Dear Majority Leader McConnell, Speaker Ryan, and Chairmen Hatch and Brady:

On behalf of the Mental Health Liaison Group (MHLG), we are writing to express our opposition of specific provisions within the House and Senate versions of the Tax Cuts and Jobs Act, particularly the provisions repealing the Affordable Care Act’s individual shared responsibility mandate and the House’s provision repealing the medical expense deduction.

The MHLG is a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, payers and other stakeholders committed to strengthening Americans’ access to effective mental health and addiction care. Together, on behalf of the millions of Americans living with mental health and addiction disorders, their families, and communities, we advocate for public policies and funding to improve access to high-quality health care through prevention, early intervention, treatment and recovery services and supports.

As you well know, the maintenance of needed health and mental health care has little meaning without affordable and ready access to the insurance plans providing such coverage, at parity with medical/surgical benefits. This is particularly vital given the opioid addiction epidemic our nation is facing, and the millions of Americans with multiple chronic co-occurring mental health and physical health conditions. However, the elimination of the individual mandate, in combination with the Trump Administration’s recent termination of the cost-sharing reduction payments (CSRs) made to insurers to keep enrollee insurance costs low, will throw the individual insurance market into even greater disarray than it has experienced in the last few years.

As the Congressional Budget Office noted November 8, eliminating the shared responsibility mandate will result in 4 million people dropping their insurance in 2019, and 13 million choosing to go uncovered by 2027, a number that includes 2 million currently covered under employer-sponsored coverage. CBO says the impact on those remaining in the individual health insurance market risk pool—a risk pool likely to include far fewer healthy Americans—will be to increase
average premiums for individual health insurance by 10 percent “in most years of the [2018-2027] decade”. It is worth noting that this projection is artificially low, as CBO acknowledges that the baseline it was using included continued payment of the CSRs.

As a coalition of insurer and health care provider organizations that included America’s Health Insurance Plans, the American Medical Association, and the American Hospital Association noted in their November 14 letter to Congress, “Repealing the individual mandate without a workable alternative will reduce enrollment, further destabilizing an already fragile individual and small group health insurance market on which more than 10 million Americans rely.”

Additionally, we oppose the House provision to repeal the valuable medical expense deduction. The medical expense deduction assists individuals and families with large medical expenses, including treatment for severe mental health and substance use disorder, long term care for special needs children and very expensive drugs for diseases like cancer. Without this deduction that saves families across the nation thousands of dollars, we risk merely shifting the cost back to American families affected by serious mental health and substance use disorders.

We have applauded, and continue to applaud, bipartisan efforts by HELP Committee Chairman Lamar Alexander and HELP Ranking Member Patti Murray, with co-sponsorship by two dozen members of the Senate of both parties, to develop bipartisan solutions to stabilize and improve the health insurance market. We strongly urge you not to take this action to repeal the individual mandate and medical expense deduction, which will serve the opposite purpose of destabilizing the insurance marketplace and increasing costs to families across the nation.

Sincerely,

American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association of Child & Adolescent Psychiatry
American Association on Health and Disability
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit Hyperactivity Disorder
Clinical Social Work Association
Council on Social Work Education
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Global Alliance for Behavioral Health and Social Justice
Legal Action Center
Mental Health America
National Alliance to Advance Adolescent Health
National Alliance to End Homelessness
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Association of State Mental Health Program Directors
National Coalition for Maternal Mental Health
National Council for Behavioral Health
National Disability Rights Network
National Eating Disorders Association
National Federation of Families for Children’s Mental Health
National Health Care for the Homeless Council
National MS Society
National Register of Health Service Psychologists
NHMH - No Health without Mental Health
Residential Eating Disorders Consortium
School Social Work Association of America
Treatment Communities of America