

Statement for the Record

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“Lowering Health Care Costs For All Americans: An Examination of the U.S. Provider
Landscape”

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 not to make further cuts to Medicaid under the pretext of combating fraud, waste and abuse. Millions of Americans are already bracing for the impact of HR 1's near \$1 trillion in cuts to Medicaid, which the Congressional Budget Office estimates will cause 10 million people to lose access to health care coverage, including 7.5 million being forced off Medicaid. Additional cuts to this program would only further harm already vulnerable populations, including the [nearly 40%](#) of Medicaid enrollees living with mental health (MH) conditions and/or substance use disorder (SUD).

Congress and CMS have made substantial progress in improving access to MH and SUD care by expanding Medicaid eligibility, SUD treatment coverage, and MH/SUD parity protections, but we are concerned that current actions intend only to further gut Medicaid rather than root out fraud. The Energy and Commerce Committee and CMS have already sent letters to more than 10 states purporting to investigate fraud in their Medicaid programs, and even going so far as to withhold and defer federal funding in one state – an unprecedented action that will only serve to disrupt the provision of lifesaving health care services. Moreover, the content of these letters makes clear that this effort is not about program integrity or surgically rooting out actual fraud, which we all support. Rather, this is about making additional cuts to a lifeline program that hasn't even seen the full impact of HR 1's funding reductions, which represent the largest cuts to Medicaid since the program was first established.

Like HR 1's cuts, the proposed additional cuts would disproportionately stymie people's access to lifesaving MH and SUD services, among several others. We hear [story after story](#) of people whose lives were saved because they had Medicaid and were able to access the treatment and services they needed, when they needed them. Medicaid consistently yields the highest rates of treatment access to quality care for [MH conditions](#) and opioid use disorder ([OUD](#)) compared to other types of insurance. So many people rely on Medicaid in the first place because of pervasive discrimination and stigma in other areas, including employment, education, housing, and commercial insurance, and the federal government's current actions are only reinforcing and extending this stigma and discrimination deeper.

If Congress and CMS are serious about meaningfully addressing fraud in the health care system, they should partner with states who are already doing this work— and are in a better position to continue to do so. As advocates for people with MH conditions and SUD, we agree that program integrity efforts are critical to ensuring limited program resources go to support the people who, without Medicaid, would be wholly unable to

access health care. States already have processes and specialized, multi-agency collaborations to identify, investigate and prosecute fraud. In fact, the letters sent to states highlight high profile fraud prosecutions that were the direct result of such processes in action. Thus, instead of further gutting federal Medicaid funding at large, the more helpful and appropriate actions CMS can take to address fraud and abuse include [partnering with states](#) to develop national toolkits to address areas of concern and accelerating the time frame in which CMS responds to reports of fraud raised by state attorneys general and state-based Medicaid Fraud Control Units.

While the drug overdose death rate in this country has somewhat declined recently, we are still losing more than 200 people a day to overdose, and mental health needs continue to rise as we lose nearly 135 people a day to suicide. Ensuring people's access to MH and SUD care couldn't be more important— not only to maintain and escalate the progress made in reducing fatal overdose, but also to better address the ever-growing mental health crisis. We urge Congress not to add to the exorbitant cuts already made to Medicaid through HR 1 by making further cuts under the pretext of combating fraud, waste and abuse. On behalf of the millions of Americans' lives who hang in the balance, thank you for the opportunity to provide this statement for the record.

Addition Professionals of North Carolina
American Academy of Addiction Psychiatry
American Association on Health and Disability
AMERSA
Anxiety and Depression Association of America
California Consortium of Addiction Programs & Professionals
Center for Law and Social Policy (CLASP)
Drug Policy Alliance
Faces & Voices of Recovery
International Society of Psychiatric Nurses
Lakeshore Foundation
Legal Action Center
Medicare Rights Center
NAADAC, the Association for Addiction Professionals
NACoA – National Association for Children of Addiction
National Association of Addiction Treatment Providers
National Disability Rights Network (NDRN)
NHMH – No Health without Mental Health
Partnership to End Addiction
Popular Democracy
Treatment Alternatives for Stronger Communities (TASC)
Treatment Communities of America
WestCare Foundation