

February 16, 2021

Rochelle P. Walensky, MD
Acting Director
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
395 E Street, SW
Washington, DC 20024

RE: Persons with Severe Mental Illness or Substance Use Disorder Must Be Part of the CDC Phase 1c Cohort/Sending COVID-19 Vaccines Directly to Providers

Dear Dr. Walensky:

We are writing to express our position that individuals with serious mental illness and substance use/opioid use disorder must be included in the U.S. Centers for Disease Control and Prevention's (CDC's) Phase 1c vaccination groups due to the high COVID-19 mortality rates among these patient populations. By excluding individuals with serious behavioral health conditions from Phase 1c prioritization, these persons face increased risk of severe illness or death from COVID-19. **In addition, in view of the public health crisis confronting persons with mental health and addiction treatment disorders, the CDC should take immediate steps to distribute available vaccines directly to outpatient and inpatient behavioral health providers.**

COVID-19 Pandemic Jeopardizes Behavioral Health Patient Populations

Beginning in 2005 a wealth of academic research emerged demonstrating that persons with severe mental illnesses including schizophrenia and bipolar disorder as well as individuals with substance use disorders experience early mortality and high rates of morbidity. Specifically, peer reviewed research documents ten (10) to twenty-five (25) year life expectancy reduction in patients with severe mental disorders. The vast majority of these deaths are due to chronic medical/surgical conditions such as cardiovascular illnesses of all kinds, respiratory diseases, diabetes, and hypertension. Similarly, patients with substance use and opioid use disorder experience shockingly high rates of comorbid blood borne diseases including HIV/AIDS and Hepatitis C.

More recent research clearly shows that coronavirus pandemic has exacerbated these trends. For example, in a cohort study of 7348 adults with laboratory-confirmed COVID-19 in a New York health system after adjusting for demographic and medical risk factors, investigators found that patients who had been diagnosed with schizophrenia were two to three times more likely to die of COVID-19 if they contracted the disease. Moreover, an analysis of electronic medical record (EMR) data from 35 health care organizations representing hospitals, primary care clinics, and specialty treatment providers of 54,529 adult patients (≥ 18 years) diagnosed as having COVID-19 between February 20 and June 30, 2020 found persons with Substance Use Disorder (SUD) had higher rates of hospitalization (2.3X), ventilator use (2.0X), and mortality (1.8X) within 21 days of COVID-19 diagnosis versus non-substance use disorder cohorts. Carefully conducted research also demonstrates that persons with serious behavioral disorders disproportionately reside in high-risk settings where coronavirus is more likely to be transmitted including homeless

shelters and penal facilities/county jails.

Expanding COVID Vaccine Distribution Through Behavioral Health Providers

In our combined view, the CDC has a key role to play in encouraging state health departments to distribute COVID-19 vaccines via outpatient and inpatient behavioral health providers. Particularly for patients with severe mental illnesses and SUDs, their only source of regular contact with the larger health care system is often through their mental health or addiction treatment provider.

In turn, these providers often possess the capacity to store and administer vaccines. For example, among the 3,300 Community Mental Health Centers (CMHCs) and Community Behavioral Health Organizations (CBHOs) across the United States, fully one-third operate onsite pharmacies for purposes of administering both oral and injectable psychotropic medications. Similar capacities exist among inpatient psychiatric hospitals (both public and private) as well as residential treatment centers. As recent article in *Health Affairs* notes: “Certain types of behavioral health providers have the medical staff and some infrastructure to administer vaccines. For example, most inpatient psychiatric facilities administer flu vaccines and could build on that experience to offer COVID-19 vaccines.”

At the same time, outpatient and inpatient mental health and addiction treatment facilities need additional financing in order to help our nation fight the coronavirus pandemic. In the absence of a widely available single dose COVID-19 vaccine, ensuring that people with behavioral health receive two (2) doses of the vaccines currently available will require considerable effort and planning. It is likely that specialized tracking systems will be necessary for these inpatients, often living in unstable housing situations, to ensure that they receive their second vaccine dose. In addition, vaccine education for these patient population populations will be significantly more challenging because severe mental illnesses and many substance use disorders are commonly associated with serious cognitive impairments. On a related note, Section 3035 of the House Energy & Commerce Committee FY 2021 budget reconciliation legislation includes additional funding for testing, contact tracing and mitigation activities in certain settings and the measure specifically makes psychiatric hospitals and residential treatment facilities eligible to participate. The exact same public policy considerations apply to enhancing the capacity of these same providers to actually administer COVID-19 vaccines.

Proposed CDC Action Steps

In order to mitigate the loss of life among persons with serious behavioral health conditions, the CDC should take three (3) key steps. First, as we noted, the agency should include persons with serious mental illnesses and addiction disorders in the Phase 1c priority vaccination group. **Second, the CDC should partner with the Substance Abuse and Mental Health Services Administration (SAMHSA) to directly allocate a limited supply of COVID-19 vaccine to select CMHCs/CBHOs and inpatient psychiatric hospitals as well as outpatient and residential addiction treatment providers. Similar to the vaccine distribution partnership that CDC recently implemented with the Health Resources and Services Administration (HRSA), this initiative will be an incremental effort as more vaccine becomes available and**

will be carried out in coordination with the relevant jurisdictions and behavioral health providers.

Finally, the CDC should issue formal policy encouraging collaboration between state public health officials and state mental health and behavioral agencies to update states' plans to distribute COVID-19 vaccines so that they specifically incorporate behavioral health care populations and service providers.

Thank you for your attention to this important matter.

Sincerely,



Brian Hepburn, MD
Executive Director
NASMHPD



Chuck Ingoglia
President/CEO
National Council



Shawn Coughlin
President/CEO
NABH

Cc: Tom Coderre, Acting Assistant Secretary for Mental Health and Substance Use