



THE PARTNERSHIP FOR MEDICAID

March 22, 2019

The Honorable Charles Grassley
Chairman
Senate Finance Committee
219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Frank Pallone
Chairman
House Energy & Commerce Committee
2322 A Rayburn House Office Bldg.
Washington, D.C. 20515

The Honorable Greg Walden
Ranking Member
House Energy & Commerce Committee
2125 Rayburn House Office Bldg.
Washington, D.C. 20515

Dear Chairman Grassley, Chairman Pallone, Sen. Wyden and Rep. Walden:

The undersigned members of the Partnership for Medicaid – a nonpartisan, nationwide coalition made up of organizations representing health care providers, safety net health plans, counties and labor – are writing to endorse the Excellence in Mental Health and Addiction Treatment Expansion Act. This bill would extend and expand the current Certified Community Behavioral Health Clinic (CCBHC) demonstration.

In particular, we support the two key health policy objectives advanced by this eight-state, two-year Medicaid demonstration: expanding access to community-based behavioral health services and better integrating mental health and addiction treatment services with primary care. CCBHCs are designed to serve those individuals with the most complex mental illnesses and addictions with a comprehensive array of mental health and addiction services. Delivering a mandatory set of interventions including 24-hour emergency mental health crisis services and medication-assisted treatment (MAT) has enabled Certified Community Behavioral Health Clinics to serve nearly 400,000 patients with serious mental illness and addiction disorders in only the first year of implementation.¹ Estimates indicate that up to 25% of this patient population has never been in behavioral health treatment before.²

The Partnership is also encouraged by early results from the demonstration showing advances in integrated care. CCBHCs are required to initiate screening and monitoring of physical health indicators (e.g., BMI, hypertension and blood sugar) at intake. Further, the CCBHC program requires these participating clinics to establish partnerships with primary care providers, including Federally Qualified Health Centers (FQHCs), to ensure seamless transitions of care. In turn, these statutory requirements are directly leading to deeper integration of care delivery systems: 55 percent of CCBHCs report that they have enhanced their on-site primary care

¹ Substance Abuse and Mental Health Services Administration. (2017). *Certified Community Behavioral Health Clinics Demonstration Program Report to Congress, 2017*

² National Council for Behavioral Health. (2017). *CCBHC Demonstration National Impact Survey*.

offerings and several CCBHCs have co-located behavioral health facilities with FQHCs, giving patients immediate access to medical services for co-occurring chronic diseases (e.g., diabetes, cardiac conditions and emphysema).³ Unfortunately, with the CCBHC demonstration set to end in mid-2019, access to these lifesaving treatments could be lost.

Results from a National Council for Behavioral Health report show that states face a looming crisis in access to care with the CCBHC demonstration set to end on March 31, 2019 in Oregon and Oklahoma and June 30, 2019 in Minnesota, Missouri, Nevada, New Jersey, New York and Pennsylvania. Specifically, the report shows that the end of the CCBHC program would result in 9,100 patients losing access to medication-assisted treatment (MAT) and 3,000 clinicians and staff would be laid off. Patients would lose timely access to services with 77 percent of CCBHCs reporting that they would have to re-establish a waitlist for services, while others would lose access to care entirely with over half of CCBHCs reporting that they will have to turn people away from care.⁴

If Congress fails to act, community-based behavioral health treatment capacity will be lost for participating states, and the costs of treating this population will likely shift to hospitals and other intensive care settings. Two recent studies highlight the consequences of limited access to community-based mental health and addiction treatment services. For example, an October 2018 study of all licensed hospitals in California between 2012 and 2014, published in the Journal of the American Medical Association (JAMA) Open Network, showed that more than half of frequent Emergency Department users “have a mental health diagnosis, and this group has higher rates of morbidity and mortality and incurs higher costs over time.”

At the same time, a recent study completed by Premier -- a nationwide hospital system -- demonstrates how the health care system is struggling to cope with the opioid crisis. “The average cost for an overdose patient who was treated and released totaled \$504, but the average cost rose to \$11,731 for those that were treated and admitted and up to \$20,500 for those that required Intensive Care Unit (ICU) care.” The study goes on to note that, of those who are treated and released from the ED, about 24% were readmitted for additional emergency care within 30 days of discharge.

In conclusion, the Partnership for Medicaid supports the extension and expansion of CCBHCs in order to provide timely and clinically appropriate care to these vulnerable and high-need patients.

Thank you for your attention to this important matter.

Sincerely,
AFL-CIO
America’s Essential Hospitals
Catholic Health Association of the United States
Children’s Hospital Association

³ National Council for Behavioral Health. (2018). *Certified Community Behavioral Health Clinics: Advancing the Adoption of Integrated Care*

⁴ National Council for Behavioral Health. (2019). *A Looming Crisis Threatens Access to Opioid Addiction Care*.

Association of Clinicians for the Underserved
Easterseals
The Jewish Federations of North America
National Association of Community Health Centers
National Association of Counties
The National Association of Pediatric Nurse Practitioners
National Council for Behavioral Health
National Health Care for the Homeless Council
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