May 5, 2021

The Honorable Frank Pallone  The Honorable Cathy McMorris Rodgers
Chairman  Ranking Member
Energy and Commerce Committee  Energy and Commerce Committee
U.S. House of Representatives  U.S. House of Representatives
2125 Rayburn House Office Building  2322 Rayburn House Office Building
Washington, DC 20515  Washington, DC 20515

Dear Chairman Pallone and Ranking Member McMorris Rodgers,

On behalf of the Mental Health Liaison Group, a coalition of national organizations representing mental health and addiction providers, individuals affected by mental health and substance use disorders, family members, advocates and other stakeholders committed to strengthening Americans’ access to mental health and addiction care, we ask that you bring forward for consideration Energy and Commerce Committee legislation that was passed last Congress by the House of Representatives to help prevent suicide for all ages, enable diagnosis and treatment for substance use disorders, and overall support patients with mental health conditions.

We urge you to bring forth during May, which is Mental Health Month, the following pieces of legislation passed last Congress by the House of Representatives:

**Pursuing Equity in Mental Health Act (H.R.1475)**

In the 116th Congress, the House passed the *Pursuing Equity in Mental Health Act*, introduced by Reps. Watson Coleman (D-NJ) and Katko (R-NY). This bill is the first comprehensive federal legislation to address increasing suicide rates and mental health disorders among Black youth. We have seen an alarming trend in Black communities where Black children have the highest rates of suicide, rising from 2.55 per 100,000 in 2007 to 4.82 per 100,000 in 2017. If enacted, the bill would: provide grants for culturally appropriate mental health services in schools and community settings; increase funding for research into mental health disparities in youth of color; increase support for efforts to diversify the behavioral health workforce; and establish a commission to examine the effects of Smartphones and social media on adolescent mental health.

**The STANDUP Act (H.R. 586)**

Introduced by Reps. Peters (D-CA) and Bilirakis (R-FL), the *STANDUP Act of 2021*, identical legislation to the *STANDUP Act* which passed the House in the 116th Congress and provides resources and technical assistances to States, Tribes, and schools on student suicide prevention awareness and training, and requires SAMHSA Project AWARE grantees to implement school policies for student suicide awareness and training.
prevention awareness and training. 70% of students who die by suicide will tell someone of their plans or give a warning sign. Equipping our schools with evidence-based suicide prevention policies will allow all stakeholders in the school community, including students, to be the eyes and ears and to speak up when they see or hear one of these signs from a peer/student.

**Mental Health Services for Students Act (H.R.721)**
Introduced by Reps. Napolitano (D-CA) and Katko (R-NY), the *Mental Health Services for Students Act*, provides funding for public schools across the country to partner with local mental health professionals to establish on-site mental health care services for students. The legislation would provide $130,000,000 in competitive grants of up to $2 million each through SAMHSA's Project AWARE to give students access to the licensed mental health professionals they need to treat their mental health conditions.

**Effective Suicide Screening and Assessment in the Emergency Department Act (H.R.1324)**
The bipartisan *Effective Suicide Screening and Assessment in the Emergency Department Act* passed the House in the 116th Congress and was reintroduced this Congress by Reps. Bilirakis (R-FL) and Soto (D-FL). The legislation assists emergency departments to develop better suicide risk protocols through the Department of Health and Human Services. Prior to the national pandemic, the number of teens and children visiting emergency rooms for considering or attempting suicide doubled from 2007 to 2015. The emergency department is often the place within the health care system that provides care for patients with suicide-risk factors, with approximately 10% of emergency department patients presenting suicidal ideations. 39% of patients visiting an Emergency Department following a suicide attempt will go on to reattempt suicide within a year. This legislation will provide training to emergency health care providers, establish policies to improve identification and treatment of individuals at high risk, employ additional behavioral health professionals, and improve access to care for patients.

**Improving Mental Health Access from the Emergency Department Act (H.R.1205)**
This *Improving Mental Health Access from the Emergency Department Act* legislation, introduced by Rep. Ruiz (D-CA) and passed by the House in the 116th Congress, provides resources for emergency departments to adopt more collaborative and connected care models and deploy new technology to better connect patients with appropriate resources in their communities. With growing demand due to rising rates of substance use and suicide and all too often, a shortage of psychiatric beds, patients can remain in emergency departments for hours, sometimes days, as appropriate mental health care is sought. This legislation recognizes that needs vary by patient, provider, and community and allows emergency departments to design the solutions that will best work for them.
Helping Emergency Responders Overcome (HERO) Act (H.R.1480)
The Helping Emergency Responders Overcome (HERO) Act, introduced by Rep. Bera (D-CA) and passed by the House in the 116th Congress, would improve the detection, prevention, and treatment of mental health issues among public safety officers. This legislation would better identify first responder suicide rates, risk factors, and interventions, and develop best practices on the prevention and treatment of posttraumatic stress among first responders.

Suicide Prevention Act (H.R.2955)
The Suicide Prevention Act introduced by Reps. Stewart (R-UT) and Matsui (D-CA) would enhance data collection and sharing and provide funding for suicide prevention programs to train and equip emergency department personnel in suicide prevention strategies. This legislation would enable real-time surveillance of self-harm to inform public health strategies and support emergency departments to screen at-risk patients, refer appropriate follow-up care, and develop and deploy best practices for health care providers.

Suicide Prevention Lifeline Improvement Act (H.R.2981)
The Suicide Prevention Lifeline Improvement Act introduced by Reps. Katko (R-NY), Beyer (D-VA) and Napolitano (D-CA) would support an increased authorization for the National Suicide Prevention Lifeline to ensure high-quality crisis service delivery. The Lifeline’s network of over 170 local call centers answer millions of callers every year, but do not receive the necessary support to respond to crisis demand. This legislation would require increased coordination and data sharing and provide more funding for to support community-based crisis service delivery. As the National Suicide Prevention Lifeline transfers to 9-8-8 in July 2022, the MHLG looks forward to working with the Committee and sponsoring Members upon release of the SAMHSA and VA Report detailing the Lifeline’s needs for the transition to continue to respond to mental health and suicidal crisis most effectively.

The Campaign to Prevent Suicide Act (H.R. 2862)
The Campaign to Prevent Suicide Act introduced by Reps. Beyer (D-VA) and Kinzinger (R-IL) would establish a national educational campaign to raise awareness for a three-digit suicide lifeline phone number (988), suicide prevention resources, and more effective discourse on how to prevent suicide. Too often individuals in need of help do not know where to turn, or fear seeking help due to social stigma. This legislation will elevate the national dialogue on suicide prevention, promote life-saving resources, and encourage help-seeking for those in need.

We thank the Energy and Commerce Committee and its Members for their important work on mental health legislation and would like to offer each of our undersigned organizations as a resource as you continue this work. We thank you for your time and consideration of our request to bring forth mental health
legislation that was passed by the 116th Congress during the month of May, which is Mental Health Month.

Sincerely,

2020 Mom
American Art Therapy Association
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Counseling Association
American Dance Therapy Association
Association for Behavioral and Cognitive Therapies
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Association for Behavioral Health and Wellness
Centerstone
Center for Law and Social Policy (CLASP)
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Confederation of Independent Psychoanalytic Societies
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists (CPNP)
Crisis Residential Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Education Development Center

Emergency Nurses Association
Girls Inc.
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
Maternal Mental Health Leadership Alliance
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association of County Behavioral Health & Developmental Disability Directors
National Association for Rural Mental Health
National Association of Social Workers
National Association of School Psychologists
National Association of State Mental Health Program Directors (NASMHPD)
National Association for Children’s Behavioral Health
National Association of Pediatric Nurse Practitioners
National Board for Certified Counselors
National Council for Behavioral Healthcare
National Eating Disorders Association
National Federation of Families
National League for Nursing
National Register for Health Service Psychologists
Network of Jewish Human Service Agencies
Postpartum Support International
Psychotherapy Action Network
Advocacy
Residential Eating Disorders
Consortium
RI International, Inc.
Sandy Hook Promise
Schizophrenia and Related Disorders
Alliance of America (SARDAA)
School Social Work Association of America
SMART Recovery
The Jed Foundation (JED)
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Trust for America’s Health
Well Being Trust
Wounded Warrior Project