



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

August 19, 2015

The Honorable Tim Murphy
U.S. House of Representatives
2332 Rayburn House Office Building
Washington, DC 20515

The Honorable Eddie Bernice Johnson
U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Murphy and Congresswoman Johnson:

The Association for Behavioral Health and Wellness (ABHW) thanks you for your leadership on H.R. 2646, the Helping Families in Mental Health Crisis Act. We appreciate your prioritizing a reformation of the nation's mental health system and are thrilled to see such a large comprehensive mental health bill in the House of Representatives.

ABHW is the national voice for companies that manage behavioral health and wellness benefits. ABHW member companies provide specialty services to treat mental health, substance use, and other behaviors that impact health to approximately 150 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

In particular, we are glad that you have included provisions to extend health information technology assistance for mental health and substance abuse, allow providers to bill Medicaid for mental and physical health services provided on the same day, address the IMD exclusion, and increase funding for certain research at the National Institute of Mental Health.

We are also especially pleased to see you have addressed 42 CFR Part 2 (Part 2) in your legislation; ABHW agrees this regulation needs to be revised. We do, however, recommend an even stronger approach. As you know, Part 2 creates barriers to integration of behavioral and physical health. Obtaining multiple consents from the patient is challenging and creates barriers to member-centric, integrated approaches to care, which are part of our current health care framework. In addition, individuals with substance use disorders will often go to different providers so they can obtain multiple prescriptions for medications to which they are addicted. Without access to a patient's record, this behavior is hard to detect and treat. The current consent requirements in Part 2 make coordination of care extremely challenging, if not impossible. At a minimum, ABHW would like to see health plans specifically listed as an integrated care arrangement in this bill. Ultimately, ABHW recommends aligning Part 2 with the HIPAA privacy rule to allow transmission of Part 2 data without written consent for treatment; payment; and healthcare operations.

Regarding mental health parity, ABHW member companies have been implementing parity and believe that further guidance in certain areas is necessary. ABHW member companies have been implementing parity and recognize that a GAO study detailing the extent to which plans comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) will help

further educate people on the intent of parity and ensure parity compliance. We encourage the de-identification of any health plans and plan sponsors in any information that is made public. Identifying these entities is unnecessary and could result in an unfair disadvantage in the marketplace. ABHW would strongly oppose the inclusion of any additional language that would mandate onerous disclosure requirements.

Finally, we thank you for including a section on grants for telehealth services for mental health disorders. We would also like to see a further expansion of access to telehealth services. Telehealth services have been proven to drive important advancements for our patients, expand access to care, improve health outcomes, reduce the inappropriate use of psychotropic medications, overcome the stigma barrier, and cut costs. Telehealth has the ability to reach a broad range of behavioral health consumers, including patients who reside in areas where there is a shortage of behavioral health providers. Under section 1834(m) of the Social Security Act, Medicare pays for telehealth services when the service is furnished by an eligible practitioner; a patient is located in an originating site; and the originating site is in a rural area. Eliminating the originating site and geographic restrictions to Medicare reimbursement, increasing the list of eligible providers, addressing state regulations and licensure issues, and lessening the barriers created by the Ryan Haight Act would improve access to and quality of care for people with behavioral health needs.

We look forward to working with you to improve this legislation and ensure passage of a bipartisan bill that will improve the nation's mental health system. Rebecca Murow Klein will be contacting your office to further discuss our comments.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Greenberg".

Pamela Greenberg,
President and CEO, ABHW