

May 27, 2025

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

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

The Honorable Nicole Malliotakis  
1124 Longworth House Office Building  
Washington, DC 20515

The Honorable Lizzie Fletcher  
2004 Rayburn HOB  
Washington, DC 20515

Dear Sens. Cortez Masto and Cornyn, and Reps. Malliotakis and Fletcher,

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates and other stakeholders committed to strengthening Americans' access to mental health and substance use care, is writing to express our strong support for S.931/H.R.2509, the Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act. By incentivizing primary care to adopt, implement and progress along the integrated care continuum, your important legislation would improve access to timely and effective behavioral health care treatment. This legislation is timely because there is a wide recognition that integrated care is a critical step toward treating the whole person and breaking down the barriers of fragmented care.

The version of the COMPLETE Care Act that was forwarded out of the Senate Finance Committee unanimously in the 118<sup>th</sup> Congress remains largely unchanged in the 119<sup>th</sup> Congress with the exception of adding a general BHI code, G0323, for psychologists and social workers that was not yet available in the beginning of the last Congress, and by eliminating the quality reporting measures to align with Finance TA and mark up.

The bipartisan bill would expand access to needed mental health and substance use disorder services by helping clinicians and practices/systems adopt and make progressive implementation advances in innovative integrated delivery models such as the Primary Care Behavioral Health Model and Collaborative Care Model. By facilitating coordinated, inter-disciplinary, team-based care between medical and behavioral professionals in the primary care setting, these holistic team-based models have the capacity to increase access, reduce wait times for treatments, improve patient outcomes and experience of care, and reduce total cost of care.

The evidence is overwhelming in both the scientific literature and in real-world clinical care experience for the need to integrate behavioral health in primary care settings and other settings to improve the management of chronic conditions.

Twenty to forty percent of patients with a chronic medical condition also have a co-occurring behavioral health condition, most commonly depression, anxiety and/or substance use disorder. Further, patients with concurrent chronic physical and mental health conditions incur 2-3 times higher total healthcare costs than those with only chronic medical conditions. Actuarial firm Milliman reports the total excess costs of this comorbid patient group as \$406 billion annually across all payers.

The utilization of these innovative models by primary care practices remains low due to the up-front costs associated with implementation. By providing temporarily enhanced Medicare payment rates for behavioral health integration services, as well as technical assistance and quality measures, this legislation would help to ensure that integrated behavioral health care is more widely implemented, and patients can get the mental health and substance use care they require.

We look forward to working with you to advance this important legislation and improve outcomes for our patients.

Sincerely,

American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
American Association of Child and Adolescent Psychiatry  
American Association of Psychiatric Pharmacists  
American Association on Health and Disability  
American Foundation for Suicide Prevention  
American Mental Health Counselors Association  
American Psychiatric Association  
American Psychological Association Services  
Anxiety and Depression Association of America  
Association for Behavioral Health and Wellness  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
Collaborative Family Healthcare Association  
Crisis Text Line  
Depression and Bipolar Support Alliance (DBSA)  
Global Alliance for Behavioral Health & Social Justice  
Huntington's Disease Society of America  
Inseparable  
International OCD Foundation  
International Society of Psychiatric-Mental Health Nurses  
Legal Action Center  
Maternal Mental Health Leadership Alliance  
Meadows Mental Health Policy Institute  
Mental Health America  
NAADAC, the Association for Addiction Professionals  
National Alliance on Mental Illness (NAMI)  
National Association for Rural Mental Health (NARMH)

National Association of County Behavioral Health and Developmental Disability  
Directors (NACBHDD)  
National Association of Pediatric Nurse Practitioners  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Board for Certified Counselors  
National Council for Mental Wellbeing  
National Federation of Families  
National League for Nursing  
NHMH - No Health without Mental Health  
Policy Center for Maternal Mental Health  
Psychotherapy Action Network (PsiAN)  
Recovery Innovations, Inc  
The Kennedy Forum  
Trevor Project  
Trust for America's Health  
Vibrant Emotional Health