



# STRENGTHENING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE

PROGRAMS AND POLICIES TO CONNECT  
MORE AMERICANS WITH WELLNESS,  
PREVENTION, TREATMENT, AND RECOVERY

| Association for Behavioral Health and Wellness



Advancing Health Care Policy for  
Mental Health & Substance Use Disorders



April 2025

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# The State of Mental Health and Substance Use Disorders and the Need for Accessible, High-Quality Care

- **Episodes of mental illness are more prevalent than many believe.**
  - Nearly 1 in every 4 Americans – approximately 60 million people -- experience a mental illness annually.
  - 2022 saw the highest number of suicide deaths ever recorded in the U.S.
  - 5% of American adults report serious thoughts of suicide.
- **We have a mental health crisis among young people in this country.**
  - 1 in every 5 young people have major depressive episodes in any given year.
  - Over half of these youth do not receive treatment for these mental health challenges.
  - 13% of youth report experiencing serious thoughts of suicide.
- **Substance use disorder remains a largely untreated national health crisis.**
  - In 2022, 18% of U.S. adults had a substance use disorder, but 77% of them did not receive treatment.
  - 9% of young people struggled with substance use disorders .
  - The overdose epidemic remains with us – over 107,000 overdose deaths in 2023.
- **Access to mental health and substance use disorder services remains a significant challenge.**
  - There is only 1 mental health provider for every 340 people in the U.S.

# How Mental Health and Substance Use Disorder Policy is Governed at the Federal Level

- **Governance of mental health access and services is not in the hands of one entity in the federal government, but rather multiple laws, departments, and agencies.**
- **Multiple laws passed by Congress address access to mental health services.**
  - Mental Health Parity and Addiction Equity Act (MHPAEA)
  - Americans with Disabilities Act
  - Rehabilitation Act
  - Affordable Care Act
- **MHPAEA is administered by three different cabinet departments – Labor, Health and Human Services, and the Treasury.**
- **Multiple federal agencies fund mental health services and have oversight authority.**
  - Medicaid (the largest funder of mental health services in the U.S.)
  - Medicare
  - Department of Veterans Affairs
  - Children’s Health Insurance Program (CHIP)
  - Office of National Drug Control Policy
- **The federal government also supports research activities on mental health and substance use disorders.**
  - The National Institute of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) guide research and administer grants on causes of and treatments for mental illness and substance use disorders. SAMHSA also provides Mental Health Block Grants to states to support community mental health services.

# 2025 Key Policy Areas



## **MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY**

Coverage for mental health and substance use disorders must be comparable to those for general medical and surgical care. Federal rules and parity compliance need to be workable to implement so that patients can receive the care they need.



## **SUBSTANCE USE DISORDERS**

Opioid use disorder and high numbers of overdose deaths constitute a national health crisis. It is essential to remove unnecessary barriers to effective treatment.



## **TELEHEALTH**

Telehealth is a critical tool in helping more Americans receive the mental health and substance use disorder services they need. Smart policymaking will make these services affordable and accessible.



## **SUICIDE PREVENTION**

The 9-8-8 Suicide and Crisis Lifeline has been successful in aiding people in crisis. More focused solutions are needed to reduce deaths by suicide, which remain distressingly high, particularly among adolescents.



## **EXPANDING THE BEHAVIORAL HEALTH WORKFORCE**

Half of all Americans live in an area with a behavioral health workforce shortage. Proactive policymaking can help meet the growing demand for mental health and substance use disorder services.



# Mental Health and Substance Use Disorder Parity

## Background

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires group health plans and health insurance issuers to provide mental health and substance use disorder benefits comparable to those for general medical and surgical care.

## State of Play

Health plans have worked tirelessly to maintain these parity benefits, devoting extensive resources to ensure compliance with MHPAEA.

Routine mental health and substance use disorder treatment has become more accessible as barriers to care and treatment limits have declined. Health plans are using clinical decision guidelines to help clinicians deliver higher-quality behavioral health care.



## Current Issues

- A patchwork of conflicting and changing guidance has made compliance with MHPAEA challenging for health plans and employers.
- New rules finalized last fall by Labor, HHS, and Treasury impose vague guidelines and could mandate coverage of treatments that are not evidence-based and could harm patients.
- Burdensome reporting requirements would draw resources away from helping patients with mental health conditions and substance use disorders.

**ABHW has encouraged the Trump Administration to delay the enforcement of these rules for one year to make necessary improvements. The ERISA Industry Committee filed a lawsuit on January 17 based on the rule's statutory overreach, the regulatory burden, and the lack of clarity to ensure that stakeholders can comply with the new requirements.**

# Substance Use Disorders

## Background

Substance use disorders (SUDs) continues to be a 21st-century health crisis in the U.S. It is estimated that 3 million people have an opioid use disorder (OUD), leading to rising numbers of overdose deaths each year. Yet, only 1 in every 4 persons with an OUD receives specialty SUD treatment.

## State of Play

Medication-assisted treatment (MAT) is highly effective for patients with an SUD or OUD. However, access to these treatments has been limited.

The Ryan Haight Act of 2008 required prescribing physicians to conduct in-person evaluations before issuing a prescription for medications like buprenorphine to treat OUD. The in-person visit requirement was waived during the COVID-19 pandemic. As of February 2025, a DEA rule allows buprenorphine prescriptions through audio-video visits and audio-only visits under specific circumstances after requirements are met.

## Current Issues

- Because medication-assisted treatment is the most effective intervention for opioid use disorders, increased access to these drugs will help reduce overdose deaths.
- Waiving the in-person requirement for tele-prescribing medications for opioid use disorder patients would improve access to essential treatments. It would also be beneficial to responsibly expand access to methadone treatment.



# Telehealth

## Background

With the advancements that have been made in telehealth, spurred by the needs exacerbated during the COVID-19 pandemic, it has become a valuable tool in closing the gap between the tens of millions of people who have mental health or substance use disorder needs and the much smaller number who have received treatment.

## State of Play

Barriers to telehealth services remain, which is a critical problem for Americans with mental health and substance use disorder conditions, who are often more comfortable meeting with providers remotely and who may not have a provider within a reasonable distance due to current shortages.



## Current Issues

- There are multiple mechanisms available that can improve access to telehealth services as the need and demand for these services continue to grow.
- Medicare currently requires patients to have an in-person visit with a provider before receiving telehealth services for mental health or substance use disorders. This is unnecessary and stigmatizing. Repealing this six-month in-person requirement would improve access to these critical services.
- The bipartisan Telehealth Expansion Act will exempt high-deductible health plans from requiring a deductible for telehealth services. Without it, many patients will face a financial barrier to utilizing this care.
- With a shortage of behavioral health providers, cross-state licensure reciprocity would result in more efficient behavioral health care delivery and increase access for patients. This will be an important issue if federal regulations on telehealth flexibility expire as scheduled at the end of September 30, 2025.



# Suicide Prevention

## Background

In the United States, a death by suicide occurs every 11 minutes. In 2022, suicide was the cause of over 49,000 deaths, according to the CDC. After a brief decline from 2018-2020, suicide rates returned to a two-decade high in 2022. The suicide rate among adolescents is particularly alarming. In 2021, suicide was the third leading cause of death among high school students ages 14-18.

## State of Play

The federal response to distressingly high suicide rates has been strong. The National Suicide Hotline Designation Act was passed in 2020, and the 9-8-8 Suicide and Crisis Lifeline (Lifeline) number went live in July 2022, enabling people with suicidal thoughts to call, chat, or text. From July 2022 to March 2023, the Lifeline received more than 3.6 million contacts, with 9 million contacts estimated for 2024.

Also, SAMHSA released guidelines focused on implementing a crisis call center and mobile crisis teams.

## Current Issues

- Full funding of the 9-8-8 Lifeline will ensure that this vital service has the resources it needs to meet a rapidly growing demand.
- Deaths by suicide could also be prevented by:
  - Expanding access to behavioral health services, screenings, assessment, and prevention services in hospital emergency departments.
  - SAMHSA developed a national set of standards and definitions for crisis services to ensure that patients receive the same evidence-based care regardless of the provider delivering the service. Education and dissemination will help ensure they are adopted universally.



# Expanding the Behavioral Health Workforce

## Background

There are only approximately 1.3 million health providers in the U.S. who offer behavioral health services and prescribe behavioral health medications. This shortage means that nearly half of all Americans live in an area with a behavioral health workforce shortage.

## State of Play

This is a worsening situation. The demand for mental health and substance use disorder services is growing and shortages are projected to continue in multiple fields, including psychologists, social workers, and counselors. This hits particularly hard in rural areas. Two-thirds of behavioral health shortage areas are rural or semi-rural.



## Current Issues

In addition to increasing funding to encourage recruitment and retention of behavioral health providers, there are other steps that can address current shortages:

- Certified peer support specialists are individuals who have lived the experience of recovery from a mental health condition or substance use disorder.
- The Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act recognizes the value of peer support specialists and encourages their use in helping individuals manage their conditions.
- Certified Community Behavioral Health Clinics (CCBHCs) dramatically improve access to a wide range of mental health and substance use disorder services. The Ensuring Excellence in Mental Health Act would help bolster these valuable resources.
- Greater use of integrated care, enabling patients to access both physical and behavioral health care in the same setting.

# ABOUT ABHW

The Association for Behavioral Health and Wellness (ABHW) is dedicated to advancing policy and raising awareness of mental health and substance use disorders.

By advocating and promoting solutions on behalf of health plans to ensure everyone has access to high-quality, evidence-based care, we are focused on reducing disparities and ensuring better outcomes for whole-person care for all individuals and communities

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to 200 million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

## Members





# ABHW Guiding Principles

- Integration of behavioral and physical health care
- Extension of access to high-quality care
- Provision of evidence-based behavioral health care
- Reduction of stigma
- Expansion of the behavioral health workforce
- Realization of positive health outcomes
- Recognition of the value of prevention

## We Are a Resource

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