

October 20, 2021

The Honorable Lizzie Fletcher
1429 Longworth House Office Building
Washington, DC 20515

The Honorable Jaime Herrera Beutler
2352 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Fletcher and Herrera Beutler:

On behalf of the undersigned organizations, we would like to thank you for your leadership in introducing H.R.5218. Your legislation will improve access to evidence-based mental health and substance use disorder care that many Americans struggle to find. Our country is in the midst of a growing behavioral health crisis with suicide and overdose deaths at record levels. Many individuals first display symptoms of a mental health condition or substance use disorder in the primary care setting but frequently cannot access the necessary follow-up treatment. Often they have difficulty finding a mental health professional or avoid seeking treatment due to the stigma that still exists around mental health and substance use disorders. The Collaborative Care Model (CoCM) provides a strong building block to address these problems by ensuring that patients can receive expeditious behavioral health treatment within the office of their primary care physician.

The CoCM integrates behavioral health care within the primary care setting and features a primary care physician, a psychiatric consultant, and care manager working together in a coordinated fashion. Importantly, the team members use measurement-based care to ensure that patients are progressing and treatment is adjusted when they are not. The model has over 90 research studies demonstrating its efficacy and is covered by Medicare, most private insurers, and many state Medicaid programs. Additionally, the CoCM has tremendous cost savings potential. For example, cost/benefit analysis demonstrates that this model has a 12:1 benefit to cost ratio for the treatment of depression in adults.¹ Furthermore, the Model greatly increases the number of patients being treated for mental health and substance use disorders when compared to traditional 1:1 treatment. Lastly but no less important, the CoCM has been shown to increase physician and patient satisfaction and reduce stress among primary care physicians.

Despite its strong evidence base and availability of reimbursement, uptake of the Collaborative Care Model by primary care physicians and practices remains low due to the up-front costs associated with implementing the model. Additionally, many primary care physicians and practices may be interested in adopting the model but are unsure of next steps. H.R. 5218 addresses both potential roadblocks by providing grants to primary care practices to cover start-up costs and by establishing technical assistance centers to provide support as practices implement the model. Moreover, the bill promotes research to identify additional evidence-based models of integrated care.

We commend you for introducing this legislation that will expand needed access to high-quality behavioral health care that is proven to be effective. Your leadership is greatly appreciated and vitally

¹ Washington State Institute for Public Policy Benefit-Cost Results for Adult Mental Health. Retrieved from: <https://www.wsipp.wa.gov/BenefitCost?topicId=8>

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

Sincerely,

2020 Mom

Academy of Consultation-Liaison Psychiatry

American Academy of Addiction Psychiatry

American Academy of Child and Adolescent Psychiatry

American Academy of Family Physicians

American Academy of Pediatrics

American Association for Geriatric Psychiatry

American Association for Psychoanalysis in Clinical Social Work

American Association on Health and Disability

American College of Obstetricians and Gynecologists

American College of Physicians

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Medical Association

American Osteopathic Association

American Psychiatric Association

American Society of Addiction Medicine

Anxiety and Depression Association of America

Association for Behavioral Health and Wellness

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

College of Psychiatric and Neurologic Pharmacists (CPNP)

Global Alliance for Behavioral Health and Social Justice

HR Policy Association and American Health Policy Institute

The Kennedy Forum

Lakeshore Foundation

Massachusetts Association for Mental Health

Maternal Mental Health Leadership Alliance

Meadows Mental Health Policy Institute

National Alliance of Healthcare Purchaser Coalitions

The National Alliance to Advance Adolescent Health

National Association of Social Workers

National Council for Mental Wellbeing

Shatterproof

Treatment Advocacy Center