

May 3-4, 2016

Integrating Behavioral Health into Primary Care

Senators and House members should include in legislation, as is currently being developed in both chambers, elements to remove barriers to integrating behavioral health into the primary care setting, as described below in the “What’s ACP’s view” section.

What’s it all about?

It is estimated by 2020, mental health and substance use disorders alone will surpass all physical diseases as a major cause of disability worldwide. Most chronically ill patients with behavioral health needs access the health system through their primary care physician presenting an opportunity for behavioral health screening, referral, and possibly treatment in this setting. Primary care physicians provide an opportunity to address patients’ physical and behavioral health conditions as they recognize the comprehensive needs of the patient which include the health maintenance, counseling, and health education needed to treat their illness. The degree of integration of behavioral care into the primary care setting can vary from selective screening diagnosis, brief treatment, and referral to a truly integrated approach in which all aspects of primary care recognize both the physical and behavioral perspectives.

Although the need for services to treat patients with mental health disorders continues to grow, our current health system offers many barriers that prevent patients from accessing treatment for their illnesses. Patients encounter a shortage of trained mental health professionals to provide treatment, a lack of adequate coverage for mental health, and limited federal and state resources to combat this growing crisis. Physicians deal with obstacles when treating patients with mental health disorders that include state and federal privacy protection and confidentiality laws that complicate the sharing of behavioral health information with other physicians as well as payment silos that prevent adequate reimbursement for team based care.

What’s the current status?

In March of this year, the HELP Committee approved several bills on this issue including, **S. 2680, the Mental Health Reform Act of 2016**. A summary of this legislation is provided below:

- **S. 2680 - The Mental Health Reform Act:** This legislation is sponsored by Senators Lamar Alexander (R-TN) Patty Murray (D-WA) Bill Cassidy (R-LA) and Chris Murphy (D-CT). It would create a chief medical officer within the Substance Abuse and Mental Health Services Act (SAMHSA) to evaluate, organize, and coordinate SAMHSA programs and promote evidence based practices, extend and expand SAMHSA training programs to increase the mental health care workforce, provide grants to state entities to integrate primary care and behavioral health care in the same setting, and provide guidance for insurance companies to comply with mental health parity requirements. ACP supports these elements of this legislation.

The House Energy and Commerce Committee held several hearings concerning ways to improve care for individuals with behavioral health disorders. Several bills on this issue are currently pending in this committee including:

- **H.R. 2646 - The Helping Families in Mental Health Crisis Act of 2015:** This legislation introduced by Rep Tim Murphy (R-PA) and Rep. Eddie Bernice Johnson (D-TX), replaces the Substance Abuse and Mental Health Services Administration (SAMHSA) with a newly created Office of the Assistant Secretary for Mental health and Substance Use Disorder located within the Department of Health and Human Services. It provides a series of grant programs to promote more effective care to address mental health and substance abuse, including efforts to increase the number professionals to treat mental health illness. It eliminates the 190-day lifetime limit on inpatient psychiatric care under the Medicare program. While ACP supports much of what this bill does, including the need to eliminate the 190-day lifetime limit on inpatient psychiatric care and grant programs to promote more effective treatment, we do not believe it necessary to dismantle SAMHSA, which has been productive in carrying out its mission.

- **H.R. 4435 –The Comprehensive Behavioral Health Reform and Recovery Act of 2016:** This legislation introduced by Representatives Gene Green (D-TX), Diana DeGette (D-CO), Joseph Kennedy (D-MA), Doris Matsui (D-CA), Paul Tonko (D-NY), and David Loebsack (D-IA) would provide additional funding to increase the workforce needed to treat mental illness, establish an Assistant Secretary for Mental Health and Substance Abuse within the Department of Health and Human Services (HHS), expand Medicaid coverage for mental health services received at Community Health Centers, and eliminate the 190-day lifetime limit on inpatient psychiatric care under the Medicare program. ACP supports this legislation.

Furthermore, last December, the Senate Finance Committee released a policy options document that enumerated numerous policies that the Committee is considering to improve care for individuals with a chronic illness. One section of the policy options document mentioned the need for better integration of care for individuals with chronic condition combined with a behavioral health disorder. ACP submitted a letter to the Senate Finance Committee in support of this section.

- [View](#) ACP’s comment letter to the Senate HELP Committee
- [View](#) ACP’s comment letter to the Senate Finance Committee

Why should the 114th Congress address it?

According to the Centers for Disease Control, costs associated with mental illnesses have risen to \$300 billion annually and the health impact of these illnesses show an increase in substance abuse and a rise in co-morbidity from chronic diseases such as cardiovascular diseases, stroke, and asthma.

Individuals suffering from mental illness are currently not receiving adequate treatment that meets their needs. Unless Congress acts to enact policies to remove gaps and barriers to care for those suffering from these illness, the economic and health costs associated with these behavioral health disorders will continue to grow.

What’s ACP’s view

Members of Congress should include in legislation, as is currently being developed in the House and Senate, measures to strengthen insurance companies compliance with existing mental health parity laws as well as the following elements necessary to integrate behavioral and mental health into the primary care setting and reduce barriers associated with such disorders:

Establish grants, including Innovation and Demonstration grants, to State and local governments, educational institutions, and nonprofit organizations for integrating or coordinating physical health, mental health and substance abuse services; expand the Minority Fellowship Program, the National Health Service Corps and other qualified entities to strengthen the behavioral health workforce.

Provide a defined portion of grant funding to the effective integration of services to address mental illness and substance abuse within the primary care setting and to expand a workforce trained to integrate behavioral health within the primary care setting.

Establish a grant program to fund fully integrated practices (i.e. primary care and behavioral health that is available in the same setting) and specifically state that the team would include a primary care physician and the population treated would include patients with mental illness and co-occurring primary care conditions with chronic diseases.

- [View](#) ACP’s paper on The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care

Who can I contact to learn more?

advocacy@acponline.org

Digital version of this issue brief can be found at: <https://www.acpservices.org/leadership-day/policy-priority-issues>