

November 9, 2022

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

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

The Honorable Catherine Cortez Masto  
313 Hart Senate Office Building  
Washington, DC 20510

The Honorable John Cornyn  
517 Hart Senate Office Building  
Washington, DC 20510

Dear Chair Wyden, Ranking Member Crapo, and Task Force Co-Chairs Senators Cortez Masto and Cornyn:

On behalf of the undersigned members of the Mental Health Liaison Group (MHLG) Peer Support Working Group, we are writing to express our gratitude and provide some recommendations regarding the Senate Finance Committee Task Force on Integration, Coordination, and Access to Care discussion draft. Our members greatly appreciate your leadership and share your goal of addressing issues that delay and inhibit quality behavioral health care for children and adults.

This discussion draft seeks to advance integration in many areas including key provisions that explicitly reference peer support services and peer specialists. Peer specialists are an important supplement to the behavioral health workforce and are a critical means of quickly expanding access to person-centered care. We thank the committee for including peer support as part of:

- 1) Guidance on expanding value-based care and alternative payment models in Medicare
- 2) Services that may be reimbursed for integrated care in Medicare
- 3) Payment for mobile crisis team intervention services under the Physician Fee Schedule
- 4) Guidance on a crisis continuum that is responsive to youth and families through Medicaid and CHIP
- 5) Payment under Medicare's prospective payment system for hospital outpatient crisis stabilization interdisciplinary teams
- 6) Guidance to facilitate access to community social supports and services through Medicaid and CHIP

We urge the committee to make the following changes to draft language:

- a) For outpatient crisis stabilization in section 17, expand beyond hospital settings to include Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission accredited facility-based crisis/emergency stabilization services to expand access to this key service that includes peer support.
- b) Consider adding a requirement for CMS to collect and provide to the public and Congress demographic and patient experience data for the newly created mobile crisis and crisis stabilization services to ensure equal access and a positive experience for individuals.
- c) Add "providers and their auxiliary personnel" under ( E) on page 38, to ensure peer specialists are included.
- d) Consider adding 'input from caregivers' to inform the section 14 report on progress integrating behavioral health and primary care (Page 6, Line 22).

Thank you for the incredible work thus far on the Integration, Coordination, Access to Care discussion draft. After nearly a year of work by the committee, the Peer Support Working Group welcomes the opportunity to work with you on further development this legislation and ensuring final enactment before the end of the congressional session. Please do not hesitate to reach out to Caren Howard [choward@mhanational.org](mailto:choward@mhanational.org) or Eric Scharf [escharf@dbsalliance.org](mailto:escharf@dbsalliance.org) to discuss these matters.

Sincerely,

2020 Mom

American Association on Health and Disability

Depression and Bipolar Support Alliance

Lakeshore Foundation

Mental Health America

National Association of Peer Supporters

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

No Health w/o Mental Health

RI International

Schizophrenia & Psychosis Action Alliance