

November 9, 2023

The Honorable Ron Wyden
Chairman
U.S. Senate Finance Committee
Washington, DC

The Honorable Mike Crapo
Ranking Member
U.S. Senate Finance Committee
Washington, DC

Dear Chair Wyden and Ranking Member Crapo,

On behalf of Mental Health America, Inseparable, The National Alliance on Mental Illness, and the Kennedy Forum, we write to express our appreciation and support for the Better Mental Health Care, Lower Drug Cost and Extenders Act, which was reported out of the Finance Committee. Our organizations work to increase access to mental health services and supports and have advocated for integrating behavioral health care into primary care, ensuring equal access to mental health and substance use care in public and private insurance programs, and expanding the behavioral health workforce, especially peer support specialists. As such, we are grateful for the many impactful provisions in the Act that advance these goals, and we appreciate the bipartisan work of the Committee in moving the bill forward.

In particular, we would like to highlight the following provisions and their impact:

Section 104: Increasing Medicare Payments for Providers who Integrate Behavioral Health and Primary Care

The Bipartisan Policy Center's Task Force [Report](#), *Tackling America's Mental Health And Addiction Crisis Through Primary Care Integration*, noted the strong evidence base for collaborative care and other integrated care models. Integrated care leads to improved outcomes for mental health conditions, such as depression and anxiety, and reduces health disparities in rural and marginalized communities. Despite that strong evidence and the new Medicare codes for billing for integrated care, primary care practices have not widely adopted these practices. One reason for the lack of uptake of the codes is the low reimbursement to providers.

The Task Force Report recommended increasing the code reimbursement to expand access to these critical services in primary care, where stigma is reduced, and access is easier for the beneficiary. Accordingly, we strongly support the provisions in the Committee bill, taken from the COMPLETE Care Act (S.1378), co-sponsored by Senators Cortez Masto and Cornyn, which provide a temporary increase in Medicare payment rates for behavioral health integration services.

Section 109: Addressing Ghost Networks for Medicare Advantage Beneficiaries

Our organizations are grateful for the Committee's commitment to addressing ghost networks, a common insurance practice that has led to beneficiary frustration and foregoing critical mental health and substance use care. At the Committee hearing on ghost networks last Spring, Senators heard the painful experience of individuals with mental health and substance use conditions as they call a long list of providers and fail to reach anyone who can help them. There have been multiple research reports documenting this persistent problem over the decades and it has not gotten better. Recommendations from the hearing included increased data, greater transparency, and improved fiscal incentives to improve accuracy.

We support The Committee's legislation based on provisions from The Requiring Enhanced & Accurate Lists of (REAL) Health Providers Act (S. 3059) introduced by Senators Bennet, Tillis and Wyden. The Act requires Medicare Advantage plans to provide data on provider directory accuracy, ensures that such data is transparent, and provides financial protection for beneficiaries who rely on inaccurate networks. We are particularly grateful that the legislation calls out mental health and addiction as one of the areas where there are high rates of inaccuracy and requires that the Secretary publicly report the accuracy rates on a webpage. This will allow beneficiaries and the Committee to track accuracy rates over time to determine if the problem is improving. We also are deeply grateful that beneficiaries will have financial protection and are no longer responsible for high out-of-network costs when they rely on an inaccurate directory.

Section 110: Requiring CMS to Issue Medicaid and CHIP Guidance on Expanding the Behavioral Health Workforce, Including Peer Support Services

Our affiliates and advocates in states and local communities report barriers accessing mental health and addiction providers who accept Medicaid reimbursement. It is particularly difficult to find diverse providers. Peer support specialists often reflect the communities that they serve, and they have lived experience with mental health and substance use services. The last Medicaid guidance on peer support specialists and peer support services was issued by CMS in 2007. A lot has changed since that time, especially in the area of supervision, where experienced peer support specialists are often more effective supervisors than clinicians. We are particularly grateful that the Committee called out supervision as an area for future guidance.

We know that several amendments were not germane and ready to be considered at this markup, including covering mobile crisis teams in Medicare and clarifying the role of peers in those teams. We look forward to continuing to work with the Committee in the future to address the ongoing mental health and substance use crisis.

Thank you again for your work on this important and meaningful legislation. We are proud to support these legislative provisions and look forward to partnering as you work to get them enacted into law.

Sincerely,



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Mental Health America



Lauren Finke
Policy Director
The Kennedy Forum



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