

# National Association for Behavioral Healthcare



Access. Care. Recovery.

1 July 2021

The Honorable James Frederick  
Acting Assistant Secretary of Labor for Occupational Safety and Health  
Occupational Safety and Health Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20010

Dear Acting Assistant Secretary Frederick:

The National Association for Behavioral Healthcare (NABH) respectfully requests that the Occupational Safety and Health Administration (OSHA) delay the compliance deadline for the Covid-19 Health Care Emergency Temporary Standard (ETS).

NABH represents behavioral healthcare systems that provide mental health and addiction treatment across the entire continuum of care, including inpatient, residential treatment, partial hospitalization, intensive outpatient programs, and other facility-based outpatient programs including medication assisted treatment centers. Our membership includes behavioral healthcare providers across the United States in almost every state.

The new Covid-19 ETS final rule is long and complex. It establishes many very specific requirements related to patient screenings, personal protective equipment, physical barriers, cleaning and disinfection, ventilation, vaccination, training, recordkeeping, reporting, etc. These provisions will likely require significant changes in the policies and procedures healthcare providers have already implemented to prevent Covid-19 infection.

Moreover, it is important to consider the impact of these new requirements in the context of the challenges behavioral healthcare providers are currently facing. Mental health and addiction treatment providers continue to experience increased need for their services as indicated by the dramatic increase in drug overdose deaths over the past year and continued elevated levels of anxiety and depression and suicidal ideation.<sup>1,2,3</sup> Emergency department visits for mental health reasons were up 31% among children and adolescents earlier this year, and suspected suicide attempts were up 51% among teenage girls.<sup>4</sup>

In addition, behavioral healthcare providers across the United States are struggling to hire staff to address this increased need for treatment services. Shortages of behavioral healthcare providers were already widespread before the pandemic. Nearly one-third of the U.S. population lives in mental health provider shortage areas where

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<sup>1</sup> Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. MMWR Morb Mortal Wkly Rep. ePub: 26 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e2>.

<sup>2</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. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external>.

<sup>3</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. DOI: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>4</sup> Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the Covid-19 Pandemic -- United States, January 2019-May 2021. MMWR Morb Mortal Wkly Rep 2021; 70:888-894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1>.

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available providers are estimated to be able to meet only about 27 % of the need for treatment.<sup>5</sup> This issue has gotten worse during the pandemic. We regularly hear from our members that the difficulties they are facing with staffing behavioral health treatment facilities are unprecedented; for example, this problem became so dire in Oregon recently that the National Guard is currently helping to staff the state mental hospital.

Furthermore, we expect the Covid-19 pandemic will result in a lingering increased need for behavioral healthcare. Large-scale disasters such as the current pandemic are known to have widespread and long-lasting detrimental effects on mental health and substance use.<sup>6</sup> Moreover, studies of past disasters have shown the mental health distress and suicidality often do not peak until years after the disaster has ended.<sup>7</sup>

In light of these challenges, we urge you to delay the deadline for compliance with the Covid-19 ETS for at least an additional six months to give behavioral healthcare and other healthcare providers time to implement these detailed new requirements.

Thank you for considering our concerns and recommendations. If you have any questions, please contact me directly at [shawn@nabh.org](mailto:shawn@nabh.org) or 202-393-6700, ext. 100, or contact NABH Director of Policy and Regulatory Affairs, Kirsten Beronio at [kirsten@nabh.org](mailto:kirsten@nabh.org) 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.*

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<sup>5</sup> National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025. Health Resources and Services Administration, National Center for Health Workforce Analysis, Rockville, MD, Nov. 2016. Available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>

<sup>6</sup> Shultz JM, Perspectives on disaster public health and disaster behavioral health integration, Disaster Health Vol. 2, No. 2, pp. 69-74 Apr-Jun 2014 available [online](#).

<sup>7</sup> Luo F, Florence CS, Quispe-Agnoli M, et al, Impact of Business Cycles on US Suicide Rates, 2018-2007, Am J Public Health, Vol. 101, No. 6, pp. 1139-1146 June 2011 available [online](#).