



December 8, 2022

The Honorable Ron Wyden
Chair, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Debbie Stabenow
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Catherine Cortez Masto
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Committee on
Finance
U.S. Senate
Washington, DC 20510

The Honorable John Cornyn
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Steve Daines
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Cortez Masto, Senator Cornyn, Senator Stabenow and Senator Daines:

On behalf of the Primary Care Collaborative (PCC) and PCC's Better Health – NOW campaign, we applaud your continuing efforts to enact strong mental health legislation this Congress and offer our support for key provisions of the discussion drafts of the Behavioral Health Workforce of the Future Act released on September 22, 2022 and the Mental Health Care Integration and Crisis Care Improvement Act released on November 10, 2022. Together with reforms in previously released Telemental Health Access Act draft, these policies can help primary care practices deliver the whole-person integrated care that America needs to weather the ongoing crises in mental and behavioral health.

PCC is a nonprofit, nonpartisan multi-stakeholder coalition of 70 organizational [Executive Members](#) ranging from clinicians and patient advocates to employer groups and health plans. PCC's members share a commitment to an equitable, high value health care system with primary care at its base: care that emphasizes comprehensiveness, longitudinal relationships, and “upstream” drivers for a better patient experience and better health outcomes. (See the [Shared Principles of Primary Care](#)). In March 2022, PCC launched the Better Health – NOW (BHN) campaign to realize bold policy change rooted in a simple principle: We need strong primary care in every community so we can achieve better health for all.

In the U.S. today, the specialty behavioral health delivery system is overwhelmed by increasing suicide rates,¹ accelerating rates of substance use disorder deaths², and a tripling in the prevalence of depressive symptoms since the beginning of the pandemic.³ Moreover, noted disparities in mental health by age, rurality, and economic circumstances exist alongside other alarming trends by racial/ethnic group. In 2019, suicide was the second leading cause of death for Black individuals aged 14-24.⁴ Contributing factors to suicide among Blacks may include untreated mental illness and continued exposure to violent crime, violence, and accumulated trauma.^{5 6} Suicide rates are higher for American Indian/Alaska Native populations compared to other racial groups, and those rates have increased since 2010.⁷ In another dimension of the crisis, age-adjusted rates of drug-induced deaths among the Black population not only matched but exceeded rates among the white population in 2019, after a decade in which those rates had been largely lower than whites.⁸

Leveraging team-based primary care that includes behavioral health integration is fundamental to addressing today's mental health and addiction crises and the nation's future health. Today, more mental health care is rendered in the primary care setting than anywhere else, including the mental health care sector, continuing a trend that has existed for four decades.

Therefore, we applaud the Finance Committee's bipartisan work toward a comprehensive response to America's behavioral health crises and support the provisions identified below.

The Mental Health Care Integration and Crisis Care Improvement Act

Whole person primary care, including integrated behavioral health, is a key part of confronting the prevalence of poor mental health and the persistent gaps in behavioral

¹ Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2019. NCHS Data Brief, no 398. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:101761>.

² Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2019. NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020.

³ Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Netw Open*. 2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686

⁴ Department of Health and Human Services, Office of Minority Health, website. Accessed on December 5th, 2022. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>

⁵ Hoskin, M. N. Why Are More Black Americans Committing Suicide? *Forbes*. May 27, 2022 <https://www.forbes.com/sites/maiahoskin/2022/05/27/why-are-more-black-americans-committing-suicide/?sh=48ad79341224>

⁶ American Academy of Child and Adolescent Psychiatry, AACAP Policy Statement on Increased Suicide Among Black Youth in the U.S., 2022. https://www.aacap.org/aacap/Policy_Statements/2022/AACAP_Policy_Statement_Increased_Suicide_Among_Black_Youth_US.aspx

⁷ Suicide Prevention Resource Center, website, Accessed on December 5, 2022.

<https://sprc.org/scope/racial-ethnic-disparities/american-indian-alaska-native-populations>

⁸ Pain in the Nation: Alcohol, Drug and Suicide Epidemics. Trust for America's Health and Well-Being Trust. May 2021. https://www.tfah.org/wp-content/uploads/2021/05/2021_PainInTheNation_Fnl.pdf

health outcomes observed among both adults and children. At present, evidence supports multiple integrated behavioral health delivery models in primary care, including the collaborative care model and the primary care behavioral health model.^{9,10} To maximize the number of patients that can benefit from integrated care across diverse practice settings and communities, primary care payment options must be available to support a variety of evidence-based models of integration.

This discussion draft takes important steps to incorporate primary care-behavioral health integration into CMS’ work to advance alternative payment models. Section 12 adds behavioral health integration models to the list of payment approaches to be considered by the CMS Innovation Center. **Section 21** requires CMS to publish guidance describing how state Medicaid and CHIP programs can leverage value-based payment arrangements to support integration. **Section 22** requires similar guidance on the integration of social supports and services.

At the same time, the draft legislation addresses current barriers to integration, including inadequate payment rates for integrated behavioral health and limited awareness of the options available to practices. Under **Section 11**, CMS would issue guidance for best practices on integrating behavioral health care into the primary care setting. **Section 12** assures peer support specialists are eligible to assist in integrated services as part of a broader care team. This legislative step builds on CMS’ regulatory changes allowing behavioral health clinicians, such as licensed professional counselors, marriage and family therapists and peer support specialists to offer services under general (rather than direct) supervision of the Medicare practitioner. **Section 15** of the discussion draft would increase Medicare payment for behavioral health integration for three years to defray a portion of the startup costs associated with implementing integration.

The Behavioral Health Workforce of the Future Act

The need for mental health and addiction services has grown significantly since the advent of the COVID-19 pandemic, – while the primary care and behavioral health workforces have faced remarkable strain. Even prior to the pandemic, the Health Resources and Services Administration projected gaps between the nationwide supply of and demand for both primary care clinicians and certain behavioral health professionals.^{11,12} **The PCC/BHN campaign applauds this draft legislation, for supporting robust, interprofessional primary care teams that can deliver whole person care in a cost-effective manner – for all communities.** In

⁹ Dissemination of Integrated Care Within Adult Primary Care Settings: The Collaborative Care Model. American Psychiatric Association. 2016.

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

¹⁰ Kearney, L. K., Post, E. P., Pomerantz, A. S., & Zeiss, A. M. (2014). Applying the interprofessional patient aligned care team in the Department of Veterans Affairs: Transforming primary care. *American Psychologist*, 69, 399–408. <http://dx.doi.org/10.1037/a0035909>

¹¹ Health Resources & Services Administration. (n.d.). *Primary Care Practitioners Workforce Projections*. HRSA | Bureau of Health Workforce. Retrieved from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-care-practitioners>

¹² Health Resources & Services Administration. (n.d.). *Behavioral Health Workforce Projections*. HRSA | Bureau of Health Workforce. Retrieved from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>

particular, new investments should focus on supporting primary care homes in implementing evidence-base models of behavioral health including the Collaborative Care Model and the Primary Care Behavioral Health model.

In the Medicare program, the workforce discussion draft's **Section 13** would increase the size of the bonus from 10% to 15% for mental health and substance use disorder services and make the bonus available to other eligible practitioners in mental health workforce shortage designations.

In Medicaid, enhanced reimbursement is sorely needed to support primary care practices and mental health providers currently engaged in the Medicaid program and to show potential participants an appropriate and consistent financing stream for the delivery of mental health and addiction care. **Section 21** of the draft would enable any state to access a special 18-month planning grant followed by a three-year demonstration program designed to bolster reimbursement and workforce for mental health. Under authority granted by Section 1003 of the SUPPORT Act, states and CMS have worked together to increase capacity to deliver substance use disorder services. Section 21 would leverage a similar model to strengthen overall behavioral health capacity, including in the primary care sector.

PCC and our Better – NOW campaign participants support the provisions discussed above. We commend the Committee for its bipartisan work so far, and we stand ready to work with you to enact the strongest possible legislation before the 117th Congress adjourns. Please contact PCC's Director of Policy, Larry McNeely (lmcneely@thepcc.org) with any questions or to discuss further

Sincerely,



Ann Greiner
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