



June 12, 2009

The Honorable Edward M. Kennedy  
Chairman  
Committee on Health, Education,  
Labor, and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Michael B. Enzi  
Ranking Member  
Committee on Health, Education,  
Labor, and Pensions  
United States Senate  
Washington, DC 20510

Dear Chairman Kennedy and Ranking Member Enzi:

On behalf of the 150,000 members and affiliates of the American Psychological Association (APA), I would like to thank you for the opportunity to provide comments regarding the Senate Committee on Health, Education, Labor, and Pensions' legislative draft of the *Affordable Health Choices Act*. The challenges faced in reforming the United States' health care system, as well as the efforts related to this critical legislation, are nothing short of remarkable. We commend you for your outstanding leadership, vision, and ongoing efforts to ensure that all individuals have access to affordable and quality health care services.

APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. Comprised of researchers, educators, clinicians, consultants, and students, APA works to advance psychology as a science, a profession, and as a means of promoting health, education and human welfare.

As you know, the determinants of health include a complex array of biological, genetic, environmental, and social factors, as well as an individual's behavior, coping resources, and access to health care. In fact, modifiable behavioral factors such as smoking, improper diet, lack of physical activity, and excessive alcohol consumption, among others, are *the* leading causes of chronic health problems and mortality in the United States from conditions such as heart disease, diabetes, and many forms of cancer. These behavior-linked conditions account for nearly 75 percent of health care spending. In addition, mental health problems, especially depression, is one of the primary causes of disease burden around the world, given its association with premature mortality and years of chronic suffering.

As a consequence, new and successful models of health care practice include the integration of psychosocial and behavioral assessments and interventions with medical treatments. Thus, psychology, as the science of behavior, has much to contribute to improving the health status of our nation and is integral to health care reform.

APA looks forward to continued collaboration with the Committee as you work to ensure that health care reform goes beyond covering the uninsured to include changes in the way health care is delivered in our country. We applaud the efforts put forth in the draft legislation and greatly appreciate its significant focus on longstanding APA priorities, including: promoting an integrated care model of interdisciplinary teams of health care professionals in primary care and other health care settings; diverse and vulnerable populations; the inclusion of the valuable perspectives of professional associations; a clear focus on the importance of training for health care providers; attention to long-term services and supports and the inclusion of the *Community Living Assistance Services and Supports Act* (CLASS) provisions; an emphasis on social, cultural, and linguistic competence throughout the legislation; and the overall focus on the critical issues related to mental health and substance use screening, assessment, and services.

We are particularly grateful for the opportunity to comment on this crucial legislation prior to its Committee consideration. It is our hope that you will consider the following critical areas of priority for APA as you prepare for next week's mark-up of the *Affordable Health Choices Act*.

**Graduate Psychology Education.** Doctoral psychologists provide vital and unique services to patients. These services include psychological testing and evaluation, diagnosis of mental and emotional disorders and disabilities (including the psychological aspects of physical illness, accident, injury or disability), and supervision of psychological assistants and technicians. Psychologists are also experts in health promotion, disease prevention and wellness. Programs to develop the psychology workforce are critically needed, and the Graduate Psychology Education Program has been designed to address that need. Master's providers are deserving of their own education and training initiatives. However, Title VII of the Public Health Service Act has historically recognized the importance of training of psychologists at the doctoral level, and our proposal would preserve this distinction while appropriately recognizing the contributions of master's trained providers.

**Older Adults.** APA strongly supports the elimination of the practice of denying individuals health coverage for pre-existing medical conditions or charging them higher premiums because of their health status. However, we are concerned that allowing health insurance companies to charge older consumers more than younger adults based on their age may result in many older Americans not having access to affordable, quality coverage. In addition, age rating is also a concern because age is strongly associated with health status. As an individual ages, they are more likely to experience one or more chronic health conditions. It seems counterintuitive to prohibit insurance rating based on health status, yet allow rating based on age, which would have the same effect.

**Pre-Existing Medical Conditions and Disabilities.** APA strongly supports the Committee's efforts to end discrimination in the offering of health insurance coverage based on "medical condition (including both physical and mental health problems)" or "disability." However, we believe that achieving this goal requires specific enforcement mechanisms or penalties.

**Cost Sharing.** APA strongly supports the aim of increasing the utilization of preventive health services but urges against the use of cost sharing in providing them. Research has shown that increased cost sharing can lead to declines in the use of services that have been shown to cost-effectively reduce the burden of disease, including preventive care.

**United States Preventive Services Task Force.** APA recommends that the legislation move away from using the U.S. Preventive Services Task Force (USPSTF) recommendations as the sole resource to determine coverage decisions for appropriate screening, prevention and wellness services. Many valuable preventive interventions might not be evaluated under the proposed regime because trials may be too expensive or recruiting enough participants may not be feasible. Gaining suitable sample sizes for children, individuals with disabilities, and ethnic minority populations could pose significant problems.

APA urges the Committee to include provisions that ensure that USPSTF's recommendations falling into the "I" (insufficient evidence to recommend for or against) category do not automatically result in the denial of coverage for important clinical preventive services that lack the type of evidence required by the Task Force for "A" and "B" ratings. Utilizing a category of "I" ratings that allows for "coverage with evidence development," in the same manner that CMS does with coverage decisions, would allow prevention coverage to be responsive to the needs of individuals.

In addition, many health professions and organizations have recognized the limitations presented by the USPSTF's approach and have developed appropriate clinical guidelines for preventive services relying on surrogate data markers to determine efficacy of a preventive service. We support the utilization of such guidelines, which could expand opportunities for the prevention of costly chronic health conditions within the context of health care reform and decrease health disparities for specific vulnerable populations.

**Choice Under Children's Health Insurance Program (CHIP).** APA recommends that CHIP enrollees have access to the Early and Periodic, Screening, Diagnostic and Treatment Services (EPSDT) mandate to ensure that these children receive seamless health services. This critical component requires that all Medicaid beneficiaries under age 21 must receive all necessary services listed in section 1905(a) of the Social Security Act to correct or ameliorate physical or mental health conditions. A bifurcated benefit package under CHIP would inadvertently present challenges for families who would have to know where to go for various services and what to do if the plan refuses services for the child needs.

**Offices of Women's Health.** APA supports the permanent authorization of the Offices on Women's Health at the U.S. Department of Health and Human Services. The Offices will set goals for women's health, integrate women's health with the general agency agenda, and coordinate with other agencies on women's health issues. Postpartum depression (PPD) is a serious mental health problem that can have significant consequences for both the new mother and family. APA supports additional research, outreach and education on PPD, and this is an example of an issue that could benefit from coordination between the Offices of Women's Health at several federal agencies.

**Improved Nutrition and Physical Activity.** APA supports the Committee's attention throughout the legislation draft to the importance of improved nutrition and physical activity in forthcoming health promotion, wellness, and prevention efforts. We encourage efforts to promote healthy lifestyle changes without inadvertently perpetuating body dissatisfaction, weight stigmatization, or the promotion of disordered eating and eating disorders. Therefore, we encourage a consistent emphasis on health and behavior outcomes rather than weight-specific outcomes and recommend that language be removed specifying a decrease in weight as a measurable marker related to the promotion of healthy lifestyles. In addition, because obesity

and disordered eating and their associated morbidities often co-occur over time and share both risk and protective factors, APA urges consideration for joint prevention provisions to address related physical and mental health concerns. Specifically, in addition to provisions related to improved nutrition and physical activity, we support efforts to increase body satisfaction; decrease weight stigmatization and weight-related teasing; promote responsible marketing to children; support healthy home environments; and address cultural and socioeconomic factors related to obesity and disordered eating.

**School-Based Health Clinics (SBHC).** Schools represent an underutilized point of access to provide health care to underserved children and youth. APA is grateful for the Committee’s inclusion in the draft legislation of a section on SBHCs as well as for the recognized importance of incorporating mental health services into the comprehensive primary health functions of these facilities. To maximize the benefits of SBHCs, we respectfully request the addition of language in this section of the bill that more clearly directs sponsoring facilities to create and sustain active partnerships with local educational, public health, and mental health agencies.

**Definition of Health Disparity Populations.** APA recommends expanding the definition of “health disparity populations” to explicitly include disability, gender, socioeconomic status, health status, sexual orientation, and gender identity. In the alternative, APA supports adding “underserved populations” throughout the proposal where “health disparity populations” are mentioned, and defining “underserved populations” to include disability, gender, socioeconomic status, health status, sexual orientation, and gender identity.

**Establishment of Standards for Accessible Medical Diagnostic Equipment.** APA strongly supports efforts of the Committee related to accessibility in the area of diagnostic equipment. Issues with accessibility continue to present serious challenges to the provision of high quality medical screening and subsequent care for individuals with disabilities. By ensuring that individuals with disabilities may take full advantage of diagnostic technology, the Committee is helping to facilitate care and protect basic rights, as well as reduce errors related to misdiagnosis.

The enclosed specific language recommendations aim to further enhance provisions in this critically important proposal. We hope that you will consider these recommendations as you work to finalize the development of this vital legislative effort.

In closing, we would like to thank you once again for the opportunity to share our comments in response to the draft of the *Affordable Health Choices Act* and for your ongoing efforts to reform our nation’s health care system. For additional information, please contact Annie Toro, J.D., M.P.H., in our Government Relations Office, at (202) 336-6068 or [atoro@apa.org](mailto:atoro@apa.org).

Sincerely,



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