Date XX, 2025

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
521 Cannon House Office Building
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
2267 Rayburn House Office Building
Washington, D.C. 20515

Dear Majority Leader Johnson and Minority Leader Jeffries:

As the undersigned organizations, we write to express our strong support for the Medicare Mental Health Inpatient Equity Act of 2025, sponsored by Congressmen Bill Huizenga (R-MI) and Paul Tonko (D-NY). As organizations that represent the major groups across all disciplines working on a comprehensive response to address substance use disorder (SUD) and co-occurring mental health disorders, we deeply understand the critical need for this bill. This important piece of legislation will advance mental health parity by eliminating the 190-day lifetime limit on inpatient psychiatric hospital services for Medicare patients, expanding mental health treatment for seniors, increasing positive health outcomes and providing a cost-effective method to address the adverse health effects that stem from untreated or undertreated mental health problems.

Approximately 1.7 million Medicare beneficiaries reported past-year SUD[1], and 1 in 4 seniors suffer from a mental health issue.[2] According to a recent study published in the American Journal of Preventive Medicine, Medicare beneficiaries with SUDs were more than twice as likely to have past-year serious psychological distress compared to those without SUDs.[3] Percentages of past-year suicidal ideation are also significantly higher amongst this group, underscoring how severe this crisis has become.[4] However, despite the urgent need for treatment, only 11% of Medicare beneficiaries with a past-year SUD received

[1] Parish, W. J., Mark, T. L., Weber, E. M., & Steinberg, D. G. (2022). Substance use disorders among Medicare beneficiaries: Prevalence, mental and physical comorbidities, and treatment barriers. American Journal of Preventive Medicine, 63(2), 225–232. https://www.ajpmonline.org/article/S0749-3797%2822%2900104-0/abstract?uuid=uuid%3Ae9835a0b-ad72-42ca-8a7d-c96f8973b374

[2] American Psychological Association. (2021) Older Adults: Health and age-related changes. https://www.apa.org/pi/aging/resources/guides/older

[3] Parish, W. J., Mark, T. L., Weber, E. M., & Steinberg, D. G. (2022). Substance use disorders among Medicare beneficiaries: Prevalence, mental and physical comorbidities, and treatment barriers. American Journal of Preventive Medicine, 63(2), 225–232. https://www.ajpmonline.org/article/S0749-3797%2822%2900104-0/abstract?uuid=uuid%3Ae9835a0b-ad72-42ca-8a7d-c96f8973b374

[4] Parish, W. J., Mark, T. L., Weber, E. M., & Steinberg, D. G. (2022). Substance use disorders among Medicare beneficiaries: Prevalence, mental and physical comorbidities, and treatment barriers. American Journal of Preventive Medicine, 63(2), 225–232. https://www.ajpmonline.org/article/S0749-3797%2822%2900104-0/abstract?uuid=uuid%3Ae9835a0b-ad72-42ca-8a7d-c96f8973b374

treatment for their condition.[5] These alarming statistics reflect the need to expand treatment services for people on Medicare.

SUDs and mental health disorders are chronic diseases – long-term health conditions that require ongoing medical care and impact daily life. Treatment for substance use and mental health disorders requires long-term chronic care management and may entail multiple episodes of treatment and services depending on the severity of the illness.[6] A cap of 190 days of lifetime treatment is not sufficient to treat a person's chronic illness. Treatment for SUD and mental health care must reflect the chronic nature of the disease.

The Medicare Mental Health Inpatient Equity Act of 2025 addresses the longstanding disparity in Medicare coverage and expands treatment options for mental health care by:

- Eliminating the lifetime limit of 190 days on inpatient psychiatric hospital care under Medicare;
- Improving access to critical inpatient psychiatric treatment for seniors, individuals with serious mental illness, and low-income beneficiaries who rely on Medicare;
- Modernizing Medicare policy to reflect current standards of care and reduce the long-term costs and consequences of untreated or undertreated mental health conditions;
- Improving continuity of care and reducing hospital readmissions by ensuring individuals with serious mental illnesses can receive the long-term or repeated inpatient treatment they need; and
- Preventing the overuse of emergency rooms and incarceration as default responses to untreated mental illness, by increasing access to appropriate inpatient psychiatric care.

We are grateful for Congress's tireless work to equip and empower Americans with the resources and support needed to build healthier, safer, and stronger communities, while removing barriers to life-saving treatment. We thank you for your leadership, and we respectfully urge you to advance the Medicare Mental Health Inpatient Equity Act to continue addressing the substance use disorder and co-occurring mental health disorders. Please do not hesitate to reach out to our groups if any other information would be helpful.

Sincerely,

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[5] Parish, W. J., Mark, T. L., Weber, E. M., & Steinberg, D. G. (2022). Substance use disorders among Medicare beneficiaries: Prevalence, mental and physical comorbidities, and treatment barriers. American Journal of Preventive Medicine, 63(2), 225–232. https://www.ajpmonline.org/article/S0749-3797%2822%2900104-0/abstract?uuid=uuid%3Ae9835a0b-ad72-42ca-8a7d-c96f8973b374

[6] Fleury, M. J., Djouini, A., Huỳnh, C., Tremblay, J., Ferland, F., Ménard, J. M., & Belleville, G. (2016). Remission from substance use disorders: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, *168*, 293–306. https://doi.org/10.1016/j.drugalcdep.2016.08.625