [Medicaid Reentry Act](#) (H.R.4005) would allow Medicaid funding to cover medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release into the community.

- Individuals re-entering the community from jail or prison are 129 times more likely to die of an overdose than the general population during their first two weeks post-incarceration due to reduced physiological tolerance for opioids, a lack of effective addiction treatment options while incarcerated, and poor care transitions back into the community. The underlying legislation attempts to address the high incidence of overdose deaths occurring among individuals reentering society after a stay in a jail or a prison by ensuring the ability to have their health needs addressed through the Medicaid program for which they qualify.

Lead Sponsor: Representative Paul Tonko (NY-20). Bill Status: H.R.4005 passed the House Committee on Energy and Commerce.