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June 30, 2025

The Honorable John Thune  
Majority Leader  
United States Senate  
S-230, The Capitol  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
S-221, The Capitol  
Washington, DC 20510

The Honorable Mike Johnson  
Speaker  
House of Representatives  
H-232, The Capitol  
Washington, DC 20515

The Honorable Hakeem Jeffries  
Minority Leader  
House of Representatives  
H-204, The Capitol  
Washington, DC 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries:

On behalf of Western Governors, we write to express our support for legislation to reauthorize the Radiation Exposure Compensation Act (RECA, Pub. L. 101-426, as amended), which offered compensation to individuals who contracted certain cancers and other serious diseases after exposure to radiation released from above-ground atmospheric nuclear weapons tests or following occupational exposure to radiation while employed in the uranium industry.

The authorization for the Radiation Exposure Compensation Trust Fund, which provides the funding for claims under the Act, expired in June 2024. As a result, affected populations have no recourse to seek compensation for illnesses they have contracted due to nuclear weapons testing and related national security activities conducted by the federal government.

From 1945 to 1992, the United States conducted over 1,000 nuclear weapons tests, nearly 200 of which were atmospheric tests. Most of these tests were conducted in western states or the Pacific islands. Sites for such testing included Alaska, Colorado, Nevada, New Mexico, Guam, and the Northern Mariana Islands. The uranium ore mining and milling activities that provided the feedstock for these weapons tests and the nation's nuclear weapons arsenal also occurred primarily in the American West.

The residents of western states and U.S. territories were primarily affected by these national security activities. These individuals include uranium miners and mill workers, uranium ore transporters, and the general public. Congress passed RECA in recognition of their exposure to deadly risks to advance our national security. The statute compensates members of the general public, known as "downwinders," who suffered exposure to the fallout from the atmospheric testing of nuclear weapons. It also compensates uranium mine and mill workers and ore transporters for certain illnesses contracted as a result of their employment in support of our national security.

Western Governors also support the goals of recent congressional legislation to not only reauthorize RECA, but to recognize the broader scope of populations and activities negatively affected by the nuclear weapons program. We support expanding the definition of "affected area" for downwind states to include Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and

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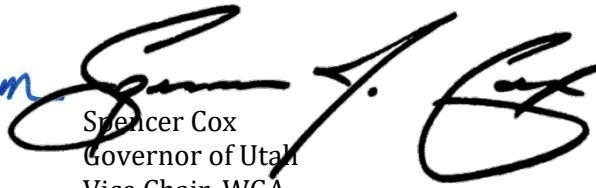
Guam, all of which have been shown to have been affected by downwind contamination. We also support additional provisions to address the radiation exposures of the uranium mine and mill employees who worked to advance our national security.

As articulated in WGA Policy Resolution 2025-05, Physical and Behavioral Health Care in Western States (attached), Western Governors support maintaining and funding RECA and the Energy Employees Occupational Illness Compensation Program, expanding them to more accurately include the affected populations of downwind states and defense production workers, and extending them to ensure that individuals receive compensation for the effects of these national security radiation exposures. We hope you will contact us if we can be of assistance in accomplishing these objectives.

Sincerely,



Michelle Lujan Grisham  
Governor of New Mexico  
Chair, WGA



Spencer Cox  
Governor of Utah  
Vice Chair, WGA

Attachment



## Policy Resolution 2025-05

### Physical and Behavioral Health Care in Western States

#### A. **BACKGROUND**

Ensuring access to high-quality, affordable health care is critical to enhancing the quality of life in western states for our growing populations and serves as a foundation for building and maintaining healthy, vibrant communities and robust economies. However, western states face unique health care challenges, many of which have been compounded by the COVID-19 pandemic. The West experiences a high prevalence of behavioral health conditions compared to other regions, with rates increasing at an alarming pace in recent years, particularly among young adults. The fourteen states with the highest suicide rates in the country are in our footprint. Overdose deaths are down nationally, but on the rise in many western states. Low population densities and the vast distances between population centers in the West pose distinct barriers to care, making it difficult for providers to establish economically sustainable health care practices. Factors such as acute provider shortages, especially in rural and underserved areas, and limited access to broadband and telehealth services have further hindered the ability to provide comprehensive care to western residents.

#### B. **GOVERNORS' POLICY STATEMENT**

1. Western Governors envision a health care system in which everyone has equal access to quality health care services. Federal efforts to address health care workforce and access needs should reflect early, meaningful, and substantive input from Governors, who are best positioned to assess the needs of their states and territories and help develop solutions to meet these needs. State-federal collaboration and coordination are integral to addressing these health care challenges. Wherever possible, and where appropriate, the federal government should respect state and territorial authority and maximize flexibility granted to states and Governors.
2. Western Governors believe patients should have the same access to behavioral health care as they have for physical health care, including prevention and early intervention services and supports for chronic conditions like mental illness.
3. Western Governors support efforts to improve the quality and quantity of behavioral health services and supports available to our residents, as these services and supports are essential to reducing suicide rates and treating a range of behavioral health conditions, including mental illness and substance use disorders (SUDs).
4. Western Governors recognize and support efforts at the federal, state, and local levels to promote the integration of physical and behavioral health services. The Governors encourage Congress to adopt legislation and the Administration to implement policies that support states' integration efforts and encourage health care providers to better integrate behavioral and physical health into their practice of care.

5. Despite efforts by Western Governors to address the shortage of qualified health care workers, significant challenges remain. Governors urge the federal government to examine and implement programs to ensure states have an adequate health care workforce – including in primary care, maternal health, behavioral health, and oral health, as well as other in-demand specialties – that is prepared to serve diverse populations in urban, suburban, and rural communities. For example, the federal government should consider expanding the availability of visas for foreign health care workers and increasing funding for programs that incentivize health care workers practicing in high-need areas. Additionally, the federal government should consider funding new types of personnel, such as community health workers or promotores, to further extend the health care team and ensure that patients are connected to resources. Understanding that there remain significant disparities in access and treatment for many populations, the Governors support efforts to increase diversity and representation in the health care workforce to improve health outcomes for all.
6. Western Governors also support innovation within the behavioral health workforce to create new classifications and address gaps in the continuum of care professionals.
7. Rural and frontier communities in the West face unique challenges in accessing the full range of health care services. Western Governors urge the federal government to consider payment models that recognize the critical role of community health centers and other rural health care providers and their position as the only access point for health care services in many areas. In addition, Western Governors urge the Centers for Medicare and Medicaid Services (CMS) to adjust Medicare reimbursement rates to support the viability of rural Emergency Medical Services (EMS) and more accurately reflect the ways in which personnel provide care in these communities, including by offering coverage for code A0998, Ambulance Response and Treatment, No Transport, and making community paramedicine eligible for reimbursement under code 99600. These changes would allow EMS personnel to treat patients on site and provide critical health care services while they wait to respond to emergencies.
8. Western Governors recognize the critical role of the Indian Health Service (IHS) in providing health care services to tribal nations across the West and urge Congress to continue to appropriate advance funding for IHS to avoid the undue hardship associated with lapses in federal funding. Western Governors believe additional support for IHS is needed to combat the opioid crisis, which disproportionately affects tribal nations. We request adequate resources for treatment and behavioral health centers to help stop opioid related deaths, including support for tribal law enforcement efforts to combat drug related offenses.
9. The federal government should work with states and territories to facilitate the deployment of broadband to underserved and rural areas, recognizing that adequate broadband access has a direct correlation to rural populations' ability to access telehealth and telemedicine.
10. Western Governors urge the federal government to make permanent certain waivers and authorizations granted during the COVID-19 public health crisis to provide flexibility and increase access to telehealth and remote monitoring. We propose actions to create an environment conducive to the expansion of telehealth beyond the pandemic, including but not limited to permanently changing provisions of 42 CFR and Section 1834(m) of the Social Security Act (SSA) such as:

- a. Waiving interactive telecommunications systems requirements and permitting audio-only visits for certain services (42 CFR 410.78(a)(3));
- b. Increasing flexibility in the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site, which expands the type of practitioner that can provide services through telehealth and allows all practitioners eligible to bill Medicare for services to deliver those services via telehealth (Section 1834(m)(4)(E) of the SSA);
- c. Making Federally Qualified Health Centers and Rural Health Clinics qualified distant site providers of telehealth services for services beyond behavioral health, when appropriate (1834(m) of the SSA);
- d. Granting clinicians the ability to provide remote patient monitoring services to new and established patients for both acute and chronic disease management and for patients with only one disease condition (1834(m) of the SSA);
- e. Eliminating originating site requirements to allow patients to take visits from their homes for services beyond behavioral health (42 CFR 409.46(e)); and
- f. Expanding geographies to include all counties, not just those located outside metropolitan statistical areas or in health professional shortage areas, for services beyond behavioral health (1834(m) of the SSA).

Any changes to federal telehealth policy should ensure that patient needs are at the center of those changes. Any changes should also ensure that patient choice to receive in-person services is preserved and only clinically appropriate services are provided via telehealth.

- 11. Western Governors acknowledge the importance of improving our nation's public health preparedness and response systems. The federal government must examine the lessons learned from COVID-19 in collaboration with states and territories, and ensure that we have the capability and necessary public health infrastructure investment to effectively confront future public health challenges. We recommend that the federal government clarify pandemic response roles and build operational capacity within the appropriate health-related agencies. The federal government should also consider how to expand our international health surveillance and public health threat detection mechanisms.
- 12. Western Governors recognize the role that social determinants of health (SDOH) have on the health outcomes and well-being of our citizens, and the effect that social determinants – including economic stability, education, social and community context, and neighborhood and built environment – have on an individual's health status. Western Governors support efforts to identify risks facing high utilizers of health care services, including food insecurity, domestic violence risk, unmet transportation needs, lack of housing and housing instability, utility, and other essential supports and services, and to develop innovative models designed to improve coordination of medical and non-medical services and use of evidence-based interventions. These models can provide valuable information on how meeting non-health needs and addressing other social determinants can improve overall health status and decrease health spending.

13. Western Governors encourage Congress to adopt legislation that would empower states and local governments to address persistent economic and social conditions – like limited access to health care providers, stable housing, reliable transportation, healthy foods, and high-quality education – that often hinder health outcomes. Such legislation would assist states and territories in developing plans to target social determinants that negatively affect health outcomes for western populations.
14. Western Governors recognize that the United States has higher infant and maternal mortality compared to other high-income countries. While western states and territories are taking steps to reduce these rates, we urge the federal government to consider additional steps in collaboration with state efforts to improve maternal health outcomes. The closure of birthing hospitals in both urban and rural areas, limited access to prenatal and postnatal health care services, including home visiting programs and related support structures, and supportive medical services addressing medical and behavioral issues should be considered in efforts to reduce infant and maternal mortality rates.
15. Western states have implemented a wide range of innovative health care interventions through Medicaid waivers offered under Section 1115 of the Social Security Act. For example, some states are enrolling individuals in Medicaid prior to their release from prison to prevent disruptions in behavioral health treatment, promote successful reentry, and reduce recidivism. Others are expanding access to supportive housing with coordinated health and social services to better support and sustain recovery for individuals with behavioral health conditions. Western Governors support these and other state-led approaches to solving systemic health care challenges and urge CMS to review and approve state 1115 waivers swiftly. Further, Western Governors urge Congress to provide the resources needed to support prompt approval of state plans while considering scaling up state proposals that are found to be effective.
16. The 988 Suicide and Crisis Lifeline, which was implemented in 2022, offers 24/7 call, text, and chat access to crisis counselors by connecting callers to a network of over 200 state- and local-funded crisis contact centers. Western Governors recognize that 988 is a critical aspect of a broader crisis care system that must have the capacity to prevent, recognize, respond, de-escalate, and follow up from crises across a continuum, from crisis planning to early stages of support and respite, crisis stabilization and intervention, and post-crisis follow-up and support for individuals and their families. As Western Governors continue strengthening 988 and the crisis care systems across our states, we request sustained funding from Congress for these efforts.
17. Western Governors urge the federal government to recognize the importance of school-based mental health services in allowing youth to learn problem-solving and coping skills, engage and connect with peers and others in their community, and be successful in school. CMS has provided federal guidance on ways in which states can elevate and encourage the expansion of school health services; however, without additional funding to support such recommendations, many schools, particularly those in rural and frontier areas, are challenged to implement these practices due to a lack of resources to invest in workforce, behavioral health services, and telehealth infrastructure.
18. Western Governors urge the federal government to develop an evidence-based, culturally competent national education and awareness campaign to reduce the stigma associated with mental health and SUDs and encourage individuals to seek help for these health conditions.

19. Western Governors believe the federal government should work toward treating addiction as a chronic illness and work with Western Governors to develop strategies for addressing SUD that work in concert with state and territorial efforts and recognize regional variations in SUD patterns.
20. Many barriers still exist for people to receive medications for opioid use disorder (MOUD) and lifesaving interventions. Western Governors support legislative action to increase access to MOUD for patients with SUD. Western Governors also request that the Drug Enforcement Administration (DEA) allow buprenorphine to be dispensed in the field by appropriately licensed and DEA-registered practitioners.
21. Western Governors support legislation to address the so-called Institutions for Mental Diseases (IMD) exclusion to improve access to SUD treatment and recovery services at residential and inpatient facilities with more than 16 beds, as well as to the full continuum of community-based behavioral health care. While changes made in the 2024 Consolidated Appropriations Act (Pub. L. 118-42) are a significant step forward, states still face barriers to providing appropriate treatment in residential and inpatient settings. Until a robust legislative solution is enacted, the federal government should continue working with states to provide IMD waivers that offer important flexibility and improve access to treatment for patients with SUD. Implementation of these waivers must also occur in connection with the expansion and maintenance of the community-based continuum of behavioral health care to ensure individuals receive services at the lowest level of clinically appropriate care.
22. Continued support and investment for the Office of the National Coordinator for Health Information Technology (ONC) and Centers for Disease Control and Prevention (CDC) data modernization efforts will allow western states and territories to update and maintain their data systems, leading to a better understanding of health concerns affecting communities. Federal support for these programs should include sustainable, ongoing funding to states that is flexible to allow for new initiatives and to support ongoing operations of existing work supporting data modernization efforts. ONC and CDC should provide frameworks to ensure consistency of data collected across states and territories for ease of monitoring and partnership across jurisdictions.
23. The exchange of health information is fragmented and often does not occur, limiting the ability of a provider or team of providers to understand the complete needs of a patient and provide whole-of-person care. Western Governors believe the federal government should take steps to support and help sustain states' administration of Prescription Drug Monitoring Programs (PDMPs) and ensure that electronic health records and PDMPs are fully interoperable between states and the federal government, accessible to relevant health care providers, including opioid treatment providers, and include adequate protections for patients from stigmatization and discrimination.
24. Congress passed the Radiation Exposure Compensation Act and the Energy Employees Occupational Illness Compensation Program Act to compensate individuals who contracted certain cancers and other diseases following radiation exposures due to nuclear weapons testing and production activities. Western Governors support maintaining and funding these programs, expanding them to more accurately include the affected populations of downwind states and defense production workers, and extending them to ensure that

individuals receive compensation for the effects of these national security radiation exposures.

**C. GOVERNORS' MANAGEMENT DIRECTIVE**

1. The Governors direct WGA staff to work with congressional committees of jurisdiction, the Executive Branch, and other entities, where appropriate, to achieve the objectives of this resolution.
2. Furthermore, the Governors direct WGA staff to consult with the Staff Advisory Council regarding its efforts to realize the objectives of this resolution and to keep the Governors apprised of its progress in this regard.

*This resolution will expire in December 2027. Western Governors enact new policy resolutions and amend existing resolutions on a semiannual basis. Please consult <http://www.westgov.org/resolutions> for the most current copy of a resolution and a list of all current WGA policy resolutions.*