

Mental Health Liaison Group

October 23, 2009

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

The Honorable Max Baucus
Finance Committee Chairman
United States Senate
Washington, DC 20510

The Honorable Tom Harkin
HELP Committee Chairman
United States Senate
Washington, DC 20510

The Honorable Christopher Dodd
United States Senate
Washington, DC 20510

Dear Senators Reid, Baucus, Harkin and Dodd:

The undersigned members of the Mental Health Liaison Group are writing to thank you for your leadership and commitment to reforming our nation's health care system, as reflected by the *America's Healthy Future Act* and the *Affordable Health Choices Act*. 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 for floor consideration, we urge your continued support for provisions improving the mental health of Americans as follows:

Mental Health and Substance Use Coverage. We thank the committees for including mental health and substance use services in the essential benefit package and are also pleased that the Finance Committee intends to require that these services are provided at parity with medical/surgical services to all people enrolled in Exchange plans. The inclusion of these minimum benefits and parity guarantees, coupled with critical private insurance market reforms such as a prohibition on pre-existing condition exclusions, guaranteed issue and renewal requirements and the elimination of discrimination based on health status and disability, will foster access to needed health, mental and behavioral health care for millions of Americans.

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 that would benefit individuals with a serious and persistent mental health condition and includes community mental health centers as entities. 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.

Medicaid and Long-Term Services and Supports. As you well know, Medicaid is an important source of coverage for individuals with low-incomes, including those with a mental illness who benefit from a range of services. We applaud the raising of the eligibility to 133% of the Federal

National organizations representing consumers, family members, advocates, professionals and providers
c/o Peter Newbould, American Psychological Association Practice Organization, 750 First Street, NE, Washington, DC 20002

Poverty Level to extend benefits to millions of Americans who are currently uninsured, among them childless single adults. We urge you to provide these newly eligible individuals with the benefit of full, traditional Medicaid coverage. Additionally, on behalf of vulnerable children and youth with mental health disorders, we thank you for approving language clarifying coverage of therapeutic foster care services under Medicaid.

We applaud the Committee's recognition of the long term services and support needs of our nation and urge inclusion of the Community Living Assistance Services and Supports Act (CLASS Act) and Community First Choice Medicaid Option provisions in the merged bill to help address Medicaid's institutional bias and provide individuals with disabilities, including those with a mental illness with the ability to receive essential care at home or in the community.

We also support the provision in the Finance Committee bill to remove benzodiazepines and barbiturates from the list of excludable medications in Medicaid. These medications can be helpful in the treatment of serious mental health conditions.

Workforce Development. The merged bill should include the critical language from both bills 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.

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. Furthermore, we applaud the recognition of the Substance Abuse and Mental Health Services Administration as a vital agency to be consulted on the development of prevention and wellness strategies pertaining to behavioral health.

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. We support the requirement in the Finance Committee bill to include patients and patient representatives on the board and advisory panels of the CER institute as well as the provision to ensure that these patient representatives receive support and resources to help them effectively participate in technical discussions regarding complex research topics.

We appreciate the provision in the Finance bill to support postpartum depression research services for women with this condition. Though the causes of postpartum disorders are still unclear, research has shown that they are treatable. However, a great number of cases go undetected. This initiative would improve understanding of postpartum conditions as well as increasing awareness and treatment opportunities.

Medicare. We appreciate the mental health policy changes supported in the Finance bill that will help maintain the viability of the outpatient mental health benefit, including the two year extension restoring reimbursement cuts for psychotherapy services and replacing the 21.5% SGR cut in reimbursement for Part B services with a 0.5% increase for 2010. While we appreciate the inclusion of another temporary postponement of Draconian payment cuts to health professionals under the Medicare Sustainable Growth Rate, we urge you to find a permanent solution.

We thank you for the attention to Medicare beneficiaries enrolled in Part D who must pay out of pocket entirely for the cost of prescriptions due to the coverage gap (also known as the "donut hole"). The program established to provide these beneficiaries with a 50% discount on brand name drugs will help make the costs of accessing needed prescriptions more affordable.

Effect on State Laws. The MHLG has a longstanding interest in ensuring that state mental health and substance use mandated benefits and parity laws are preserved for consumers during consideration of federal health care legislation. States have enacted these laws over many years to ensure that mental and substance use coverage adequately protects their citizens. We urge that you delete provisions of the Finance legislation that would create new "national" plans that could provide coverage to consumers without having to comply with these mandated benefits and parity laws.

To ensure access to highly sensitive health care, we recommend that it be made clear, as in the HITECH Act and the Medicare statute, that nothing in the bill is intended to eliminate the patient's right to pay out of pocket for health care to protect his or her privacy.

Thank you again for your tireless efforts and leadership in 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,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Geriatric Psychiatry
American Association of Pastoral Counselors
American Group Psychotherapy Association
American Nurses Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Center for Clinical Social Work
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Child Welfare League of America
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Emergency Nurses Association
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders -- ANAD
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Mental Health Planning & Advisory Councils
National Association of Social Workers
National Association of State Mental Health Program Directors
National Coalition of Mental Health Consumer/Survivor Organizations
National Coalition of Mental Health Professionals and Consumers, Inc.
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
Suicide Prevention Action Network USA, a Division of AFSP
Therapeutic Communities of America
Tourette Syndrome Association
United Neighborhood Centers of America *
U.S. Psychiatric Rehabilitation Association
Witness Justice

* not a MHLG member