

Statement for the Record

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“The Rising Cost of Health Care: Considering Meaningful Solutions for All Americans”

The undersigned members of the Coalition for Whole Health, a group of leading national organizations advocating for policies to increase access to quality mental health and substance use care, urge Congress to restore the enhanced subsidies for Marketplace plans to keep health care affordable for millions of Americans, and make these subsidies permanent. We further urge Congress not to get distracted by alternative proposals that will do nothing to address the affordability of health care and only result in people losing access to comprehensive health coverage that includes access to mental health (MH) and substance use disorder (SUD) treatment services, medications, and other needed interventions.

Amidst the ongoing overdose and suicide crises that together claim more than 350 lives every day in this country, access to MH and SUD care couldn't be more important. People with MH conditions and/or SUD have historically faced discrimination in their insurance coverage, as MH/SUD benefits have typically been weaker and more restrictively managed than other benefits. With the passage of the Mental Health Parity and Addiction Equity Act in 2008 and inclusion of MH and SUD services as Essential Health Benefits that must be provided at parity with other medical/surgical benefits in the Affordable Care Act (ACA), Congress recognized the long history of inequitable private insurance coverage of MH and SUD benefits and sought to remedy it. Although barriers to accessing MH/SUD services and medications remain, and stronger enforcement of the law's consumer protections by the federal and state governments is critically needed, considerable progress has and can continue to be made with bipartisan leadership and robust support.

Marketplace health plans made available through the ACA have significantly [increased access to lifesaving MH and SUD services](#). Current proposals to expand the use of plans that offer less comprehensive coverage represent a significant step backward and will put millions at risk of losing access to the care they need to get and remain well.

According to an AP-NORC survey, roughly [6 in 10 Americans](#) say they are "extremely" or "very" concerned about their health care costs increasing in 2026. Rightly so, as expenses rise and subsidies expire, monthly premium payments are estimated to spike by an alarming [114%](#) on average. As a result of these increases, it is estimated that [more than 4 million](#) people will lose their coverage and become uninsured.

For people with MH conditions or SUD, access to comprehensive health coverage is essential and precisely what makes it possible for them to afford the evidence-based care they need, when they need it. MH conditions and SUD are treatable, often chronic conditions that vary in severity and functionality over time. One month, individuals may require significant care and services; the next month, none. But, having the care and services available when they are needed is critical. Products that are not required to

comply with the ACA, like short-term limited duration insurance and Farm Bureau plans, are often touted as solutions to the health care affordability crisis. However, these products are not required to cover the 10 Essential Health Benefits (EHBs), including [MH and SUD care](#); are not subject to the ACA's limits on consumer out-of-pocket costs; and cannot be purchased with premium tax credits. Alternative proposals that would require consumers to enroll in high-deductible health plans (HDHPs) effectively impose thousands of dollars of upfront costs before enrollees can access coverage. Far from protecting consumers with MH/SUD from high health care costs, these options would replace affordable, comprehensive Marketplace coverage with confusing, low-value, and financially risky choices. Many of these plans are also exempt from the ACA's pre-existing condition protections and accordingly can deny coverage of specific services — or altogether — based on health status and medical history. People with MH/SUD, for instance, could be completely denied coverage, making it even more difficult — if not impossible — for them to access needed care. In other words, the old saying “you get what you pay for” applies to health insurance, and swapping comprehensive coverage for non-ACA compliant lower-premium alternatives comes with potentially devastating consequences as our nation continues to lose hundreds of lives daily to treatable MH and substance use conditions.

As discussions about giving funds directly to individuals and expanding the use of HSAs instead of simply restoring enhanced tax credits make the headlines, we want to be clear that these are not solutions. The overwhelming majority of Marketplace enrollees have incomes below \$50,000, and as the [Center on Budget and Policy Priorities](#) pointed out recently, HSAs are used predominantly by wealthier individuals and do nothing to address the rising premiums facing low-moderate income individuals. In fact, in 2023, only 4 percent of HSA contributions nationwide were made by people earning less than \$50,000 annually.

We urge Congress to approach these proposals with extreme caution and act now to restore the enhanced tax credits to keep comprehensive health coverage affordable for millions of individuals and families across the country. Thank you for the opportunity to provide this statement for the record.

Adams County CO Health Department
Addiction Professionals of North Carolina
American Association on Health and Disability
American Society of Addiction Medicine
California Consortium of Addiction Programs and Professionals
Community Catalyst

Faces & Voices of Recovery
HIV Medicine Association
IC&RC
Lakeshore Foundation
Legal Action Center
NACoA - National Association for Children of Addiction
National Association of Addiction Treatment Providers
National Behavioral Health Association of Providers
National Council on Alcoholism and Drug Dependence- Maryland Chapter
National Health Law Program
Treatment Communities of America