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Sent: Tuesday, January 3, 2023 3:35 PM

To:

Cc: clarkeross10@comcast.net

Subject: Behavioral Health Integration Provisions in the Consolidated Appropriations Act 2023 (enacted into law 12/29/22)

As valued partners, we share NHMH's brief snapshot of how integrated med/psych care was advanced in the just-passed year-end federal spending bill.

Getting this through was a GROUP effort and success and we thank you for your continued insights, collaboration and work you do in the field.

Warm wishes for the new year,

Florence

From: florencefee nhmh.org <florencefee@nhmh.org>

Sent: Tuesday, January 3, 2023 3:17 PM

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Clarke,

As advocates of bi-directional integrated care, our organizations have collectively achieved substantial federal-level supports and incentives for primary care practices to begin or advance their implementation of integrated care services through the provisions included in the Consolidated Appropriations Act 2023, namely:

Sec. 1301 - funds a grant and cooperation agreement program to fund primary care practices up to \$2 million/year for 5 years to help practices deliver evidence-based integrated med/psych services including behavioral health prevention, screening, assessments, and treatments. Grantees must report on performance measures necessary to evaluate patient outcomes. The funding also covers the providing of information, training and technical assistance to the grantee primary care practices. The funding program aims to help practices implement evidence-based models of

integrated care including the collaborative care, primary care behavioral/behavioral health consultant, and SBIRT models. No less than 10% of funds given to a practice must be used for implementation of the collaborative care model (whose uptake over the past 5 years has been significantly low as per Medicare BHI reimbursement rate data). HHS will be required to collect and report data w/ 18 months on the outcomes and results to Congress (House Energy & Commerce Committee and the Senate Health, Education, Labor & Pensions Committee) so that

such information may inform future Congressional legislative action on the subject of integrated care to expand access to mental health/substance use services.

Sec. 4128 - under the legislation's Medicare mental health provisions, this section requires Dept of Health & Human Services (HHS) to outreach to physicians and non-physician practitioners participating in Medicare programs regarding Medicare behavioral health integration services (HCPCS 99492-99494, and 99484). The outreach must include a comprehensive, one-time education initiative to make practices aware of behavioral health integration services as a covered Medicare benefit under the Medicare program (traditional Medicare, Medicare Advantage, Medicare Shared Savings Program, Medicare Accountable Care Organizations program, etc). HHS must within a year submit data on the outreach program to Congress (House Ways & Means Committee and the Senate Committee on Finance) on the outreach results, and shall within 2yrs supply information on the number of Medicare beneficiaries receiving such integrated care services, again, to inform future Congressional legislative work.

NHMH and our partners had strongly advocated for these legislative supports which data has shown are necessary to enable most practices to begin implementing behavioral health care for their patients. We believe this legislation will jump-start wider implementation of bi-directional integrated care services and significantly expand access to quality mental health care for a majority of Americans. And give us a basis upon which to build, working closely with our partners, to ensure quality integrated care becomes an established, sustained reality in medical clinics across the country.

Florence

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