## MHLG | MENTAL HEALTH LIAISON GROUP

The Honorable Lindsey Graham U.S. Senate 211 Russell Senate Office Building Washington, D.C. 20510

The Honorable Jodey Arrington U.S. House of Representatives 204 Cannon House Office Building Washington, D.C. 20515 The Honorable Jeff Merkley U.S. Senate 531 Hart Senate Office Building Washington, D.C. 20510

The Honorable Brendan Boyle U.S. House of Representatives 507 Cannon House Office Building Washington, D.C. 20515

January 29, 2025

## Re: Protect Medicaid for People with Mental Health Conditions and Substance Use Disorders

Dear Chairman Graham, Chairman Arrington, Ranking Member Merkley, and Ranking Member Boyle:

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing people with mental health conditions and substance use disorders, family members, mental health and addiction providers, advocates and other stakeholders, is committed to strengthening Americans' access to mental health and substance use disorder care. We are writing to urge Congress to protect Medicaid, including in any reconciliation efforts. Cutting Medicaid funding or benefits, as well as imposing burdensome work requirements, would disproportionately harm people with mental health (MH) conditions and substance use disorders (SUD), who make up approximately <u>40%</u> of nonelderly adults on Medicaid. In the midst of our nation's ongoing mental health crisis, including its devastating impact on youth, and our ongoing overdose epidemic, we cannot reduce access to community- and school-based life-saving services.

Our organizations are deeply concerned by policy proposals under consideration that would change Medicaid's financing structure, shift costs to the states, reduce eligibility or benefits, or impose additional barriers to coverage and enrollment. Any of these policy changes or cuts would take away quality, affordable MH/SUD care from approximately 80 million Americans who rely on Medicaid, including low-income children, pregnant women, people with disabilities, and seniors. However, the need for MH/SUD services would not go away. Many people would be forced to forgo community-based and routine MH/SUD care, such as medications for opioid use disorder (MOUD), therapy, and prescription MH medications. This would lead to people's conditions worsening until they require more costly and more intensive treatment at a point of crisis. Moreover, limiting access to Medicaid threatens to undermine gains in reducing overdose mortality rates, and could lead to increasing rates of incarceration and hospitalization.

Medicaid is the <u>single largest payer</u> of MH and SUD services, and we fear the devastating consequences to our nation if the federal Medicaid program were to be weakened. All people, regardless of their economic circumstances, deserve access to evidence-based MH and SUD care, and we all pay a high cost when that care is unattainable. We strongly urge you to reject any cuts to the Medicaid program. If you have any questions or would like to discuss this issue, please do not hesitate to contact Hannah Wesolowski, Chief Advocacy Officer at the National Alliance on Mental Illness (hwesolowski@nami.org), or Deborah Steinberg, Senior Health Policy Attorney at the Legal Action Center (dsteinberg@lac.org).

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Sincerely,

National Alliance on Mental Illness (NAMI) Legal Action Center American Academy of Nursing American Association for Marriage and Family Therapy American Association for Psychoanalysis in Clinical Social Work American Association of Child and Adolescent Psychiatry American Association of Psychiatric Pharmacists American Association on Health and Disability American Foundation for Suicide Prevention American Psychiatric Association American Psychiatric Nurses Association American Psychological Association Services American Society of Addiction Medicine Anxiety and Depression Association of America Association for Behavioral Health and Wellness Bazelon Center for Mental Health Law Children and Adults with Attention-Deficit/Hyperactivity Disorder Clinical Social Work Association Crisis Text Line Depression and Bipolar Support Alliance **Epilepsy Foundation of America** Global Alliance for Behavioral Health and Social Justice Huntington's Disease Society of America Inseparable International OCD Foundation International Society of Psychiatric-Mental Health Nurses Maternal Mental Health Leadership Alliance Mental Health America NAADAC, the Association for Addiction Professionals National Association for Rural Mental Health (NARMH) National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) National Association of Pediatric Nurse Practitioners National Association of School Psychologists National Association of Social Workers National Association of State Mental Health Program Directors National Council for Mental Wellbeing National Federation of Families National Health Law Program National League for Nursing National Register of Health Service Psychologists National Women's Shelter Network, Inc. Network of Jewish Human Service Agencies Postpartum Support International Psychotherapy Action Network School Social Work Association of America SMART Recovery The Kennedy Forum



The National Alliance to Advance Adolescent Health/Got Transition UnidosUS Vibrant Emotional Health Western Youth Services Youth Villages

Cc: House and Senate Leadership; Chairs and Ranking Members of E&C and Finance