



No Health without Mental Health
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June 4, 2019

The Honorable Lamar Alexander
Chairman
Committee on HELP
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Committee on HELP
Washington, D.C. 20510

Re: The Lower Health Care Costs Act of 2019 - Comments

Dear Senators Alexander and Murray,

Our member organizations, NHMH, NACBHDD, NARMH and AAHD, signed below, respectfully request that you add the subject of bi-directional medical and behavioral health services integration to the subjects covered in the above-referenced bill.

NHMH – No Health without Mental Health, www.nhnh.org, is a 501(c)(3) mental health advocacy nonprofit formed in 2007 with offices in San Francisco, CA and Arlington, Virginia. We have a focused mission to make effective behavioral health (BH) services widely available in medical settings (and medical services in specialty BH settings).

Currently, this is not happening because our U.S. health system separates physical care delivery, payment, and provider networks from behavioral care delivery care delivery, payment and networks. This is an outdated approach that ignores the fact that most medical and behavioral conditions are inextricably inter-twined and need to be treated together in a coordinated fashion. Treatment of both types of conditions simultaneously leads not only to better control of e.g. depression, diabetes, and heart disease, but is also associated with health costs savings. (See Milliman Reports, 2014, 2018).

The undersigned organizations have reviewed the above bill's May 23, 2019 draft, and we find the issue of behavioral health – medical health integration is totally missing from the draft. Sections 404 and 410 only indirectly reference integrated care and in neither is the term defined.

The fields of science and medicine as well as HHS/AHRQ define integrated care as: Tightly integrated, on-site teamwork among medical and behavioral providers, with a unified care plan as a standard approach to care for designated populations.

Integrating behavioral health care into primary health care works well if it is done right. The Committee should focus its efforts on providing the supports and incentives needed to facilitate the widespread implementation among diverse U.S. practices of evidence-based integrated care programs.

Further, draft Sec. 410 references services for pregnant postpartum women. You should know that depression is one of the most common problems pregnant women face and many seek care in women's clinic settings. Yet OB-GYN doctors often have less training in diagnosis and management of depression than do other PCPs. OB-GYNs also perceive significant barriers to screening and treating depression, including inadequate training and lack of resources for follow-up mental health care. Yet, integrating BH

into OB settings has been found to significantly improve quality of depression care and depression outcomes. (See work of Drs. Wayne Katon, Susan Reed, summarized in Psychiatric New, July 24, 2014).

NHMH, NACBHDD, NARMH and AAHD are pleased to work with the HELP Committee to provide further supplemental information on the health-improving, cost-saving, issue of integration of medical and behavioral health care services.

Thank you in advance for your kind consideration of these comments on the above-reference bill draft.

Respectfully submitted,

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NACBHDD – National Assn of County Behavioral Health & Developmental Disability Directors

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