

Leadership Day, May 17-18, 2022

Mental and Behavioral Health

Since 1949, May has been designated as Mental Health Awareness Month to raise the nation's awareness and educate the public about mental illness. However, being aware of and addressing the adverse effects of stress, anxiety, depression, and COVID-19 on mental and behavioral health is something we must recognize and address daily. Before the COVID-19 pandemic, mental health challenges were common, with [1 in 5 adults](#) experiencing a mental illness in any given year. Mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to [1 in 5 children](#) ages 3 to 17 in the United States having a mental, emotional, developmental, or behavioral disorder. ACP has been championing the need for lawmakers to address both mental and behavioral health issues that have escalated during the COVID-19 pandemic and the need to provide adequate resources for such treatment. Far too often, substance use disorders (SUD) are left untreated, which then compound or lead to both physical and mental illnesses. Therefore, the need for mental health and substance use disorder parity in health coverage is essential.

ACP applauded the passage of the bipartisan *Dr. Lorna Breen Health Care Provider Act*, H.R. 1667, which was signed into law by President Biden earlier this year. The law helps physicians by preventing and reducing incidences of suicide, mental health conditions, SUD, and long-term stress through grants, education, and awareness campaigns to reduce stigma and identify health care clinicians seeking assistance. In early March, Secretary Becerra kicked off a "[National Tour to Strengthen Mental Health](#)." We are encouraged by the [strategy](#) announced by the Biden Administration at the State of the Union Address which emphasized the national shortage of behavioral health clinicians, integration of behavioral health into primary care, and barriers to access. We are pleased that the [proposed 2023 federal budget](#) released by President Biden in March addresses many of the issues outlined in the Biden Administration's "Strategy to Address Our National Mental Health Crisis."

Overview of Congressional Action

Several congressional committees, including the House Energy and Commerce and Ways and Means Committees and Senate Health, Education, Labor and Pensions (HELP) Committee, have held hearings to address the state of mental health in America. These hearings are a first step in getting mental health legislation heard and passed. The Energy and Commerce [hearing](#) focused on examining legislation designed to improve access to mental and behavioral health education, prevention, treatment, and recovery services. The Ways and Means [hearing](#) examined the growing crisis and stigma of Americans talking about mental health problems, how COVID-19 increased the number of people expressing symptoms of anxiety and depressive disorder and how the pandemic has affected the mental health of health care clinicians. The HELP Committee [hearing](#) addressed the mental health and SUD crises which have been worsened by the COVID-19 pandemic as well as the mental health crisis among youth and the growing challenges to getting care to communities of color, Tribal communities, and people with disabilities.

A common theme of these hearings is that additional resources are needed to combat mental depression and SUD. In our statements referenced above to these committee hearings, ACP advocated for policies that would reduce the mental strain on physicians due to the pandemic, promote the integration of primary and behavioral health, expand physician workforce and patient access to telehealth services, and improve oversight and enforcement of mental health parity laws.

ACP supports the integration of behavioral health care into primary care and encourages our members to address behavioral health issues within the limits of their competencies and resources and therefore specifically support the Collaborative Care Model (CoCM). We believe this model, which allows patients to receive behavioral health care through their primary care doctor working collaboratively with a psychiatric consultant and a care manager to manage the clinical care of behavioral health patient caseloads, is one of several approaches and models for integrating effective care. The CoCM demonstrably improves patient outcomes because it facilitates adjustment to treatment by using measurement-based care. It is currently being implemented in many large health care systems and group practices throughout the country and reimbursed by several private insurers and Medicaid programs.

ACP released a [position paper](#) that recommends that public and private health insurance payers, policymakers, and primary care and behavioral health care professionals work toward removing payment barriers that impede behavioral health and primary care integration. Stakeholders should also ensure the availability of adequate financial resources to support the practice infrastructure required to effectively provide such care. Because small and rural practices have an especially difficult time entering the CoCM due to the financial burden associated with the start-up costs, ACP believes that ensuring the proper valuation of CPT codes for the CoCM would significantly reduce the financial burden on these practices and would further encourage participation in the model.

Request of Congress

- ✓ **Cosponsor and pass in the House H.R. 5218, the *Collaborate in an Orderly and Cohesive Manner Act*, that would provide grants through the Department of Health and Human Services to primary care physicians who choose to deliver behavioral health care through the CoCM.** The bill authorizes \$30 million annually for FY 2022 through FY 2026 and funding may be used for initial costs such as hiring staff, establishing contractual relationships with health care clinicians, purchasing or upgrading software, and other necessary activities. Recipients who provide care to medically underserved populations and in areas where the prevalence of behavioral health conditions exceeds the national average are given priority for these grants. Senators should introduce and pass the companion bill in the Senate.
- ✓ **Support enhanced reimbursement for CoCM payment codes under Medicare to more appropriately reflect the value of services provided to patients with mental health and SUD needs.**

Additional policy priorities can be found at: [Policy Priority Issues | ACP Services](#)