

May 20, 2025

The Honorable Catherine Cortez Masto
520 Hart Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
517 Hart Senate Office Building
Washington, DC 20510

The Honorable Nicole Malliotakis
1124 Longworth House Office Building
Washington, DC 20515

The Honorable Lizzie Fletcher
2004 Rayburn HOB
Washington, DC 20515

Dear Sens. Cortez Masto and Cornyn, and Reps. Malliotakis and Fletcher,

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates and other stakeholders committed to strengthening Americans' access to mental health and substance use care, is writing to express our strong support for S.931/H.R.2509, the Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act. By incentivizing primary care to adopt, implement and progress along the integrated care continuum, your important legislation would improve access to timely and effective behavioral health care treatment. This legislation is timely because there is a wide recognition that integrated care is a critical step toward treating the whole person and breaking down the barriers of fragmented care.

The version of the COMPLETE Care Act that was forwarded out of the Senate Finance Committee unanimously in the 118th Congress remains largely unchanged in the 119th Congress with the exception of adding a general BHI code, G0323, for psychologists and social workers that was not yet available in the beginning of the last Congress, and by eliminating the quality reporting measures to align with Finance TA and mark up.

The bipartisan bill would expand access to needed mental health and substance use disorder services by helping clinicians and practices/systems adopt and make progressive implementation advances in innovative integrated delivery models such as the Primary Care Behavioral Health Model and Collaborative Care Model. By facilitating coordinated, inter-disciplinary, team-based care between medical and behavioral professionals in the primary care setting, these holistic team-based models have the capacity to increase access, reduce wait times for treatments, improve patient outcomes and experience of care, and reduce total cost of care.

The evidence is overwhelming in both the scientific literature and in real-world clinical care experience for the need to integrate behavioral health in primary care settings and other settings to improve the management of chronic conditions. Twenty to forty percent of patients with a chronic medical condition also have a co-occurring behavioral health

condition, most commonly depression, anxiety and/or substance use disorder. Further, patients with concurrent chronic physical and mental health conditions incur 2-3 times higher total healthcare costs than those with only chronic medical conditions. Actuarial firm Milliman reports the total excess costs of this comorbid patient group as \$406 billion annually across all payers.

The utilization of these innovative models by primary care practices remains low due to the up-front costs associated with implementation. By providing temporarily enhanced Medicare payment rates for behavioral health integration services, as well as technical assistance and quality measures, this legislation would help to ensure that integrated behavioral health care is more widely implemented, and patients can get the mental health and substance use care they require.

We look forward to working with you to advance this important legislation and improve outcomes for our patients.

Sincerely,

American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association of Psychiatric Pharmacists
American Association on Health and Disability
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association Services
Anxiety and Depression Association of America
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Collaborative Family Healthcare Association
Crisis Text Line
Depression and Bipolar Support Alliance (DBSA)
Global Alliance for Behavioral Health & Social Justice
Huntington's Disease Society of America
Inseparable
International OCD Foundation
International Society of Psychiatric-Mental Health Nurses
Legal Action Center
Maternal Mental Health Leadership Alliance
Meadows Mental Health Policy Institute
Mental Health America
NAADAC, the Association for Addiction Professionals

National Alliance on Mental Illness (NAMI)
National Association for Rural Mental Health (NARMH)
National Association of County Behavioral Health and Developmental Disability
Directors (NACBHDD)
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Association of State Mental Health Program Directors
National Board for Certified Counselors
National Council for Mental Wellbeing
National Federation of Families
National League for Nursing
NHMH - No Health without Mental Health
Policy Center for Maternal Mental Health
Psychotherapy Action Network (PsiAN)
Recovery Innovations, Inc
The Kennedy Forum
Trevor Project
Trust for America's Health
Vibrant Emotional Health