

Committee on Energy and Commerce

**Opening Statement
of
Subcommittee on Health Ranking Member Gene Green**

21st Century Cures Implementation: Examining Mental Health Initiatives

July 19, 2018

Mr. Chairman, thank you for holding today's hearing on the implementation of the 21st Century Cures Act.

Today, we will be examining Division C of the law, which focuses on mental health programs and activities administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

I would like to thank Dr. McCance-Katz, the Assistant Secretary for Mental Health and Substance Use at SAMHSA for joining us this morning.

The enactment of the 21st Century Cures Act in December 2016 was a great achievement, particularly in a time of sharp partisanship and gridlock.

But the work started long before 2016. In 2014, we set out on a mission: do something positive to boost medical research and innovation, accelerate the discovery, development and of new cures and treatment, and improve public health.

After countless hours devoted to roundtables, whitepapers, hearings and drafts, Cures enjoyed bipartisan support and endorsements from over 700 organizations representing the full spectrum of stakeholders.

The investment and new authorities created by Cures are intended to go far in solving today's complex scientific problems, getting new treatments from the lab table to the bedside and strengthening our nation's public health infrastructure.

The Cures Act made several changes to mental health authorities and programs implemented by SAMHSA, reauthorized several existing mental health grant programs and created new programs.

For example, the Cures Act established a Chief Medical Officer within SAMHSA to assist in evaluating and organizing programs within the agency and promote best practices.

The law further requires SAMHSA to develop a strategic plan every four years to identify priorities, including a strategy for improving the recruitment, training, and retention of the mental health workforce.

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The Cures Act also created the National Mental Health Policy Laboratory and the Inter-Departmental Serious Mental Illness Coordinating Committee, which issued a report to Congress last December to address the needs of Americans suffering from serious mental illness and serious emotional disturbance across federal agencies.

One of the most important actions the federal government can take to help Americans suffering from mental illness and emotional disturbance is ensuring they have access to care.

Medicaid is the single largest payer for mental health services in the United States. In 2015, Medicaid covered 21 percent of adults with mental illness and 26 percent of adults with serious mental illness.

I am concerned that actions taken by the Trump Administration to make it more difficult to receive Medicaid and the increase the cost of health coverage, most recently by suspending risk adjustment payments to insurers covering high-cost patients, will make it more difficult for Americans suffering from mental illness and emotional disturbance to receive the treatment they need to live a full and healthy life.

Before I close, I must note the on-going mental health crisis created by the Trump Administration regarding the separation of children from their parents.

The American Academy of Pediatrics has emphasized that *[quote]* “highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child’s brain architecture and effecting his or her short- and long-term health. This type of prolonged exposure to serious stress – known as toxic stress – can lead to lifelong consequences for children.”

Currently, there are over 3,000 children who were forcibly separated from their parents by federal authorities.

We must hear how these family separations are impacting the mental and emotional health of these children and what action SAMHSA is taking to help these children recover from the trauma of family separation.

Thank you, Mr. Chairman, and I yield the remainder of my time.