

April 19, 2022

CC: Secretary Becerra

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Xavier Becerra
Secretary
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Brooks-LaSure:

On behalf of the undersigned organizations, which represent hundreds of thousands of physicians and medical students across the country, we are writing to share our recommendations to assist in alleviating America's unprecedented mental health crisis and strengthen behavioral health programs. We appreciate the Biden Administration's sustained commitment to supporting improved care for individuals in need of mental health care, a crisis that has only been exacerbated by the COVID-19 pandemic.

Over the past few months, many constructive steps have been taken with the intent to alleviate the nation's current mental health crisis. In early March, Secretary Becerra kicked off a "[National Tour to Strengthen Mental Health](#)." Additionally, 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, the integration of behavioral health into primary care, and barriers to access. We are especially 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." President Biden also recently signed the [Dr. Lorna Breen Health Care Provider Protection Act](#) into law. This is not only a critical attestation that health care physicians and clinicians are not exempt from this crisis, but it is also a timely piece of legislation that will help identify resources for health care clinicians seeking assistance and will consequently reduce the stigma.

Integrating Behavioral Health into Primary Care Settings

The integration of behavioral health into primary care settings is an important element of providing patient-centered, whole-person care and establishing a more fully integrated and coordinated health care system. Whole-person care is a foundational element of primary care delivery which recognizes that physical and behavioral health conditions are interrelated. Many physical health conditions have behavioral health consequences, and many behavioral health conditions are linked to increased risk for physical illness.

We are supportive that in the Biden Administration's strategy to address the national mental health crisis, this integration is highlighted favorably. We are also pleased that the Administration's proposed budget doubles the funding for primary and behavioral health integration services. This will further encourage practices to participate. We are additionally encouraged that the Department of Health and Human Services (HHS) will test payment models that support the delivery of whole-person care through behavioral health integration and authorize Medicaid reimbursement of inter-professional consultations which would allow primary care clinicians to consult with specialists.

While our organizations are pleased with the efforts the Administration has taken to support this integration, we recommend that public and private payers, policymakers, and primary care and behavioral health care professionals continue to work together to remove payment barriers that impede behavioral health and primary care integration. Stakeholders should also ensure the availability of **adequate financial resources** to support the infrastructure required to effectively provide such care.

Provide Incentives for Physicians to Participate in the Collaborative Care Model

Proper incentives must be provided for physicians to participate in the Collaborative Care Model (CoCM). CoCM is a patient-centric, integrated model in which a primary care physician works collaboratively with a psychiatric consultant and a care manager to coordinate the clinical care of behavioral health patient caseloads. This model allows beneficiaries to receive behavioral health care through their primary care doctor, alleviating the need to seek care elsewhere unless behavioral health needs are more serious. 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. Although the collaborative care model is well-studied and evidence-based, the testing of other integration models is still advantageous and necessary.

While the improvement in patient outcomes is clear, small and rural practices have an especially difficult time entering this model due to the financial burden of the startup of this program. **Our organizations believe that proper valuation of the psychiatric Collaborative Care Management codes would significantly reduce the financial burden on practices and would further encourage participation in the program.**

Conclusion

We appreciate the commitment of CMS to address the crises in mental and behavioral health, not only through the duration of the COVID-19 pandemic, but in the future so that our patients will receive the treatment and services necessary to improve their physical and mental health. We look forward to working with CMS to adopt the recommendations outlined in this letter and are happy to guide internal medicine physicians as a resource as you navigate through the rulemaking process. Please contact Brian Outland, Ph.D., Director of Regulatory Affairs at the American College of Physicians, by phone at (202) 261-4544 or email at boutland@acponline.org if you have questions or would like additional information.

Sincerely,

*American Academy of Allergy, Asthma & Immunology
American Academy of Neurology
American College of Allergy, Asthma & Immunology
American College of Physicians
American Psychiatric Association
American Society of Hematology
American Society of Nephrology
Society for Adolescent Health and Medicine
Society of General Internal Medicine*