



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

October 19, 2009

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

Dear Majority Leader Reid:

On behalf of the American Psychological Association (APA), I am writing to express our support for comprehensive health care reform legislation as reflected by the "America's Healthy Future Act" of the Senate Finance Committee and the "Affordable Health Choices Act" of the Senate Health, Education, Labor and Pensions (HELP) Committee. We hail both committees for producing bills that expand access to affordable, quality health care services. As you and your Senate colleagues work to merge the two bills, we wish to commend several items in each and urge their inclusion in the merged bill to be considered by the full Senate:

**Mental Health and Substance Use Coverage.** We thank the committees for including mental health and substance use services in the essential benefit package. We are also pleased that the committees require that these services are provided at parity with medical/surgical services.

**Medicare Outpatient Psychotherapy and Sustainable Growth Rate (SGR).** We greatly appreciate that the Finance bill extends for two years the reimbursement restoration for outpatient psychotherapy services to help maintain the viability of the Medicare outpatient mental health benefit. It is also critically important that the bill stops the impending 21% SGR cut in reimbursement for Medicare Part B services and replaces it with a 0.5% increase for 2010.

**Integrated Care.** Vitaly important integrated health care provisions in both bills appropriately move health care delivery toward an interdisciplinary team-based approach. The Finance bill expands integrated health care in Medicare and Medicaid, with the notable provision that creates a new Medicaid state plan option to promote integrated care in health homes, specifically including individuals with at least one serious and persistent mental health condition. The HELP bill furthers the adoption of integrated health care throughout the health system and includes key provisions to establish community health teams to support patient-centered medical homes, demonstration projects focused on special populations, and grants for capacity building in primary care.

**Workforce Development.** Both bills include critical language expanding workforce development within the primary care and public health arenas. We appreciate your commitment to implementing strategies that will address mental and behavioral health workforce shortages in underserved communities. Of particular importance, the HELP bill provides mental and

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-6080  
(202) 336-6069 (Fax)  
nanderson@apa.org

Norman B. Anderson, Ph.D.  
Chief Executive Officer and  
Executive Vice President

behavioral health education and training grants for the interdisciplinary training of psychology graduate students in accredited doctoral, internship, and postdoctoral residency programs. Additionally, the HELP bill: prioritizes National Health Care Workforce Commission review of mental and behavioral health care workforce capacity; includes psychologists in the definition of health care workforce and health professionals; provides for a Geriatric Career Incentive Awards Program to support psychology graduate students; and expands eligibility for Geriatric Academic Career Awards to include psychology faculty.

**Prevention and Wellness.** The elimination of cost-sharing for preventive care in the essential benefits package in both bills will help to improve health outcomes and may even lower overall health care costs in the long term. The HELP bill provisions of particular importance are those that: authorize community transformation grants; direct the Clinical Preventive Services Task Force to consider best practices presented by scientific societies in developing clinical preventive recommendations; and enhance access to preventive services for special populations, including children, women, older adults, ethnic minorities, and people with disabilities.

**Health Disparities.** With respect to addressing health disparities, we strongly support the retention of the provisions in both bills that provide for data collection and analysis to ensure collection and reporting of data on race, ethnicity, gender, geographic location, socioeconomic status, primary language, and disability status (especially for subpopulation groups), as well as the development of quality measures to evaluate the data collection process.

**Comparative Effectiveness Research.** We commend the sustained investment in comparative effectiveness research in both bills, as this will greatly enhance the research and clinical evidence that patients and clinicians use to make informed health decisions. The HELP bill provision, in particular, draws directly upon the existing and substantial federal infrastructure of the National Institutes of Health and the Agency for Healthcare Research and Quality. This reliance will help speed the translation of discoveries supported by these and other federal agencies into practical application in local communities.

In closing, I would like to thank you once again for your strong commitment to ensuring that our nation has access to quality mental and behavioral health services. We look forward to working with you to enact comprehensive health care reform legislation this year.

Sincerely,

A handwritten signature in black ink, appearing to read 'NBA', with a long horizontal flourish extending to the right.

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