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March 15, 2016

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education,  
Labor & Pensions  
U.S. Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Committee on Health, Education,  
Labor & Pensions  
U.S. Senate  
Washington, DC 20510

The Honorable Bill Cassidy  
U.S. Senate  
Washington, DC 20510

The Honorable Christopher Murphy  
U.S. Senate  
Washington, DC 20510

Dear Chairman Alexander, Ranking Member Murray, Senator Cassidy, and Senator Murphy:

The National Council on Independent Living (NCIL) would like to thank you for introducing the Mental Health Reform Act that will be considered in the Senate Health, Education, Labor, and Pensions (HELP) Committee. This bill sets an appropriate tone for mental health legislation, recognizing both the importance of community-based services and the rights of consumers.

NCIL is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the country.

NCIL recognizes that reauthorization of mental health and substance use legislation is long overdue. As a grassroots organization representing many voices of people with disabilities, we know that non-coerced, community-based services are what most consumers prefer and are too often not available to them. Increasing the availability of those services must be the nation's number one priority, and this bill takes a step to address this by promoting evidence-based practices and recognizing that mental health and substance abuse consumers have rights like other people with disabilities.

Research over the past quarter century shows that:

- People with mental health diagnoses are no more dangerous than their peers;
- People with mental health diagnoses, like other people with disabilities, are more likely to be victims of crime than their peers;
- Mental health professionals cannot predict future violence better than others;
- People with mental health conditions are able to make good decisions about their care like people with other chronic health conditions; and
- People with mental health-related disability can recover to live full lives.

We appreciate that this bill recognizes the importance of non-coerced, community-based services by maintaining the Medicaid "IMD exclusion" and not changing federal law with respect to Assisted Outpatient Treatment (AOT). We also appreciate that this bill does not dismantle the Substance Abuse and Mental Health Services Administration (SAMSHA) or make changes to the Health Insurance Portability and Accountability Act Privacy Rule (HIPPA) or the Federal Education Rights and Privacy Act (FERPA), which function well to protect patient and student privacy. Finally, the bill also recognizes the crucial importance of the Protection and Advocacy (P&A)'s Protection and Advocacy for Individuals with Mental Illness (PAIMI) program in protecting the rights of people with mental health conditions.

As the bill moves forward, we would like to work with you to assure that the voices of non-medical stakeholders are heard when implementing services for mental health and substance use. Medical professionals have always been able to protect their interests, and we know that mental health professionals and other advocates sometimes serve their own interests rather than promoting what works best. Consumers and other stakeholders must be able to protect their interests as well. For this reason, the Advisory Committees and State Mental Health Planning and Advisory Councils should consist of a majority of consumers and former consumers of mental health services.

Additionally, we feel that states much put more efforts into consumer-run services. We have learned that consumer-run services and the peer support they provide can be integral to recovery. In fact, SAMHSA has recognized these services as an evidence-based practice. We strongly believe that states should be required to use at least some of their community mental health block grant funds to support consumer-run services.

We thank you again for your introduction of the Mental Health Reform Act. We look forward to working with you to enact this legislation. We thank you for your consideration of our comments, and we welcome any questions you may have.

Sincerely,

Kelly Buckland,  
Executive Director

Mike Bachhuber,  
NCIL Mental Health Subcommittee Chair