



November 1, 2021

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the Alliance of Community Health Plans (ACHP), I applaud both of you for the bipartisan leadership of the Senate Committee on Finance in developing legislation to address mental and behavioral health care. ACHP members have worked for decades to address barriers to mental health care and provide timely access to quality mental health care and substance use disorder services. Unfortunately, COVID-19 has intensified the need for action.

ACHP represents the nation's top-performing non-profit health plans improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that provide high-quality coverage and care to more than 24 million Americans across 36 states and D.C. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment and data-driven systems improvement.

ACHP appreciates the opportunity to respond to the Committee's request for information (RFI) on how Congress can address mental and behavioral health care challenges through:

- Increasing integration, coordination and access to care;
- Furthering the use of telehealth;
- Strengthening the workforce; and
- Improving access to behavioral health care for children and young people.

Increasing integration, coordination and access to care

The ACHP Member Plan Model

ACHP member organizations are built around a unique approach to health care, putting the patient at the center with health plans and clinical teams collaborating to improve outcomes and reduce costs. Core to the payer-provider model is the mission to provide high-quality, coordinated coverage and care. This approach aligns incentives to deliver appropriate and accessible care. In addition, the simple fact that ACHP members are deeply rooted in their communities enables the model to address community needs in a targeted fashion, focusing on integration, coordination and access to care.

MAKING HEALTH CARE BETTER

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Support for a robust primary care system with access to behavioral health services is vital to improving the health of individuals and communities. The partnership between payers and providers strongly impacts the success of these efforts.

For example, one ACHP member launched an Integrated Substance Use Disorder and Community Collaborative Initiative, designed to engage patients any time they touch the delivery system. The initiative takes an integrated approach to the opioid epidemic, involving primary care, behavioral health, emergency services and hospital care. The program proved so successful that the plan has now incorporated it into department operations and workflow.

Care Anywhere

During the COVID-19 crisis, telehealth and virtual care innovation have enabled millions of Americans to access critical care and manage chronic conditions while minimizing exposure. Yet even before the pandemic, nonprofit, community-based health plans shaped the evolution of consumer access to care anywhere — beyond hospitals and clinics. Through collaboration with local provider partners and health systems, the ACHP member companies have enhanced options for consumers to access care when and where they choose. Meeting consumers where they are with the services they need leads to improved care coordination, expanded access and reduced costs – improving value in the health care system.

Whether by phone or email, by video or remote device, in the home, in community centers or at a clinic or hospital, ACHP plans provide convenient, high-quality options to consumers to receive care anywhere. By placing patients at the center, ACHP members' adoption of important care delivery flexibilities, including for behavioral health services, empowers consumers while improving access to high-quality coverage and care.

Furthering the use of telehealth

ACHP has long supported and promoted telehealth as a vehicle for providing affordable and efficient access to care, especially in areas challenged with widespread access to timely and available care.

Medicare In-Person Requirements for Mental Health Services

ACHP strongly supports permanent expansion of telehealth services under the public health emergency, and specifically supports the expansion of the Medicare telehealth benefit for mental health services furnished in the home and without geographic restrictions. The Consolidated Appropriations Act of 2021 provisions for in-person requirements before and after telehealth services in order to be eligible for reimbursement are absolutely unnecessary restrictions and should be repealed.

Access to Audio-Only Telehealth

ACHP supports the use of audio-only telehealth services for the diagnosis, evaluation or treatment of mental health disorders furnished to established patients when the

originating site is the patient's home. This will facilitate access to mental health services for those beneficiaries who lack access to two-way audio/video technology as well as to those patients who are either unable to, or do not want to use, that technology.

ACHP strongly supports allowing audio-only forms of telehealth, including mental and behavioral health services, to be covered under Medicare. We are, however, concerned that CMS does not allow audio-only encounters to be counted for Medicare Advantage risk-adjustment purposes and urge the Committee to address this policy. We applaud Senators Catherine Cortez Masto (D-NA) and Tim Scott (R-SC) for their leadership on this issue and introduction of the *Ensuring Parity in MA/PACE for Audio-only Risk Adjustment Act* (S. 150). If Congress is unable to pass this legislation in the very near future, we urge the Committee to work with the Administration to have CMS address MA audio-only risk-adjustment for 2020 and 2021 through the regulatory process. In fact, CMS has allowed audio-only encounters for risk-adjustment in the Affordable Care Act marketplaces. This is a distinction without a difference, creating inequity for MA consumers at no fault of their own. The Committee should work with CMS to create one set of rules that are applicable for all federal programs.

Strengthening the Workforce

ACHP members have undertaken significant efforts to strengthen the workforce and increase workforce diversity, including in the behavioral health sector. As community-based plans, our members are committed to ensuring that their workforce reflects their respective communities. The Committee should consider the following ideas to strengthen the workforce:

- Seek additional investments in educational support, such as student loan reimbursement for professionals who work in underserved settings or loan forgiveness and financial support for minority individuals to pursue professional degrees in mental health, including psychiatrists, psychiatric nurse practitioners (NPs), social workers and mental health counselors.
- Incentivize collaboration between behavioral health providers and other providers in the health care system, such as exploring the use of value-based care as an approach to incentivize improved care coordination, patient outcomes and data integration.
- Further simplify the privacy requirements for substance use disorder (SUD) records as the current 42 CFR Part 2 provisions are a hindrance to collaboration. ACHP supports aligning 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) to ensure that all health care data is covered under the same privacy provisions. SUD privacy should not be treated differently than privacy related to any genetic disease and continuing to treat it differently only perpetuates the stigma of SUD.

Improving access to behavioral health care for children and young people

According to the Centers for Disease Control and Prevention (CDC), suicide was the second leading cause of death among young people between the ages of 10 and 34 in 2019. As with adults, the COVID-19 pandemic has only worsened the situation in children and young people as they suffered from social isolation, grief and loss of routines similar to adults. The stigma of mental and behavioral health also impedes children and young people from receiving care to address their needs.

ACHP supports eliminating barriers to care and expanding the continuum of prevention, treatment and recovery services available to children and young people. Furthermore, these services should be integrated into settings that children have access to, such as pediatric primary care settings and school-based mental health programs. Closing these gaps in access to behavioral health care services will help young people receive the care they need and be healthy.

Conclusion

We thank you for your consideration of our comments and recommendations. Please contact Tricia Barrentine Guay, Director of Legislative Affairs, with any questions or if additional information would be helpful.

Sincerely,

Dan Jones

Dan Jones
Vice President, Federal Affairs