



No Health without Mental Health
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NHMH – NO HEALTH WITHOUT MENTAL HEALTH COMMENTS ON REP. JOSEPH KENNEDY BILL: the “MENTAL HEALTH COORDINATION AND COMMUNICATION ACT OF 2020”:

Comments on Recommended Changes:

- 1) Pg. 3, line 4, the list of persons the Interagency Coordinator (IC) “shall” consult provision should be expanded to include the Administrator for the Centers of Medicare & Medicare, and the Director of the National Institutes of Health, in lieu of existing “may” consult with them, given the importance of CMS as a pivotal driver of integrated care reform and the criticality of NIMH-fund research on BH disorders causation and effective service delivery innovations;
- 2) Pg 5, line 3: bill should include more detail on incentives to ENABLE integrated medical-BH care. It is not enough to say “promote” integrated care, we must be specific on HOW to SUPPORT medical practices being ABLE to integrate BH care with: (a) provider payment reform; (b) financial support to practitioners for training and essential Hit such as EHRs, patient registry, tracking tools, etc and (c) encouraging physicians to enter new insurance contracts with plans that make BH services a “medical” benefit;
- 3) Pg 6, line 1: there should be greater priority on integrated pediatric primary care since this is where early identification, assessment, treatment of BH conditions in young children takes place, and pediatric primary care practitioners require similar supports as in Comment 1) above;
- 4) Pg. 6, line 8: The survey or inventory should also include priority care delivery responsibilities. For instance, inventory all federal agencies involved in implementing integrated med-BH care including HHS-CMS; HHS-HRSA; HHS-IHS; Dept of Veterans Affairs, etc;
- 5) Pg. 6, line 12: Recommendations to President, Congress etc should be prefaced by “shall provide” in lieu of “may provide” on restructuring, reorganizing areas of responsibilities, etc
- 6) Pg. 10, line 8, the “Team” should also include medical and BH practitioners with clinical and/or research experience related directly to integrated med-BH care models implementation.
- 7) General Comment: The bill’s provisions on BH and the criminal justice system should include provisions for funding for training of lawyers and judges on the nature of mental health conditions to better inform their understanding of these conditions.

Recommendation for Bolder Vision & Strategy:

This proposed bill talks about BH as if it is a separate subject from medicine, accepting an old paradigm of fragmented care in our healthcare system, i.e. separating medical and BH care services. Instead, an overarching theme of the bill should be setting a roadmap for making BH care simply another sub-specialty of medicine (preserving a separate, stand-alone specialty BH setting for those with SMI).

The IC role simply adds another bureaucrat and layer of administration to an already convoluted system.

The bill is not bold enough: nor will it break down the silos existing between federal health agencies causing overlapping, uncoordinated, redundant work, and an inability to communicate, collaborate and

collectively think and plan strategically. With little authority, the IC role moves the ball but few inches. We suggest something much bolder.

To effect real change, there has to be a consensus on all sides on what is needed. We have that in the case of integration of medical and BH care for all Americans: Among GOP Members there is broad support for primary care transformation already underway to shift providers and systems to value-based care, patient-centered care, team care, with primary care medicine better prioritized. Among Dem Members, there is strong support for real advances in BH access and quality care.

NHMH would propose that Rep. Kennedy create and co-lead a new coalition in the Congress to bring these two existing health policy groups, on a vital issue, together to work on legislation meaningfully enabling effective integrated care to be developed and implemented across the country post pandemic.

We believe such a coalition is very doable: the existing reforms and innovations have begun. The work on value-based care reforms, PCMH and ACO innovations for whole person care, MH as an essential health benefit, federal parity law, and ACA support for 1115 waivers to states for innovation, all these reforms speak of the foundation already in place related to integrated care.

NHMH urges Rep. Kennedy to take on this ambitious yet doable focused and collaborative effort to build an alliance of political support in the Congress, which can be wedded to health expert policy support (in areas of integrated care). The times require bold, creative, problem-solving thinking and solutions. It would be most fitting that Rep Kennedy should lead in building this coalition. It could affect historic change significantly improving mental and total health care for all Americans.

Respectfully submitted,

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