

Remarks on Efforts To Expand Access to Mental Health Care

July 25, 2023

Please, have a seat. Richele, thank you for that introduction and the courage it takes to stand up—[*laughter*]*—on national television in front of all these people and tell your story. But your story is the story of millions of people all across the country.*

And you know, one of the things that the pandemic demonstrated is the need for a lot more help. Over a million people dead from COVID. And that's estimated to mean 8 million people left behind who were close to them. How many mornings people get up or show up for dinner and there's an empty chair? The impact on people's lives is profound.

But—and you were paying insurance every month. You know, you shouldn't be your own—well, you shouldn't have to do what you had to do, going through one of the hardest things in life.

And by the way, Debbie, Debbie, Debbie—God love you. [*Laughter*] You're the best, Debbie. You really are. We wouldn't be here were it not for Debbie, and that's not a—that's not an exaggeration. We served together for a long time in the Senate, and I've never known you not to be a significant advocate for this very issue.

And I want to thank Acting Secretary Su and everyone at the Department of Labor and HHS and Treasury for working to improve insurance coverage for mental health care in America.

And, folks, you know, I don't know what the difference between breaking your arm and having a mental breakdown is. It's health. There is no distinction. It's health. Vivek Murthy, who is our Surgeon General, and I talk about this issue a lot.

You know, in the last two State of the Union Addresses, I've laid out what I call the unity agenda. It is made up of four big things to—that we're going to do together as a nation. One of the things I'm always asked is: You know, why Americans have sort of lost faith for a while on being—being able to do big things.

"If you could do anything at all, Joe, what would you do?" I said, "I'd cure cancer." And they looked at me like, "Why cancer?" Because no one thinks we can. That's why. And we can. We can end cancer as we know it.

Deliver on our sacred obligations to veterans is the second thing I think is critically important. Thirdly was beat the opioid epidemic, which we're still fighting very hard. And fourth was to tackle mental health crisis, which is why we're here today.

You know, we can all agree mental health care is health care. It is health care. It's essential to people's well-being and their ability to lead a full and productive life, to find joy, to find purpose, to take care of themselves and their loved ones. It's about dignity. Think about this.

My dad used to have an expression: Everyone is entitled to be treated with dignity. Imagine being a parent looking at your beautiful child you adore needing help and know you can't do a damn thing about it because you don't have the wherewithal. You can't—talk about stripping a parent of their dignity—their inability to help their child or their husband or their wife or their mother or their father or someone they adore.

But right now, for millions of Americans, mental health care and treatment for substance abuse is out of reach. It's out of reach. In 2020, less than half—less than half—of all adults with mental illness diagnosis received care for it. Less than half.

For children the numbers are even worse. Nearly 70 percent of our kids who seek care for mental health or addiction cannot get it. Seventy percent.

Talk to parents and teachers. Talk to the school nurses and counselors. Talk to young people. They'll tell you there's a serious youth mental health crisis happening right now in this country. We must fulfill the promise of true mental health parity for all Americans now. *[Applause]* Now.

And I might note, parenthetically: If we do, it saves the country billions of dollars. The idea that it's going to—it saves.

Here is what it means. Almost 15 years ago, the bipartisan Mental Health Parity and Addiction Equity Act became law. It called for health insurance companies to cover mental health care and treatment for substance abuse at the same levels of physical health care. Because just like when you break your bone—a bone or have a heart attack, when you're having a mental health crisis, you should be able to get help—medical help, professional help.

During the Obama-Biden administration, we worked hard to put a law—this law into effect. And the result, by some important measures: There is greater parity—not nearly enough—greater parity today than in the past.

Look, there's lower copays for mental health care, getting rid of some arbitrary limits on the number of times you can see your therapist each year. Plus, for the first time ever, the Affordable Care Act made mental health care an essential service, which means many health plans must cover it.

But there were many important—these were important steps, but they weren't enough. We're still not where we need to be. We're still not there.

Insurers still make it far too difficult to get mental health care. Their networks of providers are badly inadequate, with far fewer psychiatrists, therapists, and other mental health professionals compared to all other mental—all other medical specialties.

And as a result, even with private insurance, patients are often forced to seek out-of-network care at significantly higher costs, if they can find it. Seeing a therapist can cost 200 bucks a visit or more. That's \$800 a month if you have a session every week, which is often what patients need. Many families—a significant number of families—cannot afford that.

And by the way, think about—parenthetically, think about just how difficult it is to begin with, to say, "I need help." You break your arm, you have no trouble going to the emergency and—"I need help." You're having a mental crisis, it's hard. It's hard to say "I need help." "I need help." "My child needs help." And this is happening to millions of people.

People with insurance are twice as likely to have to go out-of-network for mental health care compared to physical health care. And that gap has only gotten wider.

As a result, folks with depression, anxiety, posttraumatic stress, bipolar disorders, eating disorders, addiction, and other illnesses often go without care. Period. And you know the—how that ends, many times.

They try to power through and hope that they can manage on their own. Or they pay whatever it takes, spending down their savings, racking up credit card bills, or taking out second or third mortgages to get the care for themselves or their children.

Folks, it shouldn't be this way. It doesn't need to be this way.

I've heard from mental health professionals across the country describing a system that's falling short. One therapist wrote to me who primarily treats teenagers, including some who are

having suicidal thoughts. And he said when his patients need to be hospitalized to save their lives, insurance companies often deny the claims—often deny the claims.

Another clinical psychologist wrote me and described getting calls from desperate people who have called 20 different therapists looking for help, but can't find it. This therapist says, and I quote, "I try to create time that I don't have to see more patients." End of quote. "I'm often the only person," he went on to say, "who is able to call them back." They never even get calls, most of the time.

And I've personally received letters from family members whose loved ones are suffering from mental illness, who describe how difficult it can be to help.

One woman wrote me, went on to say—about her mother, a retired teacher who has a bipolar disorder. Her daughter wrote, quote, "Too often, insurance companies dictate the standard of care when it actually needs to be care providers and family members who have more to say." And she went on to say, "Please advocate hard for the most vulnerable among us." Well, that's exactly what my administration is trying to do.

Today my administration is announcing new steps to dramatically expand access to mental health care in America. Our plans would require health insurance plans to identify the gaps in the mental health care that they provide.

For example, they'd need to measure how many mental health providers are in their network, how much they are paying these providers, how difficult it is for someone to join their network, how often doctors have to get the so-called prior authorization before they can treat a patient.

Some of you have dealt with this more than once. You get referrals to see mental health specialists. But when you make the appointment, they say, "I can't see you until your doctor submits the paperwork and gets special permission from the insurance company."

Give me a break. [*Laughter*] It's ridiculous. It really is. [*Applause*] It's ridiculous. And it prevents people from getting the care they need.

Now insurance companies—now insurers are going to measure how often they require prior authorization and how often they deny those requests.

Right now many health plans don't collect data. Under my administration's new plan, they would be required to collect that data.

And under the existing law, when facts reveal that mental health care is not being treated on par with physical health care, they would be required by law to fix it. Fix it, fix it, fix it.

And here's something else we're announcing today. When mental—when the Mental Health Parity Act was passed 15 years ago, there was a loophole. Health plans that are offered to State and local government employees did not have to comply with the Mental Health Parity Act. More than 200 health plans nationwide were left out. Now we're making it clear: They have to follow the law as well. They must follow the law as well.

This builds on the work we've done over the past 2 years with the expanded Certified Community Behavioral Health Clinics. And I want to thank Debbie again, who for years worked to get this program up and running. She made sure it was funded in the Bipartisan Safer Communities Act, which I was proud to sign into law, the largest investment in mental health ever, ever, ever, ever. Thank you, Debbie.

These clinics provide a range of services, including crisis support available 24 hours a day and 7 days a week. And they serve anyone who needs care regardless of their ability to pay.

There are now 500 of these clinics in 46 States. We've added more than 140 during my administration. And we're going to keep increasing the number because you need more than the 500.

We've also launched a nationwide crisis hotline: 8—excuse me—9—8—8. Let me say that again: The crisis hotline is 9—8—8, where you can connect with a trained crisis counselor 24 hours a day, 7 days a week. Over 5 million people have called that hotline since I launched it a year ago—5 million. And we say we don't have a problem?

We've invested \$1 billion to help schools hire, train—and train 14,000 new mental health counselors in schools across the country. And we're taking steps to address the harm of social media is doing to our young people. And it is doing harm.

We've got to hold—[*applause*]. We've got to hold these platforms accountable for the national experiment they're conducting on our children for profit.

Later this week, Senators will debate legislation to protect kids' privacy online, which I've been calling for for 2 years. It matters. Pass it, pass it, pass it, pass it, pass it. [*Laughter*] I really mean it. Think about it. Do you ever get a chance to look at what your kids are looking at online?

Folks, the actions we're announcing today represent a real step forward to help millions of people get mental health care they need and their insurance should be—and the insurance should be provided—it should be provided. But there's still so much more to do.

Improving our mental health system means addressing the three C's: coverage, care, and causes. Today, we took a big step on coverage. Now we need to keep expanding care, for example, by increasing access to telemedicine; expanding our mental health workshop—workforce—doctors, therapists, and counselors. Expanding it.

We need to address prevention and the root cause of the pain and trauma that a lot of people are feeling, like loneliness and isolation, social media and online bullying, gun violence.

And there's still—we're still feeling the profound loss of the pandemic. As I mentioned, we have over 100 [1 million; White House correction] people dead. That's 100 [1 million] empty chairs around the kitchen table. Every single loss, there are so many people left behind and broken-hearted.

Folks, this mental health crisis is something we need to face together as a country. We have a moral obligation, in my view, to be there for each other, to reach out—reach to our neighbors in grief and stress and trauma and despair. Reach out to them to offer help or just a listening ear; to have the courage to ask for help when we need it. And it's hard, because we know that even when it feels as dark as it can get, we aren't alone. It's important for people to realize that they're not alone.

That's what I want everyone—that's what I want for everyone in America: not to feel isolated and alone, to know their country has their back and their President has their back.

Let me close with this. Many people will have to seek mental health care at some point in their lives. Whether you're in a red State, a blue State, it doesn't matter.

Mental health care can be life-changing and even lifesaving. For all those brave enough and strong enough to seek help—and I mean that—brave enough and strong enough to seek help, we have to do better. Together, I know we will.

We just have to remember who we are, for God's sake. We're the United States of America. Think—we're the United—there is nothing beyond our capacity—nothing—nothing beyond our capacity when we do it together.

So God bless you all, and may God protect our troops. Thank you so very much.

NOTE: The President spoke at 3:22 p.m. in the East Room at the White House. In his remarks, he referred to Richele Keas, advocate, National Alliance on Mental Illness; Sen. Deborah A. Stabenow; and Acting Secretary of Labor Julie A. Su.

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