



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

July 17, 2009

The Honorable Charles Rangel
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable George Miller
Chairman
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen Rangel, Waxman, and Miller:

I am writing on behalf of the 150,000 members and affiliates of the American Psychological Association (APA) to express our support for H.R. 3200, America's Affordable Health Choices Act of 2009. You have expertly and courageously assumed the challenges associated with transforming our health care delivery system in an effort to offer affordable, quality health care, while reducing costs and increasing consumer choice.

With respect to the overall bill, we are pleased that there are no co-pays or deductibles for preventive care and that discriminatory coverage practices by insurance companies, including rejection of coverage for pre-existing conditions, will no longer be tolerated. We are also heartened to see much needed expansions of Medicaid and improvements of Medicare. *At the same time, we urge you to consider adding provisions in the bill to recognize that mental health is integral to overall health and that behavioral factors play a critical role in the prevention and treatment of chronic health conditions.* After all, modifiable behavioral factors, such as smoking, improper diet, lack of physical activity, and excessive alcohol consumption, are *the* leading causes of chronic health problems (such as heart disease, diabetes, and many forms of cancer). These behavior-linked conditions account for nearly 75 percent of health care spending. Therefore, new and successful models of health care practice should include the integration of psychosocial and behavioral assessments and interventions, with medical care. Thus, psychology, as the science of behavior, has much to contribute to improving the health status of our nation and is integral to health care reform.

Major Contributions of the Bill

Mental Health and Substance Use Benefits in the Health Insurance Exchange

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Chief Executive Officer and
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We thank the Committees for including mental health and substance use services in the essential benefits package that a qualified health benefits plan must provide in the Health Insurance Exchange. We are also pleased that the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008* (as provided in section 2705 of the *Public Health Service Act*) will apply to plans in the Exchange, including the public plan envisioned in the legislation. It is crucially important that the parity law be preserved for purposes of new coverage provided by this bill when enacted.

MIPPA Psychotherapy Extender

We thank the Committees for including in Section 1309 a two-year extension of the five percent psychology payment restoration previously passed in the *Medicare Improvements for Patients and Providers Act of 2008* (MIPPA). This MIPPA provision has substantially protected Medicare beneficiary access to outpatient mental health and substance use services by ensuring that payment rates are adequate to keep mental health providers in the program. The restoration preserves critical psychotherapy services that would otherwise have been cut under the Centers for Medicare and Medicaid Services (CMS) five-year review rule.

Medicare Sustainable Growth Rate (SGR) Formula

We commend the Committees for proposing to revise the Medicare payment formula to prevent the 21 percent SGR cut from taking effect in 2010. Like the MIPPA psychotherapy extender, this provision is critical to ensure that all Medicare providers, including psychologists and other mental health providers, are adequately compensated for providing services to beneficiaries.

Behavioral and Mental Health Workforce

We commend the Energy & Commerce Committee for accepting Representative Gene Green's amendment to provide funding for training psychologists and other behavioral and mental health professionals to work with vulnerable populations primarily in integrated health care settings in underserved communities.

Suggested Improvements for the Bill

Offering Support for Geriatric Education and Training

APA urges the inclusion of provisions from the following three bills to strengthen the health care workforce for our nation's growing population of older adults:

1) The geriatric education and training provisions in the *Health Professions and Primary Care Reinvestment Act* (H.R. 7302/ S. 3708 – 110th Congress), introduced by Rep. Diana DeGette, which would expand existing geriatrics education and training initiatives to include graduate programs and professionals in behavioral and mental health

and support the training of health professionals in interdisciplinary integrated models of care;

2) The *Retooling the Health Care Workforce for an Aging America Act of 2009* (H.R. 468/S. 245), introduced by Rep. Janice Schakowsky, which would expand existing federal law to include psychologists among the health care disciplines, as well as recognize graduate programs in psychology as eligible for essential federal geriatric education and training opportunities, and authorize a study focused on geriatric mental health workforce needs; and

3) The *Geriatrics Loan Forgiveness Act of 2009* (H.R. 1457), introduced by Reps. Rosa DeLauro and Ileana Ros-Lehtinen, which would allow each year during which an individual is enrolled and participating in an accredited educational program that provides geriatric health training as a year of obligated service for purposes of the National Health Services Corps Loan Repayment Program. A proposal to incorporate these three bills into the Tri-Committee health care reform bill has already been presented to Chairman Waxman's committee staff for consideration.

Advancing Integrated Care in Service Delivery

APA urges the Committees to further encourage the use of interdisciplinary, integrated care in the broader health care system, which could be accomplished in part by adopting Section 212 of the Senate Health, Education, Labor and Pensions Committee bill in place of the Medicare Home Pilot Program. Our recommendation applies generally throughout the legislation, as well as to the delivery of services to older adults and the proposal of a Medicare medical home pilot program.

Integrated Care for Older Adults - APA strongly recommends the inclusion of the Positive Aging Act (H.R. 3191), introduced by Reps. Patrick Kennedy and Ileana Ros-Lehtinen, to improve access to quality mental and behavioral health care for older adults. Specifically, this legislation includes support for demonstration projects to integrate mental health services into primary care settings and for grants for community-based mental health treatment outreach teams. Interdisciplinary, integrated models of care are especially important for the 20 percent of older adults in the U.S. who have a mental disorder. These older adults often present with other complex health care needs and are more likely to seek treatment in primary care and other traditional health care settings in communities where they reside.

Medicare Medical Home Pilot Program - The Medicare medical home pilot program proposed in the bill should instead be referred to as the "health care home pilot program" and ensure that beneficiaries have access to a full range of physician and non-physician health care services available in the community, including mental and behavioral health services. The amendments below would clarify the intent of the bill to permit such access, as necessary and appropriate.

In section 1302(a) of division B, as adding section 1866E to the Social Security Act—

1) In section 1866E(b)(1)(B), insert immediately after the words “nurse practitioner” the following, “, and with other physicians and health care practitioners (as defined in section 1842(b)(18)(C)) outside such team” (p. 462, line 21).

2) In section 1866E(b)(1)(C), insert immediately after the words “other qualified providers” the following, “(including physicians and health care practitioners (as defined in section 1842(b)(18)(C)))” (p. 463, line 1).

APA commends you for focusing on health care for high-risk pregnant women in the “medical home” pilot program. If you better integrate mental health professionals in this program it will enable coverage of perinatal depression services.

Reducing Health Disparities

Our recommendations for the bill’s health disparities provisions include expansion of the definition of “health disparity populations” and/or “underserved populations” (p. 401). Research has shown that health disparities, in addition to those based on race and ethnicity, significantly affect many populations based on factors such as socio-economic status, gender, disability, immigrant status, sexual orientation and gender identity. These populations will not benefit from the bill’s efforts to address health disparities, since they are not considered health disparity populations under the current definitions in the *Public Health Service Act*. We also recommend that national health surveys consistently collect data on the additional health disparity factors noted above. Current measures of health disparities do not offer sufficient depth to adequately respond to the needs of these populations. More comprehensive data collection by federal agencies and other health care entities will contribute to a better understanding and more effective efforts to address the unique health needs of populations experiencing health disparities. Data collection should also include subpopulation group data to ensure the reduction and elimination of serious health and health care disparities within certain groups. Additionally, we recommend the inclusion of the *Health Equity and Accountability Act of 2009* in the health reform legislation, which will address many of our concerns related to the health disparity provisions in H.R. 3200.

Furthermore, we applaud the inclusion of "race, ethnicity, disability, sexual orientation and gender identity, primary language, sex, socioeconomic status, rural, urban, or other geographic setting, and any other population or subpopulation" in federal health survey data collection and analysis. However, to systematically eliminate health disparities experienced by underserved and vulnerable populations and ensure health for all individuals, these populations need to be added to all provisions targeting the elimination of health disparities.

Enhancing Comparative Effectiveness Research (CER) Provisions

We recommend that the provisions related to the proposed Center for Comparative Effectiveness Research and the Comparative Effectiveness Research Commission be improved in two significant ways. First, as outlined in the bill, the duties of the

proposed Center are to “conduct, support, and synthesize research relevant to the comparative effectiveness of the full spectrum of health care items and services, including pharmaceuticals, medical devices, medical and surgical procedures, and other medical interventions.” The last term should be appropriately broadened to “other therapeutic interventions” (p. 502, line 25). In the context of CER, therapeutic interventions would relate to the full range of health conditions, including mental health and substance use disorders. It should be noted that recovery rates for mental disorders are comparable to and even surpass the treatment success rates for many physical health conditions. Knowing which treatments are most effective will dramatically enhance the capacity to prevent, diagnose, treat, and manage disorders and diseases, as will an understanding of behavioral factors. The crucial role of behavior can be seen in efforts to prevent diabetes, slow the HIV/AIDS epidemic, reduce sudden infant death syndrome, and reduce cancer incidence, progression, and mortality.

Second, with respect to the composition of the CER Commission in Section 1401, at least one member should be a psychologist. To accomplish this change, a new section “(IV) Psychologist” should be added after “Practicing physicians, including surgeons” (p. 509, line 17). The inclusion of a psychologist on the commission would bring behavioral and mental health practice and research expertise to the broad range of health conditions modifiable by psychosocial factors and human behavior.

Increasing Coverage of Preventive Services

APA urges the Committees to adopt additional criteria beyond the recommendations of the U.S. Preventive Services Task Force (USPSTF) to determine the effectiveness of various preventive services (see p. 765, Section 1711). We are concerned that overreliance on USPSTF’s criteria for making recommendations either for physician action or for coverage decisions may restrict the pool of preventive services and not fully reflect available scientific evidence. It is important to ensure that when the USPSTF’s recommendation falls into the “I” (i.e., insufficient evidence to recommend for or against) category that a denial of coverage does not automatically result. The use of an “I” rating that allows for “coverage with evidence development,” which is being successfully used by CMS, should be adopted. Without this additional standard, for instance, coverage for psychosocial and behavioral interventions to help reduce the risk for diabetes and other health conditions could be inappropriately denied.

Given that this bill grants authority to the USPSTF at the Agency for Healthcare Research and Quality and two entities at the Centers for Disease Control and Prevention to issue recommendations for preventive services, APA believes that it is crucial to ensure clear coordination between these agencies. Only then will there be uniformity in the identification, development, and recommendation of evidence-based preventive health services, in particular as related to the integration of their psychological and behavioral components. Such an integrated and holistic approach will help to achieve an effective national strategy for disease prevention and health and wellness promotion.

Promotion and Wellness

We also appreciate the House bill for expanding health promotion, prevention and wellness services available in health plans to explicitly include behavioral and substance use services. However, to fully integrate these services with other primary care as a core component of individual and community health, it is critical that psychological and behavioral aspects of care are included in measurements and assessments of the quality of health services.

In conclusion, APA would once again like to thank each of you for your work on H.R. 3200. We look forward to continued collaboration with your Committees to reform our nation's health care system. We applaud the efforts put forth in the bill and greatly appreciate its focus on our shared priorities, which include promoting integrated, interdisciplinary teams of health care professionals in primary care and other health care settings; addressing the needs of diverse and vulnerable populations; ensuring culturally and linguistically appropriate services; enhancing training for behavioral and mental health professionals; and increasing access to mental health and substance use screening, assessment, and treatment provided by psychologists and other qualified health care providers in Medicare and in any newly created health plans. Please do not hesitate to contact Dr. Ellen Garrison, APA's Senior Policy Advisor, at 202-336-6066 or at egarrison@apa.org, if APA might be of any further assistance to you or your Committees.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Anderson', with a long horizontal line extending to the right.

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