



**American Mental Health
Counselors Association**
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March 20, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
United States House of Representatives
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
United States Senate
Washington, DC 20510

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

The American Mental Health Counselors Association (AMHCA), composed of 7000 Licensed Clinical Mental Health Counselors, are front-line Primary Mental Health Care Providers who provide behavioral health care services for the betterment of mental health and well-being. Clinical Mental Health Counselors are uniquely positioned to help address the behavioral health-related dimensions of health care issues. We stand ready to assist you in addressing the needs of all Americans as part of your challenge to deal with the coronavirus outbreak.

The Centers for Disease Control and Prevention (CDC) and other public health leaders are currently recommending that individuals confine themselves at home through April 30 days especially if they have been exposed to, or are currently experiencing symptoms of, the novel coronavirus, and for organizers to cancel or postpone in-person events of 50 or more people.ⁱ

People in higher risk groups, such as older adults, are being advised to stay home as much as possible. Many states and localities are considering closing or have already closed schools. The experience of other countries indicates that aggressive social distancing measures can help slow the spread of the virus. While these steps are necessary public health precautions, proactively addressing the long- and short-term ramifications of social isolation and COVID-19 on mental health must be an integral part of the response.

Social distancing guidelines can exacerbate social isolation and erode protective factors that otherwise contribute to mental well-being. During the Severe Acute Respiratory Syndrome (SARS) pandemic in 2003 community connectedness was found to be a major mitigating factor to help subjective well-being.ⁱⁱ

Similarly, creating an integrated infrastructure for mental health professionals, communities, businesses, and organizations during a pandemic can help mitigate mental health consequences.ⁱⁱⁱ Unfortunately, persistent loneliness is a daily reality for many Americans and has been estimated to shorten a person's life by 15 years, equivalent in impact to having obesity or smoking 15 cigarettes per day.^{iv}

Currently 112 million Americans live in mental health professional shortage areas^v and for those receiving care roughly 50 percent must travel more than one-hour round trip.^{vi} For those following CDC guidelines of social distancing they can encounter increased difficulty in accessing care, especially for those seeking

medication-assisted treatment for opioid use disorder. Individuals who must quarantine due to a possible COVID-19 diagnosis may be at higher risk for psychological distress, including symptoms of depression and posttraumatic stress disorder (PTSD)^{vii}.

Recent advances in the reduction of overdose rates could be reversed due to difficulty in accessing treatment, support services, and overall uncertainty. Relatedly, much work remains to address the increasing rate of deaths from suicide and alcohol and still too-high rates of drug overdose^{viii}. The current absence of a widely available integrated mental health and substance use health care system could be exacerbated by an increase in demand.

While short-term steps are needed to address the current challenges related to COVID-19, additional action is needed to ensure that mental health and substance use health services are readily available to all Americans, regardless of their socioeconomic status, location, or age during and after this crisis.

We strongly encourage the Administration and Congress to:

Immediately implement measures to ensure access and continuation of mental health and substance use services to all individuals during the COVID-19 response and during future public health emergencies including:

- Congress should pass S. 286/H.R. 945, the Mental Health Access Improvement Act which will allow mental health counselors and marriage and family therapists to be recognized under the Medicare Program to receive reimbursement for treating elderly beneficiaries.
- HHS should issue guidance clarifying that mental health and substance use clinicians and professionals are included in priority testing for COVID-19 as well as targets of emergency medical supplies including masks, respirators, ventilators, and other needed resources for health care professionals during this crisis
- HHS should launch a special enrollment period for commercial health insurance in the [healthcare.gov](https://www.healthcare.gov) marketplace during this crisis and future public health crises
- Congress should allow for all current discretionary and block grant funds for mental health and substance use programs, including prevention, intervention, treatment, and recovery support, across all relevant agencies across the federal government that cannot be spent this fiscal year due to the pandemic to be automatically extended into Fiscal Year 2021

Pass, implement, and/or appropriate funding to strengthen crisis services and surveillance including:

- S. 2661/H.R. 4194, the National Suicide Hotline Designation Act, which would formally designate a three-digit number for the Lifeline
- H.R. 4564, The Suicide Prevention Lifeline Improvement Act, which would implement a set of quality metrics to ensure resources are effective and evidence-based
- H.R. 4585, the Campaign to Prevent Suicide Act, which establishes an educational campaign to advertise the National Suicide Prevention Lifeline and suicide prevention resources
- H.R. 1329, Medicaid Reentry Act, which would allow Medicaid-eligible incarcerated individuals to restart their benefits 30 days pre-release
- Increase funding for the Disaster Distress Helpline
- Increase funding to serve people who are homeless and to divert people who are at immediate risk of becoming homeless during this crisis

Pass and implement reforms to ensure long-term availability of care, especially for populations at higher risk of self-harm or substance misuse, including:

- S. 824/H.R. 1767, the Excellence in Mental Health and Addiction Treatment Expansion Act, which would expand the Certified Community Behavioral Health Clinic Program

- S. 1122/H.R. 1109, the Mental Health Services for Students Act which expands SAMHSA's Project AWARE State Educational Agency Grant Program to support provision of mental health services
- S. 2492/H.R. 2599, the Suicide Training and Awareness Nationally Delivered for Universal Prevention (STANDUP) Act, which would create and implement suicide prevention training policies in states, tribes, and school districts
- Enforce mental health parity and pass S. 1737/H.R. 3165, the Mental Health Parity Compliance Act and S. 1576/H.R. 2874, the Behavioral Health Transparency Act
- Expand HRSA's NHSC Substance Use Disorder Workforce Loan Repayment Program
- H.R. 2431, the Mental Health Professionals Workforce Shortage Loan Repayment Act, which would establish a loan repayment program for mental health professionals working in shortage areas

HHS should consider the mental health and substance use effects of future pandemics and national emergencies including:

- Establishing an interagency taskforce or advisory committee on disaster mental health and substance use to ensure future responses take proper measures to coordinate care, allocate resources, and take appropriate measures to ensure recovery
- Convening a working group to review current research and funding on disaster mental health through NIH, AHRQ, CDC, SAMHSA, HRSA, FDA, and the Department of Justice, and other relevant agencies and identify gaps in knowledge, areas of recent progress, and necessary priorities
- Increased use and reliance of telecommunications, especially in rural areas.

Responding effectively to COVID-19 is a responsibility AMHCA shares, and the policy decisions made in the days, weeks, and months ahead will have a tremendous impact on both the physical and mental health of individuals, families and communities. Concrete actions by the Administration and Congress can go along in alleviating the immediate and long-term mental health impacts of this pandemic. The time to act is now.

Sincerely,



Eric T. Beeson, Ph.D., President
American Mental Health Counselors Association (AMHCA)

i Preventing COVID-19 Spread in Communities. Centers for Disease Control and Prevention, March 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

ii Anna L.D. Lau, Iris Chi, Robert A. Cummins, Tatia M.C. Lee, Kee-L. Chou & Lawrence W.M. Chung (2008) The SARS (Severe Acute Respiratory Syndrome) pandemic in Hong Kong: Effects on the subjective wellbeing of elderly and younger people, *Aging & Mental Health*, 12:6, 746-760, DOI: 10.1080/13607860802380607

iii Douglas, P. K., Douglas, D. B., Harrigan, D. C., & Douglas, K. M. (2009). Preparing for pandemic influenza and its aftermath: mental health issues considered. *International journal of emergency mental health*, 11(3), 137.

iv Holt-Lunstad, Julianne, et al. "Loneliness and social isolation as risk factors for mortality: a meta-analytic review." *Perspectives on psychological science* 10.2 (2015): 227-237.

v Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2019 available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

vi "New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America," National Council, accessed June 14, 2019, <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>.

vii Hawryluck L, Gold WL, Robinson S, Pogorski S, Galea S, and Styra R. SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases* 2004 Jul [Accessed March 17 2020]. <http://dx.doi.org/10.3201/eid1007.030703>

viii <https://www.tfah.org/report-details/pain-in-the-nation-update-while-deaths-from-alcohol-drugs-and-suicide-slowed-slightly-in-2017-rates-are-still-at-historic-highs/>