

Access. Care. Recovery.

Gov. Andrew Cuomo, Chair Gov, Asa Hutchinson, Vice Chair National Governors Association 444 N. Capitol Street, NW Suite 267 Washington, DC 20001

2 December 2020

## Re: Covid-19 Vaccine Distribution to Mental Health and Addiction Treatment Providers

Dear Governors Cuomo and Hutchinson:

On behalf of the National Association for Behavioral Healthcare (NABH), I write to urge you to encourage governors to ensure that mental health and addiction treatment providers in their states are included in the first round of Covid-19 vaccine distribution.

NABH represents behavioral healthcare systems that provide mental health and/or addiction treatment in inpatient, residential treatment, partial hospitalization, and intensive outpatient programs, as well as medication assisted treatment centers including opioid treatment programs and other facility-based outpatient programs for children, adolescents, adults, and older adults in almost every state.

Ensuring access to mental health and addiction treatment could not be more urgent or important at this time. A recent report by the Centers for Disease Control and Prevention revealed that symptoms of anxiety disorder were approximately three times higher and prevalence of depression about four times higher among adults during the second quarter of 2020 compared with the same time last year.<sup>1</sup> Meanwhile, overdoses have spiked during the pandemic with more than 40 states reporting increased opioid-related deaths.<sup>ii</sup> Suicide rates have continued to increase, up 35% between 1999 and 2018<sup>iii</sup> with early indications of additional increases in suicides more recently.

The Covid-19 pandemic is uniquely intertwined with behavioral health conditions. Research has found that substance use disorders constitute a risk factor for Covid-19.<sup>iv</sup> In addition, recent findings point to increased risk of mental health conditions (anxiety and depression, in particular) among those who contract Covid-19, as well as an increased risk of contracting Covid-19 among those with preexisting mental health conditions that appears not to be a result of the high rates of co-occurring chronic physical health conditions in this group.<sup>v</sup>

It is critical that we preserve and even increase access to behavioral healthcare as a key component of the response to Covid-19. Since the onset of the pandemic, our members have been intensely focused on implementing many new practices and protocols to address the increased demand for behavioral healthcare while preventing the spread of the coronavirus. They have developed and implemented new screening and infection control measures. Unfortunately, some of these measures, such as quarantine rooms, reduce their capacity to provide care.

Furthermore, these providers have faced significant shortages of personal protective equipment (PPE). Unlike general medical settings, behavioral healthcare providers were not accustomed to using PPE to the extent now required and therefore did not have large stores of these supplies to access. Moreover, they generally do not have prioritized access to PPE through well-established supply chains; consequently, they have had to work harder to find these supplies and have struggled with frequent shortages.

In addition, staff availability at mental health and addiction treatment facilities has been reduced for a number of reasons. Addiction treatment programs, for example, have reported reduced capacity because staff are a)

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concerned about working in contagious environments, b) in quarantine themselves, c) older than 60 years of age and in a high-risk group, or d) live with family members who have compromising physical conditions, among other reasons. This has reduced the ability of addiction treatment providers to ensure that patients receive needed services.

In a statement on April 23, 2020, the White House Office of National Drug Control Policy acknowledged SUD treatment as an essential medical service. To improve access to care, mental health and addiction treatment providers should be recognized as essential healthcare workers and included as one of the priority groups for receiving the first round of Covid-19 vaccine. We urge you to encourage governors to ensure that mental health and addiction treatment providers are prioritized in their respective state's plans for distribution of the Covid-19 vaccine.

Thank you for considering our concerns and recommendations. If you have any questions, please contact me directly at <a href="mailto:shawn@nabh.org">shawn@nabh.org</a> or 202-393-6700, ext. 100 or contact NABH Director of Policy and Regulatory Affairs, Kirsten Beronio at <a href="mailto:kirsten@nabh.org">kirsten@nabh.org</a> or 202-393-6700, ext. 100 or contact NABH Director of Policy and Regulatory Affairs, Kirsten Beronio at <a href="mailto:kirsten@nabh.org">kirsten@nabh.org</a> or 202-393-6700, ext. 100 or contact NABH Director of Policy and Regulatory Affairs, Kirsten Beronio at <a href="mailto:kirsten@nabh.org">kirsten@nabh.org</a> or 202-393-6700, ext. 100 or contact NABH Director of Policy and Regulatory Affairs, Kirsten Beronio at <a href="mailto:kirsten@nabh.org">kirsten@nabh.org</a> or 202-393-6700, ext. 115.

Sincerely,

Shawn Coughlin President and CEO

## About NABH

The National Association for Behavioral Healthcare (NABH) represents provider systems that treat children, adolescents, adults, and older adults with mental health and substance use disorders in inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs, medication assisted treatment centers, specialty outpatient behavioral healthcare programs, and recovery support services in nearly all 50 states. The association was founded in 1933.

<sup>&</sup>lt;sup>i</sup> Czeisler MÉ, Lane RI, Petrosky E, et al.Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States".June 24–30, 2020. *Morb Mortal Wkly Rep* 2020;69:1049–1057, available <u>online</u>.

<sup>&</sup>lt;sup>ii</sup> American Medical Association, "Issue brief: Reports of increases in opioid-related overdose and other concerns during Covid pandemic", updated Sept. 8, 2020, available <u>online</u>.

<sup>&</sup>lt;sup>iii</sup> Hedegaard H, Curtin SC, Warner M, "Increase in suicide mortality in the United States, 1999–2018", Data Brief No. 362, National Center for Health Statistics, 2020, available <u>online</u>.

<sup>&</sup>lt;sup>iv</sup> Wang QQ, Kaelber DC, Xu R, Volkow ND. COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Molecular Psychiatry*. September 2020, available <u>online</u>.

<sup>&</sup>lt;sup>v</sup> Taquet M, Luciano S, Geddes JR, et al. Bidirectional associations between Covid-19 and psychiatric disorder: retrospective cohort studies of 62, 354 Covid-19 cases in the USA. *Lancet Psychiatry*, published <u>online</u> Nov. 9, 2020.