

ONE HUNDRED SIXTEENTH CONGRESS

**Congress of the United States****House of Representatives****COMMITTEE ON ENERGY AND COMMERCE**

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May 11, 2020

The Honorable Anna Eshoo  
Chairwoman  
Subcommittee on Health  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chairwoman Eshoo,

The majority is proceeding with a Health Subcommittee hearing without any input from the minority, which is why I am again reaching out to suggest yet another opportunity to work together on a bipartisan basis to address critical issues during one of the most complex and challenging periods in our Nation's recent history. I have previously written to suggest that the Health Subcommittee evaluate the Strategic National Stockpile. I now write to request that the Committee on Energy and Commerce hold a hearing before the Health Subcommittee on the impact of the COVID-19 pandemic on the mental health of the American people. Under the leadership of Chairman Pallone, Oversight and Investigations Subcommittee Chair Diana DeGette and former Chairmen Greg Walden and Fred Upton, the Committee on Energy and Commerce has led the way in dramatically reforming our nation's mental health and substance use disorder (SUD) laws and regulations, including through the passage of the SUPPORT Act<sup>1</sup> and 21<sup>st</sup> Century Cures Act.<sup>2</sup> Now is the time for this Committee to once again lead and have meaningful discussions about these critical issues before the Health Subcommittee.

The COVID-19 pandemic and resulting economic downturn have significantly impacted the mental health and wellbeing of all Americans. Since the beginning of this pandemic, 45 percent of Americans have reported that their mental health has been negatively impacted by recent events.<sup>3</sup> Reports have found that declines in the economy, lost jobs, and health challenges

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<sup>1</sup> P.L. 115-271

<sup>2</sup> P.L. 114-255

<sup>3</sup> Nirmita Panchal, et. al., The Implications of COVID-19 for Mental Health and Substance Use, Kaiser Family Foundation, *available at* <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/> (last updated Apr. 21, 2020).

have all contributed to an increase in mental health difficulties. Individuals in states with more restrictive measures, such as stay-at-home orders, have recorded even more cases of mental health difficulties.<sup>4</sup> Such measures are part of the overall effort to combat the virus, however they can create stress and feelings of isolation. Further, conditions such as depression and post-traumatic stress disorder have been exacerbated.

In addition, the Subcommittee should also examine the unique challenges that the pandemic presents for individuals with SUD and those who are in recovery. Recently, Dr. Francis Collins, Director of the National Institutes of Health (NIH), and Dr. Nora Volkow, Director of The NIH's National Institute on Drug Abuse posted a video on the NIH Director's Blog where they discussed the impact of COVID-19 on individuals struggling with SUD, and those that are trying to help them.<sup>5</sup> Dr. Volkow expressed concern noting that "[w]e had not yet been able to contain the epidemic of opioid fatalities, and then we were hit by this tsunami of COVID."<sup>6</sup> She went on to outline some of the unique challenges of the pandemic for those with SUD, such as the health care system not being prepared to take care of individuals with SUD; stigma and social issues; the concept of social distancing making people with a SUD even more vulnerable because it interferes with many of the support systems that can help them reach recovery; and the drugs themselves negatively influencing human physiology, potentially making individuals with a SUD more vulnerable to getting infected and more vulnerable to worse outcomes.<sup>7</sup>

The Subcommittee should explore reported challenges to accessing appropriate treatment during the pandemic. Mental health treatment programs have been strained with an overload of individuals seeking assistance.<sup>8</sup> These strains have been particularly felt in rural communities where there has been limited success transitioning in-person mental health treatment to remote support. Public and private mental health support organizations have attempted to assist those needing care but have been unable to adjust to the increased demand for such services. In the conversation between Dr. Collins and Dr. Volkow, Dr. Volkow noted that it has become harder for patients with a SUD to access treatment, including access to medication assisted treatment for opioid use disorders, some clinics are decreasing the number of patients that they can take care of, and the health care system is less able to initiate patients on buprenorphine.<sup>9</sup>

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<sup>4</sup> Madeline Holcombe, *Long-term social distancing may be traumatic. Here is what to expect and what to do*, CNN (Apr. 12, 2020), available at <https://www.cnn.com/2020/04/09/health/coronavirus-mental-health-long-term-wellness/index.html>.

<sup>5</sup> Dr. Francis Collins, Director, National Institutes of Health, *Coping with the Collision of Public Health Crises: COVID-19 and Substance Use Disorders*, NIH Director's Blog (Apr. 21, 2020), available at <https://directorsblog.nih.gov/2020/04/21/coping-with-the-collision-of-public-health-crises-covid-19-and-substance-use-disorders/>.

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> Stephanie Armour, *U.S. Moves to Strengthen Mental-Health Services as Coronavirus Crisis Exposes Systemic Strains*, THE WALL STREET JOURNAL (Apr. 10, 2020), available at <https://www.wsj.com/articles/u-s-moves-to-strengthen-mental-health-services-as-coronavirus-crisis-exposes-systemic-strains-11586520146>.

<sup>9</sup> Dr. Francis Collins, Director, National Institutes of Health, *Coping with the Collision of Public Health Crises: COVID-19 and Substance Use Disorders*, NIH Director's Blog (Apr. 21, 2020), available at <https://directorsblog.nih.gov/2020/04/21/coping-with-the-collision-of-public-health-crises-covid-19-and-substance-use-disorders/>.

The Subcommittee should also study the impact that the COVID-19 response has had on the mental health of health care professionals. The challenges faced by our nation's health care workers and first responders on the frontlines have been of concern to all members, but all Americans face mental health challenges due to isolation. In addition, the Subcommittee should consider legislative solutions that may help prevent "deaths from despair."<sup>10</sup> A report released last week by the Well Being Trust and the American Academy of Family Physicians predicted that an additional 150,000 Americans could die because of suicide, or drug/alcohol misuse as a result of the pandemic.<sup>11</sup> If we ignore mental illness and SUD, the growing unemployment, economic downturn, social isolation, and uncertainty over a lack of a definitive end date to the pandemic will likely increase these deaths of despair.

Fortunately, the recently passed Coronavirus Aid, Relief, and Economic Security (CARES) Act,<sup>12</sup> contained provisions intended to help Americans dealing with mental health and SUD issues, including language that:

- Expanded telehealth services in the Medicare program, allowing seniors across the nation to receive any current telehealth approved service, including mental health and substance abuse services;
- Improved care coordination for patients with SUD (especially those with comorbid mental illness and other chronic diseases) by better aligning the treatment of SUD medical records subject to outdated confidentiality regulations<sup>13</sup> with the Health Insurance Portability and Accountability Act;<sup>14</sup>
- Reauthorized and expanded Certified Community Behavioral Health Clinics through the Excellence in Mental Health Demonstration Program to provide critical services both in person and via telemedicine to tens of thousands of vulnerable Americans with suffering with mental health or SUD issues; and
- Provided additional \$425 million in funding to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support grants to address suicide prevention, mental and behavioral health priorities for tribes and tribal organizations, Certified Community Behavioral Health Clinics, and other emergency SUD or mental health needs in local communities.

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<sup>10</sup> Jayne O'Donnell, *'Deaths of despair': Coronavirus pandemic could push suicide, drug deaths as high as 150k, study says*, USA TODAY (May 8, 2020), available at <https://www.usatoday.com/story/news/health/2020/05/08/coronavirus-pandemic-boosts-suicide-alcohol-drug-death-predictions/3081706001/>.

<sup>11</sup> Jayne O'Donnell, *'Deaths of despair': Coronavirus pandemic could push suicide, drug deaths as high as 150k, study says*, USA TODAY (May 8, 2020), available at <https://www.usatoday.com/story/news/health/2020/05/08/coronavirus-pandemic-boosts-suicide-alcohol-drug-death-predictions/3081706001/>.

<sup>12</sup> P.L. 116-136.

<sup>13</sup> 42 C.F.R. §2.

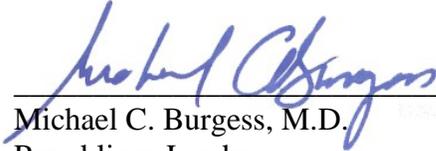
<sup>14</sup> P.L. 104-191.

This was a good first step. However, we should go further by holding a legislative hearing to review the implementation of the aforementioned CARES Act provisions and consider the following pieces of legislation:

- H.R. 3539, the Behavioral Health Intervention Guidelines Act, sponsored by Reps. Drew Ferguson (R-GA) and Joe Kennedy (D-MA), which would require SAMHSA to develop best practices for schools to establish behavioral intervention teams to conduct outreach to at-risk students.
- H.R. 4564, the Suicide Prevention Lifeline Improvement Act, sponsored by Reps. John Katko (R-NY) and Don Beyer (D-VA), which would require the Department of Health and Human Services to establish a plan to ensure the provision of high-quality services under the National Suicide Prevention Lifeline program, increase coordination and data sharing between the Suicide Prevention Lifeline and the Centers for Disease Control and Prevention, and carry out a pilot program to research, analyze, and employ new technologies and platforms of communication for suicide prevention.
- H.R. 4861, Effective Suicide Screening in the Emergency Department Act, sponsored by Reps. Gus Bilirakis (R-FL) and Eliot Engel (D-NY), which would establish a program to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, by developing policies and procedures for identifying and assessing at-risk individuals and enhancing the coordination of care for such individuals after discharge.
- H.R. 5619, the Suicide Prevention Act, sponsored by Reps. Chris Stewart (R-UT) and Doris Matsui (D-CA), which would improve surveillance and deidentified data collection of incidents of suicide and self-harm in partnership with State and local health departments and would establish a grant program to provide suicide and self-harm prevention services.

The impact of COVID-19 on mental health conditions and SUD is too important to ignore and requires our immediate attention. The month of May is recognized as Mental Health Awareness Month, further underscoring the need to come together in a bipartisan fashion to properly evaluate these issues and give them their due consideration. We should bring experts from the mental health community before us and consider solutions on a bipartisan basis, such as those highlighted above, that will save Americans by preventing deaths from despair. Much has been done to assist these individuals, but we can still do more. We need to get back to being the Committee that leads with solutions. Thank you for your consideration and I look forward to working with you on these important issues.

Sincerely,



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Michael C. Burgess, M.D.  
Republican Leader  
Subcommittee on Health