

June 15, 2021

STATEMENT FOR THE U.S. SENATE, FINANCE COMMITTEE HEARING ON
“MENTAL HEALTH CARE IN AMERICA: ADDRESSING ROOT CAUSES AND
IDENTIFYING POLICY SOLUTIONS”

JUNE 15, 2021

The HR Policy Association, the American Health Policy Institute, and the National Alliance of Healthcare Purchaser Coalitions appreciate the Committee holding this important hearing on behavioral and mental health care issues.

The HR Policy Association is the leading organization representing chief human resource officers of over 390 of the largest employers in the United States. Collectively, their companies provide health care coverage to over 20 million employees and dependents in the United States. The American Health Policy Institute, a part of HR Policy Association, examines the challenges employers face in providing health care to their employees and recommends policy solutions to promote affordable, high-quality, employer-based health care. The Institute serves to provide thought leadership grounded in the practical experience of America’s largest employers.

The National Alliance of Healthcare Purchaser Coalitions (National Alliance) is the only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and health care value across the country. Its members represent private and public sector, nonprofit, and Taft-Hartley organizations, and more than 45 million Americans, spending \$300 billion annually on healthcare.

The National Alliance, HR Policy Association and the American Health Policy Institute are also part of [The Path Forward](#) initiative to execute a disciplined, private sector approach to systematically and measurably improve five established best practices of mental health and substance use care.

Congress should enact the below policy recommendations to improve access to behavioral and mental health care services.

Collaborative Care Model (CoCM)

While employer health plans and Medicare reimburse providers in collaborative care practices, behavioral health is not broadly integrated with primary care. Because behavioral health conditions often initially present themselves in primary care settings, this lack of integration leaves patients with undiagnosed or poorly managed behavioral health conditions. Increasing the number of collaborative care practices would improve access to behavioral health services, increase the effectiveness of treatment, and reduce disparities in identification of behavioral health issues. Over 70 randomized controlled trials have demonstrated collaborative care models are more effective and cost efficient than usual care.¹

¹ https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf.

Policy Recommendations

1. Allocate funds to support a change effort to provide technical assistance, training and startup funds to allow for large scale adoption for collaborative care across the country. Collaborative care can be delivered virtually or by in person care managers meaning this model can deliver to large medical groups or small and rural primary care practices.
2. CMS should establish a national Technical Assistance (TA) center and regional extension centers to assist primary care practices in implementing the CoCM.
3. Incentivize behavioral health care providers to adopt electronic health record technology that is interoperable with general health care providers into their practices.
4. Expand research on promising integrated care models.

TeleBehavioral Healthcare (TBH)

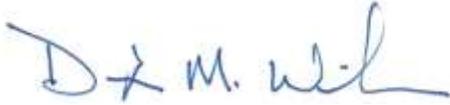
Background – During the COVID-19 pandemic, Medicare rules related to TBH have been liberalized resulting in an exponential growth in the use of TBH, including enabling cross-state care which has been critical to underserved areas and rural communities. However, the requirements for employer health plans around how TBH is provided and reimbursed remain far too restrictive and result in access and quality disparities. TBH has the potential to overcome patient stigma and improve access and efficiency of care for BH services. We know that since the COVID-19 public health emergency, there has been a significant increase in patients keeping their appointments. In general, when patients keep their first appointment, they are more likely to keep subsequent appointments; and when patients are satisfied with treatment, they are more likely to continue with their course of therapy. Research also suggests that TBH results in better medication compliance, fewer visits to the emergency department, fewer patient admissions to inpatient units, and fewer subsequent readmissions. However, many older adults and people with disabilities, lack access to video-enabled devices or struggle to use the more complex video-enabled devices even if they have them. Likewise, many in racial/ethnic and low- income communities lack access to broadband or video-enabled devices, which only expands the health inequities in the US.

Policy Recommendations

1. Eliminate cross-state border restrictions on TBH on a permanent basis for Medicare, employer and commercial plans. Licensing requirements should be based on the location of the provider not the patient.
2. Enable patient access to TBH without having the first provider appointment be in person.
3. Make permanent the allowance of first-dollar coverage of telehealth in high deductible health plans. Specifically, Congress should pass the Telehealth Expansion Act of 2021 (S. 1704).
4. Allow employers to offer standalone "excepted benefit" telehealth benefits.
5. Adopt technology-neutral requirements, permitting use of different types of technology platforms for telehealth services.
6. Establish a uniform set of rules for multi-state telehealth benefit plans to eliminate state restrictions that block patients from telehealth benefits.

The HR Policy Association, the American Health Policy Institute, and the National Alliance welcome any opportunity to provide input and speak in further detail about improving access to behavioral and mental health care services. We look forward to working with you on this important topic.

Sincerely,



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