

June 30, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

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

Dear Speaker Johnson and Minority Leader Jeffries:

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 the House to protect individuals and families living with behavioral health conditions by rejecting the changes to Medicaid within the budget reconciliation bill. We continue to be deeply concerned that cutting Medicaid funding or benefits, as well as imposing burdensome eligibility and work requirements, would disproportionately harm people with mental health (MH) conditions and substance use disorders (SUD). 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.

The Medicaid changes under consideration would significantly alter Medicaid's financing structure, shifting costs to the states and ultimately leading to reduced eligibility, benefits, or payments, as well as additional barriers to coverage and enrollment. The Congressional Budget Office estimates that this legislation will lead to 10.9 million more uninsured Americans, 7.8 million of whom will lose their Medicaid coverage due to changes to the program. 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 therapy, prescription mental health medications, and medications for opioid use disorder. Barriers to mental and behavioral health services for children and adolescents are particularly concerning, as delays in care can have serious impacts on their cognitive and emotional development and lead to more serious conditions. When people's conditions are left untreated, they often worsen 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.

We are particularly concerned about the impact of co-pays on low-income beneficiaries who have both physical health conditions that require treatment and co-occurring mental health and substance use disorders. For example, people with depression have a 40% higher risk of developing cardiovascular and metabolic disease than the general population, and those with serious mental illness are nearly twice as likely to develop these conditions. Co-pays will

cause individuals and families to forgo necessary health care for serious physical health conditions, ultimately impacting both their mental and physical health.

In addition, changes to Medicaid's financing structure will have consequences for Medicaid providers, especially those from rural areas. Often, rural health care systems, especially rural hospitals, are the only recourse for those experiencing a psychiatric emergency. Rural community health centers serve large areas and are often the anchor mental health and substance use provider. Changes that reduce payment rates will harm rural providers and will lead to closures, long waits, and less access to life-saving care. These financing changes will also put at risk the delicate system of pediatric mental health care, in part by impacting children's hospitals, which see large percentages of Medicaid patients and provide mental and behavioral health services to children and families well outside their immediate communities, providing access in rural, suburban, and urban settings.

Finally, additional eligibility verifications and work requirements will disproportionately harm those struggling with mental health and addiction conditions by adding red tape in the context of non-functional websites. A recent study examining the health and financial characteristics of those who lost Medicaid coverage during the recent unwinding process - when states verified eligibility after maintaining people on Medicaid during COVID-19 - concluded that those who lost coverage for procedural reasons had higher mental health needs, including high levels of depression, anxiety, and frequent worrying, than those who lost coverage for other reasons. People with high mental health needs, especially those who change addresses frequently or are homeless, may not be able to navigate websites that frequently have errors and are difficult to use, and some are working jobs that do not provide the newly-required documentation.

Medicaid is the single largest payer of MH and SUD services and provides coverage to nearly half of children. We are deeply concerned about the devastating consequences to our nation if the federal Medicaid program were to be weakened. We must further acknowledge that cuts to Medicaid have even broader implications, impacting the availability of providers and services for individuals and families who have other sources of coverage as well. We strongly urge you to reject any cuts to the Medicaid program that would harm individuals and families living with MH and SUD conditions.

Sincerely,

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 Nurse Anesthesiology
American Association of Psychiatric Pharmacists
American Association on Health and Disability
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Occupational Therapy Association

American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association Services
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Association for Behavioral Health and Wellness
Center for Law and Social Policy (CLASP)
CFHA: The Integrated Care Association
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
Clinical Social Work Association
Collaborative Family Healthcare Association
Committee for Children
Community Catalyst
Depression and Bipolar Support Alliance (DBSA)
Fountain House
Global Alliance for Behavioral Health & Social Justice
Huntington's Disease Society of America
Inseparable
International OCD Foundation
International Society of Psychiatric-Mental Health Nurses
Legal Action Center
Maternal Mental Health Leadership Alliance
Mental Health America
National Alliance on Mental Illness (NAMI)
National Association of Pediatric Nurse Practitioners
National Association of School Psychologists
National Association of Social Workers
National Board for Certified Counselors
National Council for Mental Wellbeing
National Council on Problem Gambling
National Eating Disorders Association
National Federation of Families
National League for Nursing
National Register of Health Service Psychologists
National Women's Shelter Network, Inc.
Network of Jewish Human Service Agencies
NHMH – No Health without Mental Health
Postpartum Support International
Psychotherapy Action Network (PsiAN)
School Social Work Association of America
SMART Recovery
The Jed Foundation
The Kennedy Forum
The National Alliance to Advance Adolescent Health

The National Association for Rural Mental Health (NARMH)
The National Association of County Behavioral Health and Developmental Disability Directors
(NACBHDD)
The Trevor Project
Tourette Association of America
Western Youth Services