

September 1, 2022

The Honorable Patty Murray  
Chair, Senate Committee on Health,  
Education,  
Labor & Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member, Senate Committee on  
Health,  
Education, Labor & Pensions  
430 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr,

The HR Policy Association and the American Health Policy Institute applaud your leadership on reauthorizing crucial programs and policies which improve patient access to mental health and substance use disorder services. We write to urge you to include funding for care models which integrate primary and behavioral health care. Specifically, we recommend the inclusion of bipartisan language found in Title III, Subtitle A, Section 301 of H.R. 7666 that provides grants to primary care to implement the collaborative care model (CoCM) and passed the House by a vote of 402 to 20.

The HR Policy Association is the leading organization representing the chief human resource officers of over 400 of the largest employers in the United States. Collectively, their companies provide health care coverage to over 21 million employees and dependents in the United States. The American Health Policy Institute, which was created by the Association, serves to examine the challenges employers face in providing health care to their employees and recommends policy solutions to promote the provision of affordable, high-quality, employer-based health care.

Behavioral health conditions often initially appear in a primary care setting and primary care clinicians provide mental health and substance use care to most people with behavioral disorders, as well as prescribe the majority of psychotropic medications. An integrative model that joins behavioral health and primary care would significantly improve behavioral health services, reduce the burden of other illness, lower medical costs, and reduce disparities in the identification and effectiveness of treatment for behavioral health issues.

Another challenge for addressing mental health conditions is stigma. The stigma surrounding mental health and substance use disorders results in patients not seeking treatment and even when they do, it can be difficult to find a provider in a timely manner. The collaborative care model provides a strong building block to address these problems by ensuring that patients can receive expeditious behavioral health treatment within the office of their primary care physician. Importantly, the team members also use measurement-based care to ensure that patients are progressing, and when they are not, treatment is adjusted.

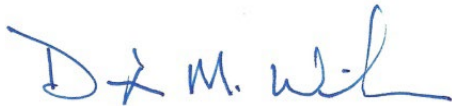
In addition to increasing access, the collaborative care model has tremendous cost savings potential. For example, cost/benefit analysis demonstrates that this model has a 12:1 benefit to cost ratio for the treatment of depression in adults.<sup>1</sup> Furthermore, the model greatly increases the number of patients being treated for mental health and substance use disorders when compared to traditional 1:1 treatment. Lastly but no less important, the model has been shown to increase physician and patient satisfaction and reduce stress among primary care physicians.

Despite its strong evidence base and availability of reimbursement, uptake of the collaborative care model by primary care physicians and practices remains low due to the up-front costs associated with implementing the model. Additionally, many primary care physicians and practices may be interested in adopting CoCM and other models but are unsure of next steps. CoCM is currently the only evidence-based integrated care model currently reimbursable in primary care. The model has been covered by Medicare since 2017 and is currently used by many commercial and some Medicaid payers. However, the startup costs create a barrier to primary care practices adopting these models, which is why grants and technical assistance are needed for primary care to increase uptake of this proven form of integrated care.

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We urge the Committee to include grants to specifically implement the CoCM and other integrated models, which will provide immediate relief to the mental health workforce and increase access for needed mental health and substance use disorder services as we continue to confront a mental health crisis.

Sincerely,



D. Mark Wilson  
President and CEO, American Health Policy Institute  
Vice President, Health & Employment Policy  
HR Policy Association



Margaret Faso  
Director, Health Care Research and Policy  
HR Policy Association, American Health Policy Institute

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<sup>1</sup> Washington State Institute for Public Policy Benefit-Cost Results for Adult Mental Health. Retrieved from: <https://www.wsipp.wa.gov/BenefitCost?topicId=8>.