October 5, 2023

The Honorable Jason Smith
U.S. House Committee on Ways and Means
1139 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal
U.S. House Committee on Ways and Means
1139 Longworth House Office Building
Washington, DC 20515

Via email transmission: WMAccessRFI@mail.house.gov

Dear Chair Smith and Ranking Member Neal,

Thank you for the opportunity to provide input in response to the House Ways and Means Committee's Request for Information on Improving Access to Health Care in Rural and Underserved Areas. The undersigned groups appreciate the committee's efforts to address the disparities in access to health care, including for mental health and substance use disorders.

We are members of the Peer Support Working Gorup, part of the Mental Health Liaison Group (MHLG), the leading national advocacy coalition for mental health organizations. We'd like to first acknowledge the committee's important work on the Consolidated Appropriations Act for FY 2023, which included recognition of peer specialists and the importance of lived experience in Medicare and Medicaid. We applaud any efforts of the committee to help grow peer support in Medicare and offer suggestions here to do so.

The connection between mental health and physical health cannot be overstated. Untreated behavioral conditions lead to unmanaged physical health conditions and premature mortality. Rural Americans are more likely to die from conditions generally considered self-manageable or preventable.[i] In a study of nearly 4.5 million Medicare beneficiaries, having a mental health disorder was associated with spending substantially more on other medical conditions.[ii] A survey of rural Americans recently indicated that mental health and addiction had moved to the top spots for health priorities, exceeding the desire for basic health care.[iii] Therefore, the MHLG Peer Support Working Group urges the committee pass the following legislative proposals:

Expand access to peer support services – People in rural communities prefer receiving support from others who understand the specific needs and context of rural areas and peer support is an effective service because the support is provided from someone who understand and uses their lived experience to help. Accordingly, the committee should authorize Medicare reimbursement of peer support services to individuals with or at risk of developing any mental illness (AMI) or substance use disorder and ensure these services are covered when provided in community-based settings including community mental health centers, federally qualified health centers, rural health centers, and by peer provider organizations. Representatives Judy Chu and Adrian Smith are working to introduce this as legislation.

Peer support services are evidence-based services that are reimbursable under the Medicaid program, the Veterans Health Administration, and covered by some commercial plans and are provided by peer support specialists and peer recovery support specialists. Peer support includes connecting with an individual while they are at home or in the community and may be conducted in person, over telephone, or via telehealth. Peer support specialists provide services to patients before a clinical visit, concurrent with a clinician (i.e., mobile crisis intervention, or in Certified

Community Behavioral Health Clinics), or after/between appointments as necessary. Many clinicians are still learning about the value of peer support and how to create a culture to retain peer support specialists through collaboration with this key workforce. According to SAMHSA, the proven benefits of peer support include reduced hospital admission rates, increased social support and social functioning, and decreased substance use and depression. A 2018 analysis showed that providers with peer services had 2.9 fewer hospitalizations per year and saved an average of $2,138 per month in Medicaid expenditures.[iv] As there is significant correlation between heart disease and depression and heart disease is a top contributor to premature death in rural communities, peer support services can contribute to improved management of both mental and physical co-occurring conditions.

Increase behavioral health integration in primary care – Integrated behavioral healthcare is effective in rural communities because it reduces the stigma of seeking help and addresses behavioral health workforce shortages by leveraging the primary care workforce. The committee should enact policy changes to increase access to integrated care, through the COMPLETE Act, S.1378. Integrated behavioral care is comprised of three models Collaborative Care, Primary Care Behavioral Health, and Short Brief intervention and Referral to Treatment, all of which save health care costs through early identification and treatment of behavioral health needs before a crisis. It is a population-based approach, effectively expanding the behavioral health workforce by significantly increasing the number of patients receiving care for mental health and substance use disorders in the primary care setting. Primary care providers are often more accessible for patients, and studies have shown that patients with mental health illnesses are more likely to discuss them with a primary care doctor than with psychiatrists or other health professionals.[v]

Training and data standardization – The inability of various federal agencies to transfer and share health information inhibits a broad public health strategy and the ability to measure outcomes as individuals use and conclude use of health systems. As referenced in the September 25th letter to the committee by the American Association on Health and Disability and Lakeshore Foundation, we urge the committee to take up recommendations to better serve individuals with disabilities and co-occurring conditions including through standardization of data collection and provider training across all federal government agencies to ensure persons dually eligible for Medicare and Medicaid and individuals with co-occurring conditions are better served.

Thank you for your consideration of these priorities. For further discussion, we welcome the opportunity to connect with the committee choward@mhanational.org or clarkeross10@comcast.net.

Sincerely,

Mental Health America
American Association on Health and Disability
Lakeshore Foundation
National Council for Mental Wellbeing
National Association of State Mental Health Program Directors
Policy Center for Maternal Mental Health
International Certification and Reciprocity Consortium
National Federation of Families
American Foundation for Suicide Prevention

SMART Recovery
National Association of Peer Supporters
Inseparable

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[i] Rural Healthy People 2030: Common Challenges, Rural Nuances. *Southwest Rural Health Research Center.* May 2023. Retrieved at https://srhrc.tamu.edu/publications/srhrc-rhp-2030.pdf.

[ii] Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of Mental Health Disorders With Health Care Spending in the Medicare Population. *JAMA network open*. Retrieved at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7082719/

[iii] Rural Healthy People 2030: Common Challenges, Rural Nuances. *Southwest Rural Health Research Center.* May 2023. Retrieved at https://srhrc.tamu.edu/publications/srhrc-rhp-2030.pdf.

[iv] Bouchery Et al. (2018). The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization. *Psychiatric services (Washington, D.C.), 69(10), 1069–1074.* Retrieved at https://pubmed.ncbi.nlm.nih.gov/30071793/.

[v] Barriers to Mental Health Care*. Association of American Medical Colleges Research and Action Institute.* October 2022. Retrieved at https://www.aamcresearchinstitute.org/media/5421/download.