

July 27, 2022

The Honorable Patty Murray  
Chair, Senate Committee on Health, Education,  
Labor & Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member, Committee on  
Health, Education, Labor & Pensions  
430 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

The undersigned organizations thank you for your leadership and consideration to reauthorize programs under the jurisdiction of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) agencies. We also applaud you for the consideration of program reauthorizations as put forth by Senators Murphy (D-CT) and Cassidy (R-LA) in legislation to improve and reauthorize programs created by the 21<sup>st</sup> Century Cures Act. As you continue to work on the reauthorization package, we strongly encourage you to include funding to enhance the evidence-based Collaborative Care Model (CoCM), which integrates behavioral health with primary care and has proven to increase timely access to care and save health care costs. Specifically, we recommend the inclusion of bipartisan language found in Title III, Subtitle A, Section 301 of H.R. 7666 that provides grants to primary care to implement the CoCM and passed the House by a vote of 402-20.

Our country is experiencing a 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. In addition, patients often 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. Primary care and behavioral health integration through the Collaborative Care Model (CoCM) provides a strong building block to address these problems by ensuring that patients can receive prompt behavioral health treatment within the office of their primary care clinician.

The CoCM features a primary care physician, a psychiatric consultant, and care manager working together in a coordinated fashion to integrate a patient's behavioral and physical health care treatment. Importantly, the team members use measurement-based care to ensure that patients are progressing, and that their treatment is adjusted when they are not. The model has over 90 research studies demonstrating its efficacy and it is covered by Medicare, most private insurers, and many state Medicaid programs. Additionally, the CoCM has tremendous potential to produce significant cost savings. For example, one cost/benefit analysis demonstrated that this model has a 12:1 benefit to cost ratio for the treatment of depression in adults.<sup>1</sup> Furthermore, CoCM greatly increases the number of patients being treated for mental health and substance use disorders when compared to traditional 1:1 treatment.

Despite its strong evidence base and availability of reimbursement, uptake of CoCM by primary care practices remains low due to the up-front costs associated with implementation. Additionally, many

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

primary care physicians and practices may be interested in adopting the model, but are unsure of next steps. The bipartisan language (Sec. 301) added to H.R. 7666, the *Restoring Hope for Mental Health and Well-Being Act of 2022* by the House Energy and Commerce Committee allows primary care practices to be eligible for grants to assist the practices in implementing the model. We believe that the addition of this language is a good first step at ensuring that the most evidence-based, measurement-based and population-based integrated behavioral and primary care model is more widely implemented.

We encourage the Senate HELP Committee to follow suit and add companion language in order to support the implementation of high-quality integrated behavioral health care that is proven to be effective. Your leadership is greatly appreciated and vitally necessary. We look forward to working with you to advance this important legislation and improve outcomes.

Sincerely,

American Psychiatric Association

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Academy of Consultation-Liaison Psychiatry

American Academy of Addiction Psychiatry

American Academy of Allergy, Asthma & Immunology

American Academy of Child and Adolescent Psychiatry

American Academy of Family Physicians

American Association for Geriatric Psychiatry

American Association for Psychoanalysis in Clinical Social Work

American College of Obstetricians and Gynecologists

American College of Physicians

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Medical Association

American Medical Group Association

American Osteopathic Association

American Society of Addiction Medicine

Anxiety & Depression Association of America

Association for Behavioral Health and Wellness

Blue Cross Blue Shield Association  
Centerstone  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
College of Psychiatric and Neurologic Pharmacists  
Depression and Bipolar Support Alliance  
Eating Disorders Coalition for Research, Policy & Action  
Global Alliance for Behavioral Health and Social Justice  
Health Care Service Corporation  
HR Policy Association | American Health Policy Institute  
International OCD Foundation  
Massachusetts Association for Mental Health  
Meadows Mental Health Policy Institute  
National Alliance of Healthcare Purchaser Coalitions  
National Alliance on Mental Illness  
National Alliance to Advance Adolescent Health  
National Association for Children's Behavioral Health  
National Association of Social Workers  
National Council for Mental Wellbeing  
Shatterproof  
SMART Recovery  
The Kennedy Forum  
The Trevor Project  
Treatment Advocacy Center