AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

NHMH.org
No Health without Mental Health

May 11, 2022

The Honorable Anna Eshoo
Chair
Subcommittee on Health
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
House Energy & Commerce Committee
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chair Eshoo and Ranking Member Guthrie:

On behalf of the undersigned behavioral health care consumer and provider organizations, we are writing to share concerns regarding Section 301 of the "Restoring Hope for Mental Health and Well-Being Act" (H.R. 7666), to be considered today by the Health Subcommittee.

In the midst of an unprecedented mental and behavioral health crisis, it is imperative that Congress take an "all hands on deck" approach to developing policies to expand access to care. The majority of patients with behavioral health needs receive care for their behavioral health condition in primary care settings rather than in specialty care, making primary care practices a critically important engagement point for improving the identification and treatment of patients with such needs.

While there are two well established models of integrated care—the Collaborative Care Model (CoCM) and the Primary Care Behavioral Health Model (PCBH)—Sec. 301 of the 'Restoring Hope' legislation authorizes direct grants to primary care practices only for one. As defined in the legislation, the CoCM model requires the participation of psychiatrists at a time when psychiatrists are in exceedingly short supply, particularly among underserved populations such as communities of color and rural areas.

An estimated 55% of the psychiatrist workforce will retire within the next ten years, and the shortage of child and adolescent psychiatrists is especially dire, with only an estimated one-fourth of needed supply available. Roughly 70% of rural counties are without a single psychiatrist, and requiring primary care providers to find and contract with a psychiatrist in order to gain direct help in implementing integrated care will in many cases prove to be an insurmountable barrier. Our organizations support the collaborative care model and its broader adoption by primary care practices, but caution against relying on this model to effectively increase access to behavioral health services in primary care settings.

Years of research and clinical experience have demonstrated the effectiveness of the PCBH model, which is used by the Veterans Health Administration, Kaiser Permanente, Cherokee Health Systems, Southcentral Foundation/Nuka Health System, and other health systems and practices across the country. The PCBH model consists of a primary care provider and behavioral health specialist working together as a team, using structured case management,

regular assessments of clinical status, and modification of treatment to address the behavioral health needs of the patient population.

In the PCBH model the lead behavioral health specialist for the care team works in the primary care practice the majority of the time. At your subcommittee's April 5th hearing, the American Academy of Pediatrics testified that the co-location of mental health providers in primary care is considered "the gold standard of care", as it allows 'warm handoffs' between primary and behavioral health providers, brief on-site interventions, and more effective referrals to mental health when needed.

We encourage the committee to provide direct support to primary care practices for implementing not only the collaborative care model, but also the primary care behavioral health model and other evidence-based models of integrated care. The Primary Care Collaborative (PCC) is a multi-stakeholder coalition of more than 60 organizations representing clinicians, patient advocates, employer groups, and health plans. As PCC stated in a February 15th letter to the Senate Finance Committee, "evidence supports multiple integrated behavioral health delivery models in primary care, including the collaborative care model and the primary care behavioral health model."[1] Similarly, in testimony before the Senate Finance Committee on March 30th the Meadows Mental Health Policy Institute urged enactment of legislation (H.R. 5218) supporting primary care providers in implementing the collaborative care model, but also broadening it to cover models such as the primary care behavioral health model.

Primary care practices vary widely in their resources, the treatment needs of the populations they serve, and the makeup of the healthcare provider workforce in their community and state. Consequently, we believe it is vitally important that primary care providers be able to select the evidence-based integrated care approach that best fits their needs.

In this time of crisis, we urge the committee to take action to provide the widest possible support for evidence-based behavioral health integration in primary care.

Sincerely,

American Psychological Association
NHMH - No Health Without Mental Health
American Association on Health & Disability
Lakeshore Foundation

[1] https://www.pcpcc.org/resource/pcc-submits-statement-senate-finance-hearing-protecting-youth-mental-health-part-ii