

# TALKING POINTS CHEAT SHEET



Use these talking points as a reference in making your case to your legislators. We encourage you to add any relevant information about how these issues affect you or your organization. The more detail you can provide about the effect on your community, the more impact you'll have in your meetings with lawmakers and staff!

You do not have to talk about all five issues in every meeting! Pick a few top issues to discuss with each lawmaker. (*Hint: Check the Hill Day app to find out if your legislator sits on a committee that has jurisdiction over one of these bills, and talk with them about that issue. If you don't have a legislator on a committee of jurisdiction, work with your state delegation to decide the issues that are most important to discuss with each office.*)

## SUBSTANCE USE AND MENTAL HEALTH APPROPRIATIONS

**ASK** Please support funding for the substance use and mental health priorities listed in this fact sheet.

- Years of sustained funding cuts continue to harm Americans' ability to access evidence-based treatments and lifesaving services and supports. Community-based providers of mental health and addiction treatment services are struggling to meet the growing demand for services.
- SAMHSA programs are a critical source of targeted funding that allows states to implement proven and effective services for individuals living with mental health or substance use conditions.
- ***Browse through the fact sheet to learn more about key SAMHSA, NIH and additional programs, and add information specific to federally-funded programs that your organization or your community rely on.***

## EXCELLENCE IN MENTAL HEALTH AND ADDICTION TREATMENT EXPANSION ACT

**ASK** Please cosponsor the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/H.R. 1767).

- The Excellence Act demonstration is a two-year, eight-state initiative to expand Americans' access to community-based mental health and addiction care through certified clinics (known as CCBHCs).
- CCBHCs are transforming our overburdened, underfunded treatment system by establishing comprehensive standards for care delivery and quality reporting, and providing a sustainable Medicaid payment rate that supports that care.
- CCBHCs are producing positive results:
  - Nearly all CCBHCs have expanded access to medication-assisted treatment (MAT) for opioid use disorders, strengthening the response to the opioid crisis.
  - In the first year alone, CCBHCs cared for nearly 400,000 people with serious mental illnesses and addiction disorders, with the greatest increase coming from those seeking services for the first time.
  - Most CCBHCs can offer an appointment within a week after an initial call or referral; the national average is up to 48 days.
- Every state that wishes to create and sustain quality service systems should be able to do so. The current eight states are already seeing gains from the program and should be allowed to extend their activities beyond the two-year limit.
- Clinics in other states have received grants to become CCBHCs, but the program must be extended and expanded for them to be able to continue operations beyond the grant term.
- **CCBHC demonstration states include:** Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania.
- **States with clinics that have received CCBHC expansion grants include:** the 8 demonstration states plus Colorado, Connecticut, Illinois, Iowa, Indiana, Kentucky, Maryland, Massachusetts, Michigan, North Carolina, Rhode Island, Texas and Virginia.
- **States that could benefit from CCBHC expansion:** All 50
- ***Add information specific to your organization or your community.***

## MENTAL HEALTH ACCESS IMPROVEMENT ACT

**ASK** Please cosponsor the Mental Health Access Improvement Act (S. 286/H.R. 945).

- Older Americans have high rates of mental illness and suicide, yet have lower rates of treatment than others. With 75 percent of U.S. counties experiencing a severe shortage of behavioral health professionals, more than 100 million Americans live in areas that lack sufficient providers.
- MFTs and licensed mental health counselors are more likely than other professionals to practice in areas with a workforce shortage. Adding these providers to Medicare would immediately alleviate the strain on our nation's behavioral health workforce serving Medicare enrollees.
- Mental health counselors and MFTs have similar training and licensure standards to similar providers already included within Medicare.
- Congress supports this change. Similar legislation has won bipartisan support in the last eight Congresses and was passed in either the full House or Senate on several separate occasions.
- **Add information specific to your organization or your community.**

## MAINSTREAMING ADDICTION TREATMENT ACT

**ASK** Please cosponsor Mainstreaming Addiction Treatment Act (S. 2074/H.R. 2482).

- 20 million Americans aged 12 or older have experienced a substance use disorder, yet nearly 90 percent of people living with addiction do not receive any form of treatment in a given year.
- Buprenorphine has been used as a safe and effective medication for individuals living with substance use disorder for more than 20 years. The current waiver deters providers from treating individuals with addiction.
- With just over 70,000 buprenorphine-waived prescribers nationwide, there are simply not enough prescribers to meet Americans' needs. Only 36% of substance use treatment facilities offer any form of medication-assisted treatment.
- Removing the burdensome waiver requirement would expand the pool of providers who offer this life-saving treatment, with an especially great impact in rural areas.
- Waiver requirements do not exist for clinicians licensed to prescribe opiates or other addiction and mental health medications and medical professionals can prescribe buprenorphine for pain management without having to clear this regulatory hurdle.
- **Add information specific to your organization or your community.**

## MEDICAID REENTRY ACT

**ASK** **For Representatives:** Please cosponsor the Medicaid Reentry Act (H.R. 1329).  
**For Senators:** Please cosponsor this legislation when it is introduced in the Senate.

- The criminal justice system has become the largest de facto mental health and addiction treatment provider in the country, with more than half of incarcerated individuals living with mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring substance use disorder.
- The first two weeks after release from incarceration, a person is at the highest risk for an overdose, being roughly 129 times more likely to die of a drug overdose during this time compared to the general population.<sup>i</sup>
- This legislation allows states to use Medicaid to cover services for incarcerated individuals during the 30 days prior to their release, establishing a source of care for them to easily access upon re-entry to the community.
- Investment upstream will help to foster healthier, drug-free lives for formerly incarcerated populations.
- **Add information specific to your organization or your community.**

<sup>i</sup> Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. *The New England journal of medicine*, 356(2), 157-165. doi:10.1056/NEJMsa064115