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Hatch Statement at Finance Hearing on Mental Health

WASHINGTON – Senate Finance Committee Chairman Orrin Hatch (R-Utah) today delivered the following opening statement at a hearing to examine various options on how to address mental health issues in the American health care system:

It is a pleasure to see everyone here this today.

Today's hearing will focus on mental health issues in America and the role the Medicaid and Medicare programs play in addressing the needs of those with behavioral and mental health issues. Together, Medicare and Medicaid finance nearly 45 percent of mental health spending in the United States, which amounted to more than $75 billion in 2014 alone.

As the Senate committee with jurisdiction over these programs, it is our responsibility to better understand the drivers behind the growing needs for and costs of these services and to work together to develop better solutions for identifying and treating these issues.

A report issued by the Medicaid and CHIP Payment and Access Commission in June 2015 indicated that the majority of federal spending on mental health comes out of Medicaid. That same study found that Medicaid is the single largest payer in the United States for all behavioral health services, including mental health and substance abuse. In fact, Medicaid accounted for 26 percent of nationwide spending on behavioral health in 2009, the year with the most recent data.

One of the many difficulties we face in addressing these issues is that Medicaid enrollees with behavioral health diagnoses have varied physical and behavioral health needs. Patients often range from young children who need screening, referral, and treatment for autism or depression to chronically homeless adults with numerous diagnoses including severe mental illness.

In 2011, only one in five Medicaid beneficiaries had a behavioral health diagnoses, but they accounted for almost half of total Medicaid expenditures.

Needless to say, these types of behavioral health issues can seriously impair a patient's quality of life, cause disability, and significantly decrease life expectancy. These types of issues are associated with significantly higher rates of chronic disease, substance use disorders, and inpatient hospitalization among Medicare beneficiaries.

And, in Medicaid, patients with behavioral or mental health diagnoses are more than twice as likely to be hospitalized as those without such a diagnoses. The number is drastically higher if the patient also has a substance use disorder.

These high hospitalization rates are major drivers in the cost of our federal health programs. However, what is more unfortunate is that all too often people with mental or behavioral health issues get no care at all.

According to the 2012 National Survey on Drug Use and Health, nearly 40 percent of adults diagnosed with severe mental illness – such as schizophrenia or bipolar disorder – received no treatment for their illness in the previous year. When you broaden that scope to include all adults with any mental or behavioral illness, 60 percent went untreated for the prior year.
It gets worse.

Every year, suicide claims the lives of 38,000 Americans – more than car accidents, prostate cancer, or homicides. And, about 90 percent of suicides are related to mental illness, according to the National Institute of Mental Health. Utah is not immune from this preventable tragedy. Suicide has been the greatest threat to our young people in recent years, and it is time for everyone to take notice.

This is absolutely tragic. However, the tragic pattern expands beyond the suicide rate as, overall, people with serious mental illness have an average life expectancy that is 23 years shorter than the nationwide average.

Patients and their advocates say the country's mental health system has been drowning for a long time, not from floodwaters but from neglect.

As we talk about solutions, we need to note that the distinction between mental health, mental illness, and severe mental illness is crucial, because each group requires different clinical and policy prescriptions. For example, the current system, proportionally speaking, provides far more support for mental health than severe mental illness. We need to review these priorities and find an equitable solution to ensure that all needs are being met.

Today's panel will give us an opportunity to hear from witnesses who can speak to these issues from almost every perspective. We have an advocate who has suffered with these issues firsthand. We also have experienced professionals who will share their experiences providing care at the local, state, and federal levels and who can speak to the successes and limitations of

providing care in each of those environments.

I look forward to hearing the testimony of today's witnesses and beginning a dialogue with my colleagues on these important issues that, hopefully, will lead to better solutions.

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