

Maryland Behavioral Health Coalition

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The Honorable Ben Cardin
The Honorable Andy Harris
The Honorable John Sarbanes
The Honorable Steny Hoyer
The Honorable Kweisi Mfume

The Honorable Chris Van Hollen
The Honorable Dutch Ruppersberger
The Honorable Anthony Brown
The Honorable David Trone
The Honorable Jamie Raskin

June 25, 2020

Dear Senators and Representatives:

Thank you for your strong leadership during the coronavirus pandemic, and for your efforts to mitigate the effects of COVID-19 on the health care sector. Congress has taken multiple critical steps over the past few months to keep a range of health care providers fiscally solvent during the crisis. Additionally, the Trump Administration has allowed states to relax restrictions around the delivery of care via telehealth and access to medications to treat opioid use disorders, increasing access to treatment during a time of great uncertainty.

Unfortunately, behavioral health providers have not been afforded a level of financial support on par with other health care providers, and much of the increased flexibility in the delivery of telehealth and medications to treat opioid use disorders will terminate when the declared state of emergency expires.

We write to ask that you support individuals with mental health and substance use needs – both in Maryland and across the country – by directing federal funding to community behavioral health providers and by taking action to ensure that increased flexibility in the delivery of telehealth and medication for opioid use disorders is allowed to continue beyond the pandemic.

For many, the behavioral health impacts of the COVID-19 emergency could be just as deadly as the virus. Studies have shown that suicides increase by 1.6 percent and opioid deaths increase by 3.6 percent for every one percent increase in the unemployment rate.¹ Calls to national crisis hotlines are up over 1,000 percent and according to a recent poll by the Kaiser Family Foundation nearly half of all Americans report the coronavirus crisis is negatively impacting their mental health.² Maryland is also reporting a significant increase in overdose-related deaths across counties compared to this time last year.³

We must anticipate the tremendous demand for behavioral health services that will ensue from the COVID-19 pandemic. An extensive body of literature documents the lasting effects of traumatic events – whether they be hurricanes, earthquakes, acts of terrorism, military conflicts or public health crises – on the behavioral health of populations. The anxiety and fear associated with the spread of COVID-19, the high rate of infection and fatalities, the uncertainty of the duration of the crisis, the stress caused by job loss and economic insecurity, the disruption to routines, and physical isolation all contribute to anxiety disorders, depression, and increased substance use.

¹ Well Being Trust, Projected Deaths of Despair from COVID-19 (May 2020), https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf.

² Kaiser Family Foundation, The Implications of COVID-19 for Mental Health and Substance Use (Apr. 21, 2020), <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

³ Meredith Cohn, *Opioid-Related Deaths Make a Disappointing Uptick in Early 2020, Possibly Related to Coronavirus*, *Baltimore Sun* (June 11, 2020), <https://www.baltimoresun.com/health/bs-hs-overdose-deaths-first-quarter-20200611-r5pvlyzqrffo3ndvwc2oh3y7cy-story.html>.

Ensuring access to behavioral health treatment and supports will be a critical aspect of Maryland's recovery from this pandemic. The state needs to be prepared for an upsurge and continued high level of demand, at a time when we are already suffering from a shortage of behavioral health care professionals. Lack of access to community-based treatment, services and supports will result in increased use of less appropriate high-cost care – including emergency room visits and hospital inpatient stays – in addition to the human cost of more preventable deaths.

Accordingly, we respectfully request the following:

1. Targeted Funding for Behavioral Health Providers

Most behavioral health providers in Maryland rely heavily on Medicaid funding. Unfortunately, the federal Provider Relief Fund's minimal allocation to Medicaid providers will be insufficient to meet the growing needs in our communities, and the lack of federal financial support for states almost assures that Medicaid provider rates will become a target of cuts designed to address revenue shortfalls. We strongly support House-passed language in the HEROES Act allocating SAMHSA funding for behavioral health services. However, the proposed block grant process and other intermediary steps will only delay behavioral health providers' ability to serve the needs of Marylanders with mental health and substance use disorders. **We request that this funding be targeted directly to behavioral health providers or that states be required to dedicate a certain percentage to behavioral health providers within a certain timeframe.**

2. Continued Telehealth Flexibility

Waivers from the Centers for Medicare and Medicaid Services and the relaxed enforcement of HIPAA have enabled Maryland's Medicare and Medicaid programs to ease restrictions on the delivery of behavioral health treatment via telehealth. The increased flexibility has protected providers and patients from exposure to the coronavirus, ensured continuity of care for Marylanders with mental health and substance use disorders, and expanded overall access to care. However, the federal waivers are expected to sunset in tandem with the end of the federal public health emergency on July 25. Even as states gradually reopen, the need for social distancing and the lack of protective personal equipment (PPE) will limit the capacity at which behavioral health providers can serve patients in person. The ongoing use of telehealth is necessary to fill that gap and deliver services in more effective ways to patients who, for example, need language-accessible services, are unable to engage in services that require a video component or reside in areas without broadband capacity. **We request that you work with the Department of Health and Human Services and/or take legislative action to allow for maximum flexibility in the delivery of behavioral health services via telehealth, including audio-only platforms, while maintaining vital patient privacy protections.**

3. Increased Access to Medications for Opioid Use Disorders

Waivers from the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) have permitted waived practitioners to initiate buprenorphine treatment via telehealth and without an in-person examination and Opioid Treatment Programs to extend take-home methadone privileges as appropriate. The increased flexibility has protected patients, providers and their families from viral infection and has streamlined the initiation of treatment. Official reports of [increased overdose deaths](#) in Maryland for the first quarter of 2020 demonstrate the need to reduce all barriers to SUD treatment. **We request that you work with the DEA and SAMHSA and/or take legislative action to allow for maximum flexibility in the delivery of medications for OUD.**

Thank you again for your continued efforts, and for your consideration of these requests. As you continue to make necessary investments and needed reforms in response to the continuing state of emergency, we hope you will prioritize mental health and substance use treatment providers and consumers so we can tackle the impending behavioral health crisis with the same vigor that allowed us to address the physical health crisis.

Sincerely,

Adventist HealthCare Behavioral Health Service Line
Arundel Lodge
Baltimore Harm Reduction Coalition
Baltimore City Substance Abuse Directorate
Baltimore Crisis Response, Inc.
Behavioral Health System Baltimore
Brain Injury Association of Maryland
Catholic Charities of Baltimore
Community Behavioral Health Association of Maryland
Cornerstone Montgomery
Chesapeake Voyagers
Disability Rights Maryland
Eastern Shore Behavioral Health Coalition
Health Care for the Homeless
Healthy Harford
Institutes for Behavior Resources
Jewish Community Services
Key Point Health System
Legal Action Center
Licensed Clinical Professional Counselors of Maryland
Maryland Addictions Directors Council
Maryland Association of Behavioral Health Authorities
Maryland Association for the Treatment of Opioid Dependence
Maryland Clinical Social Work Coalition
Maryland Coalition of Families
Maryland Coalition on Mental Health and Aging
Maryland-DC Society of Addiction Medicine
Maryland Hospital Association
Maryland Psychiatric Society
Maryland Rural Health Association
Mental Health Association of Frederick County
Mental Health Association of Maryland
Mid Shore Behavioral Health
National Alliance on Mental Illness, Maryland Chapter
National Association of Social Workers, Maryland Chapter
National Council on Alcoholism and Drug Dependence, Maryland Chapter
On Our Own of Maryland
Sheppard Pratt