



January 15, 2014

The Honorable Tim Murphy
Chairman
Oversight & Investigations Subcommittee
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Re: Helping Families in Mental Health Crisis Act of 2013 (HR 3717)

Dear Congressman Murphy,

On behalf of NHMH – No Health without Mental Health (www.nhmf.org), I am writing to express our organization's support for your legislative efforts to advance comprehensive legislation to improve behavioral health (BH) access and quality care.

NHMH is a new-paradigm behavioral health advocacy organization in that while our long-term goal is to eliminate the social stigma surrounding mental disorders in our culture, we believe the optimum effective way to do that is to advocate for full service integrated care, that is, behavioral health care services and payment integrated into the general medical setting, and medical care into the specialty behavioral health sector which is vital for those with serious mental illness.

45 million American adults suffer from behavioral health conditions in our country. The vast majority of them, 80%, many with serious mental illness, are seen primarily or exclusively in either primary or specialty medical care settings, but most do not receive BH assessments and treatment there. Although nearly 50% of patients with chronic medical diseases have co-morbid BH conditions, 80%+ of the BH conditions remain untreated or ineffectively treated. For the third of patients who receive BH care in the primary care sector, treatment for only 1 in 9 is evidence based. And only 50% of "treated" primary care patients with BH conditions see a BH specialist.

The consequences are enormously damaging to health outcomes and total health care costs. Untreated BH conditions in the primary care setting are associated with treatment non-response, illness persistence, higher medical illness complication rates, higher health care service use and care costs, and premature death. Further, unless this situation is addressed, those 60% of BH patients who remain untreated in the medical sector will continue to add nearly \$300 billion annually to the total health care budget.



In today's health reform environment, the term "integrated care" has often come to be synonymous with improving medical care in the standalone BH sector. While important and vital, it is only a small part of the story: it does not address the BH majority languishing in primary care.

The answer is full service integration, of BH care in the medical setting, as well as medical care in the BH setting. To achieve that goal, BH providers must become part of medical provider networks, and BH services must be paid as part of "medical" health plan benefits.

For these reasons, NHMH – No Health without Mental Health strongly supports a number of important provisions in the Helping Families in Mental Health Crisis Act (HR 3717):

- Prioritization of integration of BH services in the medical setting;
- Support for evaluation and dissemination of evidence-based practices and service delivery models for BH care in the BH and medical sectors;
- Provision of programs to train primary care physicians in behavioral health screening tools;
- Expansion of Medicaid coverage to include same-day medical and BH services;
- Establishing a pilot program for assisted outpatient treatment grant program;
- Revisions to the federal HIPAA and FERPA laws permitting families and other caregivers to have access to vital information necessary to provide care and support;
- Improved access to psychiatric medications in the Medicaid and Medicare programs, and
- Increased resources for research through the National Institute of Mental Health (NIMH) including research on early identification of serious mental illness.

NHMH expresses its appreciation for your leadership in this effort to improve behavioral health care in America. And in recognizing the essential inter-connectedness of medical and BH care and treatment and that *both* must be treated in a coordinated, collaborative, evidence-based fashion in order to achieve the nation's strategic Triple Aim objectives for our health care system.

Sincerely,

Florence C. Fee, J.D., M.A.
Executive Director