



COMMITTEE ON DEMOCRATS  
**ENERGY & COMMERCE**  
RANKING MEMBER FRANK PALLONE, JR.

**FOR IMMEDIATE RELEASE**

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Click [here](#) to watch the hearing. Additional materials, including witness testimony and a background memo, can be found [here](#).

**Statement of Ranking Member Frank Pallone, Jr., as prepared for delivery  
House Energy and Commerce Committee  
Subcommittee on Health  
Hearing on “Examining H.R. 2646, the Helping Families in Mental Health Crisis  
Act”**

Today’s hearing gives us the opportunity to discuss an important public health issue. According to the National Alliance on Mental Illness, approximately 1 in 5 adults in the U.S., or 43.7 million, will experience mental illness in a given year. Of those people, approximately 10 million live with a serious mental illness, including major depression, schizophrenia, and bipolar disorder.

We have taken significant steps forward in recent years. The Affordable Care Act’s passage was quite literally the largest expansion of mental health and substance abuse disorder coverage in a generation. The ACA prohibits individuals from being denied coverage due to a preexisting mental health condition. It expands eligibility for Medicaid coverage and requires most health plans, including Medicaid, to cover mental health and substance abuse services. Not only are services covered, but mental health parity now applies, protecting 62 million more Americans. This means that no insurer can impose requirements that are more burdensome for mental health than they can for physical health.

Despite these major advances, far too many individuals still go without the treatment they need to live long, healthy and productive lives. And more must be done to ensure coverage translates into effective treatments and actually meets parity standards.

That is why I am interested in hearing from stakeholders on what is working and what is not working before we move forward with extensive or comprehensive legislation. For instance, Parachute NYC is here to discuss their innovative new approach for respite care for the seriously

mentally ill. I believe we can learn valuable lessons from this project, and others funded through the ACA.

Mr. Chairman, unfortunately, like last Congress, the first Health Subcommittee Hearing on mental health is once again a legislative hearing on the Helping Families in Mental Health Crisis Act. As a result, the Subcommittee will focus on solutions as framed by this bill instead of being framed by the needs of individuals with mental illness and the system that serves them.

While I have concerns with this process, I want to recognize that there are provisions of H.R. 2646 that I strongly support, including the increased focus on workforce development and the parity enforcement reporting requirements.

However, I am opposed to several provisions in the bill, including its changes to HIPAA that would weaken the privacy rights of individuals with diagnosed mental illness; the conditioning of Community Mental Health Block Grant funding on the presence of state AOT Laws or Treatment Standard Laws; and cuts in funding to substance abuse programs to pay for new mental health programs. As we all know, too often, substance abuse and mental health go hand-in-hand, and we have a crisis in both areas.

I hope that after this hearing, we can work together and find common ground to move bipartisan legislation forward that further advances the mental health system in this country.

I yield the remainder of my time to Rep. Matsui.

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