

COALITION TO
**STOP OPIOID
OVERDOSE**

May 5, 2020

The Honorable Nancy Pelosi
Speaker of the House of Representatives
U.S. Capitol Building, H-222
Washington, DC 20515

The Honorable Kevin McCarthy
House Republican Leader
U.S. Capitol Building, H-204
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
S. Capitol Building, H-230
Washington, DC 20510

The Honorable Charles Schumer
Senate Democratic Leader
U.S. Capitol Building, S-221
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

The undersigned mental health, substance use disorder, and health care professional organizations in the Coalition to Stop Opioid Overdose (CSOO) and other undersigned organizations appreciate the recent actions taken by Congress and the Administration to protect access to substance use disorder (SUD) and mental health care during this unprecedented time of high anxiety, social isolation, and disruption to our healthcare system. As you consider next steps and any “phase four” coronavirus relief bill package, we strongly urge you to make substantial investments and critical policy changes to mitigate the mental health and substance use-related effects of COVID-19 and its containment measures.

We expect the heightened anxiety, loss of normal social supports, and possible treatment interruption that have accompanied COVID-19 to exacerbate our nation’s current SUD and mental health crisis. A recent poll by the Kaiser Family Foundation shows that 45 percent of adults say the pandemic has already affected their mental health, with 19 percent saying it has had a major impact.¹ We anticipate these numbers will only increase as Americans struggle to cope with the short- and long-term emotional and economic consequences of the pandemic. Given the potential magnitude of the substance use and mental health effects of COVID-19, we urge Congress to provide significant emergency relief funds to support mental health and addiction treatment providers as well as make policy changes necessary to ensure access to treatment to some of our nation’s most vulnerable individuals.

Specifically, we request the following be included in any “phase four” COVID-19 relief package:

- **At least \$38.5 billion in emergency funding to organizations that primarily treat individuals with mental health and/or SUDs** and use evidence-based practices, with a significant portion of these emergency funds set aside for organizations enrolled in

¹ Kirzinger, A. et al. (2020, April 2). KFF Health Tracking Poll – Early April 2020: The Impact of Coronavirus on Life in America. *Kaiser Family Foundation*. <https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>

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Medicaid.² Many of these organizations are at risk of closing their doors at a time when the need for their services is expected to skyrocket. Some of these organizations have projected losing nearly \$40 billion in revenue as a direct result of increased staff overtime to meet patient need, increased need for PPE, and the implementation of telehealth services. These essential treatment providers, upon whom increasing numbers of Americans rely for critical medication and psychosocial treatment services, have not been sufficiently included in response efforts to date. To avert a disastrous exacerbation of our nation's pre-existing mental health and substance use crisis, it is imperative that Congress prioritize the financial security and viability of mental health and addiction treatment providers in any forthcoming stimulus package. Doing so will help ensure these essential treatment providers can keep the lights on and continue providing life-saving services to Americans with mental illness and SUDs. **We are also supportive of efforts to boost critical funding at the Department of Health and Human Services for behavioral health initiatives, including the Community Mental Health Services Block Grant, the National Child Traumatic Stress Network, and other Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration programs.**

- **The Medicaid Reentry Act (H.R. 1329)**, which would allow Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release. This legislation would help ensure a "warm hand-off" for those reentering the community, preventing healthcare interruptions that could lead to relapse or exacerbation of disease and additional demands on our already overburdened emergency departments and hospitals. As the number of confirmed COVID-19 cases climbs inside our nation's jails and prisons, cities,³ states,⁴ and the federal government⁵ are releasing, or considering releasing, thousands of inmates and detainees to prevent its further spread. We note that release from jail or prison without connections to treatment providers or health care coverage can worsen symptoms of mental illness and addiction which can increase the risk of relapse to drug use and the risk of overdose. By restarting benefits for Medicaid-eligible incarcerated individuals prior to release, states can begin providing effective mental health and addiction treatment services before individuals re-enter the community, allowing for smoother transitions to community care and reducing the risk that newly released individuals end up in overwhelmed emergency departments.
- **SAMHSA emergency relief funding in the form of direct grants to community-based organizations for critical mental health and addiction support services.** Any additional emergency relief funding to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the next COVID-19 package should include the provision of direct emergency grants to peer-run organizations and family community

² Representatives Katko, Tonko, Matsui, and Kennedy and Senators Warren, Markey, Murphy Stabenow, et al. Letter to Congressional Leadership, April 29, 2020, <https://www.warren.senate.gov/imo/media/doc/2020.04.29%20Letter%20to%20Congressional%20leadership%20re%20mental%20health%20emergency%20funding.pdf>.

³ <https://thehill.com/homenews/state-watch/490444-new-york-city-has-released-900-inmates-in-response-to-coronavirus>

⁴ <https://www.latimes.com/california/story/2020-03-31/coronavirus-california-release-3500-inmates-prisons>

⁵ <https://www.vox.com/policy-and-politics/2020/4/1/21202808/coronavirus-federal-prisons-doj-barr-14-day-quarantine>

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organizations to expand evidence-based harm reduction, recovery, and family support services, including, but not limited to, virtual peer supports.

Thank you for your consideration of these recommendations and your ongoing commitment to ensure Americans with SUD and/or mental illness can access the care they need.

Sincerely,

Addiction Professionals of North Carolina
AIDS United
Alcohol & Drug Abuse Certification Board of Georgia, Inc.
American Association of Nurse Practitioners
American College of Medical Toxicology
American Osteopathic Academy of Addiction Medicine
American Society of Addiction Medicine
A New PATH (Parents for Addiction Treatment & Healing)
Association for Behavioral Health and Wellness
Behavioral Health Association of Providers
CADA of Northwest Louisiana
California Consortium of Addiction Programs & Professionals
Caron Treatment Centers
Center on Addiction
Central City Concern
Connecticut Certification Board
Faces & Voices of Recovery
Harm Reduction Coalition
Illinois Association of Behavioral Health
International Certification & Reciprocity Consortium
National Alliance for Medication Assisted Recovery
National Association of Addiction Treatment Providers
National Association of Clinical Nurse Specialists
National Council for Behavioral Health
SMART Recovery
Shatterproof
Society of Physician Assistants in Addiction Medicine
Well Being Trust
Young People in Recovery