



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

January 11, 2010

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

Dear Madam Speaker and Majority Leader Reid:

On behalf of the American Psychological Association (APA), I am writing to commend you for your remarkable leadership, commitment, and perseverance in support of health care reform – as evidenced by the House-passed “Affordable Health Care for America Act” and the Senate-passed “Patient Protection and Affordable Care Act.” We steadfastly support your laudable efforts to ensure the enactment of legislation that will expand and improve access to affordable, quality health care for individuals across the lifespan, while reducing costs and increasing consumer choice.

In addition to extending health care to millions of uninsured persons, the House and Senate bills would: eliminate cost sharing for preventive care; ban discriminatory practices by insurance companies, including the rejection of coverage for pre-existing conditions and the rating of individuals on the basis of health status and other factors; expand Medicaid eligibility and improve Medicare; invest in the mental and behavioral health workforce; support interdisciplinary health care; promote prevention and wellness initiatives; combat health disparities and enhance cultural and linguistic competence; expand long-term care options; and promote comparative effectiveness research.

We especially thank both the House and Senate for including in the essential benefit package “mental health and substance use disorder services, including behavioral health treatment,” at parity with medical/surgical services and are pleased that the House specifically requires that these be at parity for all persons enrolled in Exchange plans.

During the congressional negotiation process, we urge you to retain these vital reforms, as well as consider the recommendations below, in your efforts to reconcile the differences between the House and Senate bills related to key provisions of vital significance to mental and behavioral health services, training, and research.

Integrated Health Care. The delivery of integrated, interdisciplinary health care that includes mental and behavioral health providers is an essential element of a transformed health care system. With this goal in mind, we support key provisions in both bills. The Senate bill authorizes grants to: establish community-based interdisciplinary, interprofessional health teams to support patient-centered medical (or health) homes (Section 3502); co-locate primary and specialty care in community-based mental health settings for special populations (Section 5604); and promote capacity building in primary care through interdisciplinary training (Section 5301). We also support the Medicaid state option to provide health homes for enrollees with chronic conditions (including mental disorders; Section 2703).

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Norman B. Anderson, Ph.D.
Chief Executive Officer

The House medical home pilot program, Section 1302 (p. 680), if incorporated into the final bill, should be amended to include psychologists and other mental and behavioral health professionals. This could be accomplished by adding "health care practitioners," as currently defined in Section 1842(b)(18)(C) of Medicare law, as professionals who may participate in providing services to Medicare beneficiaries in medical homes. Health care practitioners are included in other integrated care sections of the bill and should likewise be included in this important provision.

We urge the inclusion of Section 3022 of the Senate bill (p. 728) that promotes shared savings through the establishment of accountable care organizations (ACOs) to provide integrated care to Medicare beneficiaries. Under the Senate language, psychologists and a full range of Medicare providers will be permitted to participate in ACOs to provide needed services to patients. The comparable House provision, Section 1301 (p. 661), unduly limits ACO participation to physician practices only.

Furthermore, with respect to the community-based collaborative care network program established in both bills (Senate Section 10333/House Section 2534), we respectfully request that the program description in the final version add "including mental and behavioral health care" to clarify the "comprehensive coordinated and integrated health care services" that these networks provide for low-income individuals and/or include "mental and behavioral health providers" in any list of "additional providers" (House provision, p. 1462).

Prevention and Wellness. We are thankful to the House and Senate for the critically important prevention and wellness provisions in the bills. We particularly commend the Senate for directing the Clinical Preventive Services Task Force to consider best practices presented by scientific societies in developing clinical preventive recommendations (Section 4003, p. 1123) and including support for education and research related to postpartum depression (Section 2952). The Senate bill also includes vital provisions related to: pain care management (Section 4305); prevention of chronic disease through Medicaid; annual wellness visits under Medicare (Section 4103); healthy aging programs (Section 4202); and elder justice (Subtitle H). In addition, we support the Senate language establishing National Centers of Excellence for Depression to promote interdisciplinary treatment, services, and research related to this serious mental disorder (Section 10410).

Workforce Development. We praise both the House and Senate for their respective mental and behavioral health education and training grant provisions that support doctoral, internship, and postdoctoral residency training in psychology (Senate Section 5306/House Section 2522). The Senate bill would extend statutory authority to the existing Graduate Psychology Education (GPE) Program in the Health Resources and Services Administration and establish an appropriation level for this valuable and highly successful program. The GPE Program, which was created in 2002, is the only federal initiative dedicated solely to the interdisciplinary education and training of psychologists to address the needs of underserved populations. We also commend the Senate for including essential provisions to expand existing and establish new geriatric education and training programs to include psychology faculty, students, and programs in psychology (Section 5305).

Health Disparities. We laud both bills for their efforts to eliminate health disparities and note the particular strength of the data collection and quality measure development provisions in the Senate bill (Section 4302 and Section 3013, respectively). The House bill favorably includes sexual orientation and sexual identity in the definition of a health disparity group (Section 3171, p. 1328) and includes broader language access provisions. We also request that the House language reauthorizing the *Indian Health Care Improvement Act* be included in the final health care reform bill.

Comparative Effectiveness Research. We commend the sustained investment in comparative effectiveness research (CER) in both bills, as this will lead to better informed treatment decisions. The

House bill, which establishes the Center for Comparative Effectiveness Research within the Agency for Healthcare Research and Quality (Section 1401), builds upon the substantial federal infrastructure for CER research. This reliance will help speed the translation of discoveries into practical applications. Furthermore, the addition of a psychologist with training in behavioral science to the CER advisory body would bring this perspective to bear and lend additional expertise in research design and evaluation to address the broad range of health conditions modified by psychosocial factors and human behavior.

Long-term Care Services and Supports. We are pleased that the *Community Living Assistance Services and Supports Act* provisions are included in both bills (House Section 2581/Senate Title VIII) and appreciate the additional relevant provisions in the Senate bill that remove barriers to providing home- and community-based services (p. 1915), expand state Aging and Disability Resource Centers (Section 2405), establish the Community First Choice Option (Section 2401), train family caregivers and direct care providers (Section 5305), and offer a Sense of the Senate resolution to enhance the availability of long-term care services and supports (Section 2406).

Medicare. We appreciate the policy changes in both bills that will help maintain the viability of the outpatient mental health benefit, including the extension restoring reimbursement cuts for psychotherapy services. While separate legislation has temporarily postponed severe payment cuts to health professionals under the Medicare Sustainable Growth Rate, we urge you to find a permanent solution.

We also appreciate that the House did not include a new Independent Medicare Advisory Board, as found in the Senate Bill (Section 3403), since creation of this new powerful entity would increase pressure on Medicare reimbursement rates outside of the congressional process.

Effect on State Laws. We remain committed to ensuring that state laws on mental health and substance use mandated benefits and parity are preserved for consumers in federal health reform legislation. States have enacted these laws over many years to ensure that mental and substance use coverage adequately protects their citizens. We appreciate that the Senate bill replaced the proposed “nationwide plans” with less onerous “multi-state plans” (Section 1334) that would be regulated by the Office of Personnel Management. These plans would be required to be licensed in each state, with at least one plan being offered by a nonprofit entity. States would be allowed to opt out of participation in the plans. However, because this section and the Health Care Choice Compacts in Senate Section 1333 and House Section 309 would provide coverage to consumers without having to comply with state mandated benefits and parity laws, we respectfully ask that you delete both sections. If you retain multi-state plans and compacts in the merged legislation, please require that the highest level of consumer protection provided by any of the participating states for a given benefit be established for that benefit in the health care choice compact.

Thank you once again for your remarkable leadership in working toward the enactment of legislation aimed at transforming our nation’s health care system and providing quality coverage for millions of uninsured persons. APA welcomes the opportunity to continue to work with you to ensure that this vision soon becomes a reality. Please do not hesitate to contact Dr. Ellen Garrison, APA’s Senior Policy Advisor, at (202) 336-6066 or egarrison@apa.org, if APA might be of any further assistance to you.

Sincerely,



Norman B. Anderson, Ph.D.
Chief Executive Officer