



Testimony

Of

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Before the U.S. House of Representatives  
Energy and Commerce Health Subcommittee

“High Anxiety and Stress: Legislation to Improve Mental Health During Crisis”

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Chairwoman Eshoo, Ranking Member Burgess, and members of the Health Subcommittee, thank you for the opportunity to testify today on the vital topic of strengthening and improving our nation’s mental health. I am Dr. Arthur C. Evans, Jr., and I am the Chief Executive Officer of the American Psychological Association (APA). APA is the nation’s largest scientific and professional nonprofit membership organization representing the discipline and profession of psychology. APA has more than 121,000 members and associates who are clinicians, researchers, educators, consultants, and students. Through the application of psychological science and practice, our association’s mission is to make a positive impact on critical societal issues.

We are living through a pivotal moment in our nation’s history facing the collision of multiple epidemics at once: the COVID-19 public health emergency, a long overdue reckoning with our tragic history of racism, the continued rise in suicide, and the ongoing opioid and substance abuse epidemic. There are connections among all of these and the structural gaps that exist between our nation’s health care system and the social supports necessary for informed interventions. My hope is that seeing these connections will help us use this moment as an opportunity to build a better mental health system. We can’t afford not to.

My testimony will focus on:

- What we already knew about the shortcomings and challenges of our mental health system last year, before the spread of COVID-19;
- The impact that COVID-19 is having on our nation’s mental health, and what it is showing us about structural racism through its disparate impact on racial minorities; and
- The necessity of adopting a population health approach to improve access to effective mental health treatment, an approach reflected by the wide array of bills that are the subject of today’s hearing.

**Mental Health System Challenges:** Our nation’s infrastructure for mental health and substance use treatment services has been fragmented and underfunded for decades. Less than half of individuals with a diagnosable mental health problem receive treatment due to various social, financial, and systemic barriers.<sup>1</sup> For those who do get treatment, help is usually in the form of a prescription for a psychotropic medication,<sup>2</sup> and these prescriptions are usually written by a non-psychiatrist physician.<sup>3</sup> There are many factors, including existing epidemics, contributing to the weakness of our mental health system that I’d like to bring to your attention.

**Mental Health Workforce Shortages:** Before the COVID-19 pandemic, the U.S. was already facing a serious shortage of mental and behavioral health providers, including psychologists.<sup>4</sup> Research from APA’s Center for Workforce Studies indicates that from 2015 to 2030, the supply of psychologists is projected to be insufficient to address this unmet need.<sup>5</sup> Separate research conducted by HRSA demonstrates similar findings, and also projects that the number of psychiatrists in the U.S. will decline 20% by 2030.<sup>6</sup> Thus, the trend away from mental health treatment being provided by mental health specialists is likely to speed up in the years ahead.

We also need to continue working to improve access to psychologists and other mental health specialists in rural areas. According to the Health Resources and Services Administration (HRSA), approximately 117 million Americans currently live in a Mental Health Professional Shortage Area.<sup>7</sup> In addition, results from SAMHSA’s 2016 National Survey on Drug Use and Health, approximately 20 percent of the population with any mental illness had unmet mental health needs during the previous year, including 39 percent of the population with serious mental illness reporting unmet needs.<sup>8</sup> These workforce shortages and distribution problems must be addressed if our nation is to meet the growing mental health needs of our stressed population. Enacting H.R. 884, the “Medicare Mental Health Access Act”, would incentivize the provision of mental health services in rural and underserved areas by making psychologists eligible for the same Medicare bonus payments for services provided in mental health professional shortage areas that are now available only to psychiatrists. This legislation would also remove Medicare’s outdated and unnecessary physician supervision requirement for services provided in nursing homes and other facilities.

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<sup>1</sup> Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017). Receipt of services for substance use and mental health issues among adults: results from the 2016 National Survey on Drug Use and Health. In *CBHSQ Data Review*. Substance Abuse and Mental Health Services Administration (US).

<sup>2</sup> Ibid.

<sup>3</sup> Mark, T. L., Levit, K. R., & Buck, J. A. (2009). Datapoints: psychotropic drug prescriptions by medical specialty. *Psychiatric services*, 60(9), 1167-1167.

<sup>4</sup> Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2017). Behavioral Health Workforce Projections, 2017-2030. Rockville, Maryland. Retrieved from <https://bh.w.hrsa.gov/sites/default/files/bhw/nchwa/projections/bh-workforce-projections-fact-sheet.pdf>

<sup>5</sup> American Psychological Association. (2018). A Summary of Psychologist Workforce Projections: Addressing Supply and Demand from 2015-2030. Washington, DC: Author. Retrieved from <https://www.apa.org/workforce/publications/supply-demand/summary.pdf>.

<sup>6</sup> Health Resources and Services Administration/National Center for Health Workforce. (2018). Behavioral Health Workforce Projections, 2017-2030. Rockville, Maryland. Retrieved from <https://bh.w.hrsa.gov/sites/default/files/bhw/nchwa/projections/bh-workforce-projections-fact-sheet.pdf>

<sup>7</sup> Health Resources and Services Administration (HRSA). (2020). Health Professional Shortage Areas (HPSA) Tool. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>8</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. [Table 8.53B]. Retrieved from

[https://www.cdc.gov/drugoverdose/data/index.htmlhttps://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs2016.htm#intro\\_ftn16](https://www.cdc.gov/drugoverdose/data/index.htmlhttps://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs2016.htm#intro_ftn16)

Connected to our workforce challenges is the issue of reimbursement. For years, psychologists and other mental health specialists have been paid less than other health care providers.<sup>9,10</sup> A report published by Milliman Research in December of 2017 found that medical/surgical providers and primary care providers were paid between 17% and 22% more for office visits than behavioral providers.<sup>11</sup> This tracks the estimates that the Centers for Medicare and Medicaid Services (CMS) does each year of the estimated impact of their annual changes to reimbursement rates under the Medicare Physician Fee Schedule (PFS) on different provider specialties. Since 2007, the agency's projections show cumulative increases in total allowed charges ranging between 10% and 22% for physicians in general practice, internal medicine, and family practice. For clinical psychologists, the cumulative impact is a 29% decrease in total allowed charges.

We are concerned psychologists' reimbursement rates may drop further. Next year CMS will be instituting a new coding and reimbursement structure for evaluation and management (E/M) services, which constitute roughly 40% of payments under the physician fee schedule. While we don't know what next month's proposed rule for the 2021 fee schedule will look like, CMS's earlier projections are that the new E/M methodology and rates would result in a further 7% reduction in reimbursements for psychologists next year. If this happens it would have a devastating impact on psychologists' ability to participate in Medicare, and because Medicare's payment rates influence the private sector, this would also impact participation in other insurance networks. We are joining with several other health care provider organizations in urging Congress to waive budget neutrality requirements for implementation of the new E/M codes.

A third factor undermining the effectiveness of our mental health treatment system is our failure to realize the promise of the Mental Health Parity and Addiction Equity Act (MHPAEA). APA was proud to be a leader in fighting for this much-needed law, which has removed many barriers to care for individuals with mental health and substance use disorders. However, we need much stronger enforcement of the law in order to close treatment gaps. It is relatively easy to assess whether a health insurance plan has the same quantitative treatment limits (such as number of inpatient days or outpatient sessions covered) for mental health services as for general medical services. It is much harder to assess whether or not a plan has parity in coverage between mental health and general medical care when it comes to non-quantitative treatment limits, such as the size of the plans' provider network, the reimbursement rates it pays for different services, and the process by which the plan determines medical necessity. What makes this difficult task even harder is the disjointed nature of compliance enforcement, which is shared between state insurance agencies, the Department of Labor, the Department of Health and Human Services, and the Department of the Treasury. Stronger enforcement, and easier access to data that would help with that enforcement, is desperately needed

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<sup>9</sup> Melek, S. P., Perlman, D., & Davenport, S. (2017). Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates. *Seattle, Milliman*.

<sup>10</sup> Mark, T. L., Olesiuk, W., Ali, M. M., Sherman, L. J., Mutter, R., & Teich, J. L. (2018). Differential reimbursement of psychiatric services by psychiatrists and other medical providers. *Psychiatric Services, 69*(3), 281-285.

<sup>11</sup> Milliman.

**Opioid Epidemic:** We are still in the middle of the opioid epidemic. Since 1999, more than 750,000 people died from a drug overdose in the United States, with 67,367 deaths in 2018 alone.<sup>12</sup> While we have made some progress in addressing this – one fact remains clear. Those who are in desperate need of treatment rarely receive it. We are continuing to lose lives, families, and communities on a daily basis. In 2018, of the estimated 21.2 million people who needed substance use treatment, only 17% actually received it.<sup>13</sup> Psychological research and individual psychologists play an essential role in both understanding and addressing the biopsychosocial underpinnings of substance use and addiction disorders, as well as the long-term implications as a chronic conditions. Psychological researchers are centrally involved in developing effective psychosocial treatments for the full spectrum of SUDs, which are critical to improving patient outcomes and promoting public health. To address this, we need a “whole person” treatment approach which should be patient-centered and encompass the full spectrum of behavioral health care services in conjunction with the use of medications. Additionally, psychologists provide pain management services which can reduce or eliminate the need for taking prescription opioids to treat pain.

**Racism Pandemic:** In addition, our nation is also in the midst of a racism pandemic. The public health consequences of ongoing, structural racism include both physical and mental illness. Racism is associated with a host of psychological consequences, including depression, anxiety and other serious, sometimes debilitating conditions, including post-traumatic stress disorder and substance use disorders. Moreover, the stress caused by racism can contribute to the development of cardiovascular and other physical diseases. Mental and behavioral health disparities have been long documented for racial and ethnic minorities, particularly African Americans. The consequences of this pandemic are dire, particularly for African American citizens and other communities of color, who suffer disproportionately from the structural racism embedded within our society, including our health care system. Better health for our population requires targeting solutions to populations who need it most.

**Suicide Epidemic:** The fourth epidemic we are facing is suicide, which remains the 10<sup>th</sup> leading cause of death in this country, and the second leading cause of death among individuals between the ages of 10 and 34.<sup>14</sup> On average, 132 Americans die by suicide each day – that’s one death by suicide every 11 minutes. Certain groups have higher rates of suicide including veterans. Firearms are the most common method of suicide, which account for about half of all suicide deaths.<sup>15</sup> APA members have been at the forefront of addressing the suicide epidemic. Basic scientists are exploring brain changes and risk factors associated with suicidal ideation and behavior. Applied scientists are seeking new ways to identify those at risk. Clinical researchers are testing new therapeutic interventions, and clinicians on the front lines are helping deliver those treatments to people who are struggling. Meanwhile, psychologists working in advocacy

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<sup>12</sup> Centers for Disease Control and Prevention. (2020). Opioid overdose data overview. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>13</sup> Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>14</sup> National Institutes of Health (NIH), National Institutes of Mental Health (NIMH). (2019). Suicide. Retrieved from <https://www.nimh.nih.gov/health/statistics/suicide.shtml#:~:text=Suicide%20was%20the%20tenth%20leading,ages%20of%2035%20and%2054.>

<sup>15</sup> Ibid.

roles continue to draw from the latest research to educate the public and promote policies proven to reduce suicide rates.

**COVID-19 and Mental Health:** Americans are experiencing a surge in COVID-related mental and behavioral health problems, including increases in anxiety, depression, and post-traumatic stress disorder. According to an April 2020 Kaiser Family Foundation poll, nearly half of all Americans reported that the COVID-19 pandemic was harming their mental health.<sup>16</sup> Similarly, SAMHSA reported that text messages to the federal government disaster distress hotline increased by more than 1,000 percent in the month of April alone.<sup>17</sup> APA's *Stress in America* survey, released earlier this month, found heightened concern and anxiety about the biggest issues currently facing our society.<sup>18</sup> 78% of Americans said the COVID-19 pandemic was a significant source of stress. 55% of Black adults said discrimination was a source of stress – up from 42% just one month ago. 80% of Americans reported the nation's future was a significant source of stress.

**The U.S. is Facing a Syndemic:** What we're witnessing is a confluence of forces – a rapidly spreading and dangerous disease, coupled with a racism pandemic and a preexisting crisis of mental health – that interact synergistically and have a disproportionate impact on marginalized populations.<sup>19</sup> This is the essence of a syndemic – a disease that is spreading more rapidly as a result of social inequality and injustice, which contributes to disease clustering among those already at higher risk for poor health, thereby multiplying their disease burden.<sup>20</sup> As a result, the collective mental health of the American public has endured one devastating blow after another, the long-term effects of which many people will struggle for years to come.

COVID-related health risks, burdens, experiences and outcomes are not the same for everyone. Longstanding systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, particularly African Americans and Hispanic/Latino populations. As of last week, data from the CDC indicated that of the total COVID-19 cases in the U.S., African Americans and Hispanic/Latinos accounted for almost 60% of all cases.<sup>21</sup> Case data from 14 states showed that African Americans--who make up less than 13% of the U.S. population--comprised 30% of COVID-19 patients whose race was known. Similarly, the Kaiser Family Foundation found that Asian Americans made up a higher share of cases or deaths relative to their share of the total population in several states<sup>22</sup>. In addition, American Indian and Alaska Native people were a

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<sup>16</sup> Kirzinger, A., Hamel, L., Muñana, C., Kearney, A., & Brodie, M. (2020). KFF Health Tracking Poll-Late April 2020: Coronavirus, Social Distancing, and Contact Tracing. Kaiser Family Foundation.

<sup>17</sup> Cunningham, P. (2020). Texts to federal government mental health hotline up roughly 1,000 percent. The Washington Post. Retrieved from <https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2020/05/04/the-health-202-texts-to-federal-government-mental-health-hotline-up-roughly-1-000-percent/5eaae16c602ff15fb0021568/>

<sup>18</sup> American Psychological Association (2020) Stress in the Time of COVID-19. *Stress in America 2020*, 2. Retrieved from <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid-june.pdf>

<sup>19</sup> Herrick C. (2020). Syndemics of COVID-19 and "pre-existing conditions." *Somatosphere: Science, Medicine, and Anthropology*. March 30, 2020, <http://somatosphere.net/2020/syndemics-of-covid-19-and-pre-existing-conditions.html/>.

<sup>20</sup> Singer M, Bulled N, Ostrach B, Mendenhall E. (2017). Syndemics and the biosocial conception of health. *The Lancet*. March 04, 2017;DOI: [https://doi.org/10.1016/S0140-6736\(17\)30003-X](https://doi.org/10.1016/S0140-6736(17)30003-X).

<sup>21</sup> Centers for Disease Control and Prevention (CDC). (2020). Coronavirus Disease 2019 (COVID-19): Cases in the U.S. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

<sup>22</sup> Artiga, S., Orgera, K., Pham, O., & Corallo, B. (2020, April 21). Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19. Retrieved from Kaiser Family Foundation: <https://www.kff.org/coronavirus-policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/>

much larger percentage of confirmed cases compared to their share of the total population in New Mexico (37% versus 9% and in Arizona (2% versus 4%).<sup>23</sup>

Previous research on similar outbreaks, including the 2003 SARS pandemic, suggest a surge in COVID-related psychological problems will continue in the coming months and years. One recent report indicated that there could be approximately 75,000 additional deaths due to drugs, alcohol and suicide related to COVID-19.<sup>24</sup> Now more than ever, it is imperative that Congress act to meet the growing mental health needs of our nation in stress.

**Telehealth Innovation and Advancement:** One area in which COVID-19 is triggering improvements to access in our health care system is in the area of telehealth. Telehealth services use has exploded. Statistics from the Centers for Medicare and Medicaid Services (CMS) show that in 2016 only about 100,000 Medicare beneficiaries received telehealth services, with the vast majority of these services being for treatment of a mental health diagnosis. Research shows that psychotherapy delivered by telehealth is as effective as in-person care.

CMS has taken several important steps to expand access to telehealth services, including by eliminating the originating site requirement and geographic restrictions, allowing provision of services to all patients regardless of diagnosis, covering the full range of psychological services, and allowing provision of audio-only services. These expansions have been critically important during the COVID-19 epidemic. We have heard stories from our psychologists about patients confined to a hospital bed, isolated and without their family, whose only avenue of support was through talking on the phone with a psychologist.

We applaud the agency's recent announcement that its proposed rule on the 2021 Physician Fee Schedule will include proposals for permanently expanding telehealth coverage. However, fully realizing the potential of telehealth services to expand access to mental health and substance use disorder treatment will require action by Congress. We urge Congress both to ensure that CMS has the necessary authorities to make permanent all current telehealth flexibilities, including audio-only services, and to change statute to ensure expanded future telehealth access for mental and behavioral health services.

**Vulnerable Populations: Children and Young Adults:** Anxiety, depression, substance use disorder, and suicide rates among children have been steadily growing over the past decade.<sup>25</sup> COVID-19 is only expected to exacerbate these concerns, as many children have spent months in social isolation, often while families experienced both economic hardship and health distress. High numbers of parents are reporting that their children are facing social and emotional health challenges, including loneliness, anxiety, and depression.<sup>26</sup> In addition to disrupted routines and ongoing uncertainty, some children will endure traumatic experiences related to COVID-19 that

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<sup>23</sup> Ibid.

<sup>24</sup> The Well Being Trust. (2020). Projected deaths of despair due to COVID-19. Retrieved from [https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT\\_Deaths-of-Despair\\_COVID-19-FINAL-FINAL.pdf](https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf)

<sup>25</sup> Charmaine B. Lo, Jeffrey A. Bridge, Junxin Shi, Lorah Ludwig, Rachel M. Stanley. Children's Mental Health Emergency Department Visits: 2007–2016. Children's Mental Health Emergency Department Visits: 2007–2016; Curtin SC, Heron M. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. NCHS Data Brief, no 352. Hyattsville, MD: National Center for Health Statistics. 2019

<sup>26</sup> American Enterprise Institute. (2020). How parents are navigating the pandemic: A comprehensive analysis of survey data. Retrieved from: <https://www.aei.org/multimedia/how-parents-are-navigating-the-pandemic-a-comprehensive-analysis-of-survey-data/>.

may further undermine their sense of safety and stability. Exposure to trauma can have long-term impacts on children's daily lives, including their mental health and ability to learn. As households experience significantly increased levels of stress, strengthening both family and school-based behavioral health services can work to identify unmet needs, prevent additional traumatic experiences, and build resilience in children and their families.

Both teachers and students cite social and emotional issues among their highest concerns resulting from the coronavirus.<sup>27</sup> The move to remote education has not met the challenge of addressing these needs, even under the best of circumstances. Many school districts lack the ability to provide equitable access to broadband and high-speed internet for learning purposes, let alone to ensure continuity of mental and behavioral health services. Together, inequities in access to technology and the disproportionate impact of the pandemic on low-income households and communities of color will likely serve to widen existing racial and socio-economic achievement gaps. Furthermore, COVID-19 is exposing a national shortage of school-based mental and behavioral health care professionals, including psychologists. This is particularly acute in traditionally underserved communities, where schools often lack the funding necessary to hire and retain providers.

It is critical to ensure that child care and early learning programs, pre-school, and K-12 schools receive adequate resources and equitable access to qualified, highly trained professionals who can provide culturally, developmentally, and linguistically appropriate trauma-informed approaches to meet all students' mental, emotional, and behavioral health needs; integrate social and emotional learning into academic achievement; and manage student behavior through non-punitive methods. All schools should be able to provide such services in both a virtual and in-person setting, irrespective of socio-economic status.

**Critical Research and Data Needs:** APA appreciates the support this Committee has given to the National Institutes of Health in the critical role of advancing scientific knowledge to improve health. The expansion of funding to NIH to fight the opioid and other substance use crises has been such a significant weapon in that fight. We are also grateful that the House approved \$200 million in additional funding for NIMH in the HEROES legislation. APA supports H.R. 6645, legislation which would authorize \$500 million in additional funds for NIMH over five years. Now is the time for a significant new investment in mental health research. NIMH is developing a research plan to reduce mental health disparities. That institute is focusing first on strengthening research to prevent suicide in Black youth. In addition, psychologists are calling for more community-based research, and we desperately need a clinical trials network that would allow trials to be stood up quickly, as they can be now for medication-related trials. A network with broad access to minority populations would be a game-changer for psychological interventions at NIMH and they need additional resources to make it happen.

While we know that African Americans and other historically stigmatized and marginalized groups experience a higher risk for contracting the coronavirus only because some state and local health agencies track data by race, ethnicity and other factors. But these factors are not being reported nationally. This information is critical for identifying where resources are needed most.

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<sup>27</sup> Educators for Excellence. (2020). Voices from the Virtual Classroom 2020: A Survey of America's Teachers on COVID-19-Related Education Issues. Retrieved from [https://e4e.org/sites/default/files/voices\\_from\\_the\\_virtual\\_classroom\\_2020.pdf](https://e4e.org/sites/default/files/voices_from_the_virtual_classroom_2020.pdf).

The federal government is best positioned to collect and report out this data, and must help local authorities do the same. APA strongly supports the CARES Act funds allocated to the CDC for COVID-19 surveillance and data collection, testing and contact tracing and the requirements put in place to report on race, ethnicity, sex, age and zip code. It is paramount that Congress continue monitoring and provide robust oversight over data collection. In addition, Congress should take steps to ensure coordinated collection of data across federal agencies needed to address underlying social determinants of health.

**Diversity of the Clinical and Scientific Workforce:** As noted above, there remains a critical need to continue to address the national demand for clinical and research psychologists by building a robust mental and behavioral health workforce. Diversifying the clinical and scientific workforce remains a top priority for APA. According to APA’s Center for Workforce Studies, in 2018, 84 percent of psychologists in the U.S. workforce were White, 4 percent were Asian, 6 percent were Hispanic, 4 percent were Black/African-American and 2 percent were multiracial or from other racial/ethnic group.<sup>28</sup>

Regarding research, the National Institutes of Health (NIH) is the leading federal funder of biomedical and behavioral research examining mental health and mental health disparities. Despite many initiatives by the agency over the years to support diversity in the biomedical and behavioral research, certain racial and ethnic groups remain underrepresented in the biomedical research workforce and science. A 2011 NIH-funded study by Donna K. Ginther, et al. found that “after controlling for other variables – including educational background, training, previous research grants, and publication record – African American applicants were ten percentage points less likely to be awarded such a grant than a white applicant.”<sup>29</sup> In addition, while the NIH continues to focus on the problem and implement several diversity-related efforts addressing the issues in Ginther et al., a recent GAO analysis of the agency’s research grant funding and its intramural workforce data (2013-2017) revealed that “some disparities persist for investigators from underrepresented racial and ethnic groups, and for female investigators.” We must address the disparities in the representation of scholars from diverse racial and ethnic backgrounds across psychology, as well as other fields of research, if we intend to make a dramatic impact in responding to the current and emerging mental health crisis before the county.

**Equity in Mental and Physical Health Outcomes:** Discrimination is one driver of inequity that can affect health in various populations, including racial/ethnic minorities, women, sexual and gender minorities and older adults. Nearly half of U.S. adults report they have experienced a major form of unfair treatment or discrimination, including being unfairly questioned or threatened by police, being fired or passed over for promotion or treated unfairly when receiving health care. These acts of discrimination are associated with higher reported stress levels and poorer reported health, according to the survey research. In addition, research shows that provider discrimination is closely tied to physical and mental health disparities among vulnerable populations, and perceived discrimination in healthcare settings has been shown to contribute to higher unmet needs for health care utilization, poor health and health disparities among racial and ethnic minorities. Congress should invest in programs which mitigate health disparities that

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<sup>28</sup> Lin, L., Stamm, K., & Christidis, P. (2018). CWS Data Tool: Demographics of the U.S. Psychology Workforce. Retrieved from <https://www.apa.org/workforce/data-tools/demographics>

<sup>29</sup> United States Government Accountability Office. (2018). NIH Research: Action Needed to Ensure Workforce Diversity Strategic Goals Are Achieved. Washington, D.C.: GAO. Retrieved from <https://www.gao.gov/assets/700/693872.pdf>



COVID-19 exacerbates, and also address underlying social determinants of health. To ensure this, APA recommends all future COVID-19 funding packages should include language prohibiting discrimination by recipients of federal funds on any basis other than need or eligibility, such as (but not limited to) race, ethnicity, sex, age, and disability status, sexual orientation, gender identity, primary language, and immigration status. In addition, Congress should address systemic issues, including an inadequate continuum of services for the groups experiencing disparities, and invest in public education campaigns or other strategies to reduce stigma and increase access.

This syndemic illustrates the necessity of adopting a population health approach to prevent illness and improve access to effective health mental health treatment, an approach reflected by the wide array of bills that are the subject of today's hearing. A population health approach examines the distribution of health across populations, as well as the determinants of health, such as social, economic, and environmental influences, as well as access to care. In regard to mental health, a population health approach focuses attention on the need to provide access to the best, evidence-based treatment for those having mental health conditions needing clinical intervention, to reduce risk or mitigate the impact of risk factors that lead to psychological distress among those in high-risk populations, and to provide tools and resources for relatively healthy populations to minimize risk for experiencing psychological distress. If implemented, such an approach would improve mental health for the entire population, thereby improving lives and reducing the cost burden on our health-care system. This would allow working upstream and putting greater emphasis on prevention and intervening before people are in crisis. Because of the interconnected nature of stress, anxiety, trauma, isolation, and of our fragmented mental health system, we support the Subcommittee's adoption of a multi-pronged effort to strengthen access to care. There are several bills before you today that I would particularly like to draw your attention to:

- **The Medicare Mental Health Access Act (H.R. 884)**, would remove a roadblock that hampers and delays mental health treatment for Medicare beneficiaries by ending unnecessary physician sign-off and oversight of psychologists' services in facility-based settings, such as hospitals, nursing homes, and rehabilitation facilities. Medicare is the only health insurer that still has this unnecessary roadblock to behavioral healthcare.
- **The Telemental Health Expansion Act (H.R. 5201)**, builds on earlier successes in expanding access to mental health services by permanently removing certain statutory barriers to Medicare coverage of mental health services furnished via telehealth and allowing the patient to receive these services from his/her own home.
- **The Behavioral Health Coverage Transparency Act (H.R. 2874)** and the **Mental Health Parity Compliance Act (H.R. 3165)**, would provide a measure of equity to patients seeking coverage of mental health services, as well as accountability for insurance plans that fail to fully comply with long-standing federal mental health parity law.
- **The Mental Health Services for Students Act (H.R. 1109)**, improves access to evidence-based mental health treatment for school-age children, many of whom are coping with trauma but lack access to care in their communities.

- **The Pursuing Equity in Mental Health Act of 2019 (H.R. 5469)**, would help address the racial and ethnic disparities in access to mental health care, exacerbated in recent months by the COVID-19 public health emergency. We also appreciate this bill's added funding for the Minority Fellowship Program to ensure a diverse workforce of mental health professionals.

APA further commends the Subcommittee for taking up the following legislation and recommend a favorable report for: **H.R. 945, H.R. 4564, H.R. 4585, H.R. 4854, H.R. 4861, H.R. 5619, H.R. 6645, H.R. 7080, H.R. 7149, and H.R. 7159.**

I am deeply grateful to the Subcommittee for this opportunity to testify today and look forward to working with you to advance these important pieces of mental health legislation.