



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
PRACTICE ORGANIZATION

February 11, 2014

The Honorable Ron Wyden
United States Senate
Washington DC, 20510

The Honorable Johnny Isakson
United States Senate
Washington DC, 20510

Dear Senators Wyden and Isakson:

On behalf of the American Psychological Association Practice Organization (APAPO), I am writing to share comments and suggestions regarding legislation you recently introduced—S. 1932, the ‘Better Care, Lower Cost Act’—to establish new health care delivery systems for Medicare beneficiaries with chronic conditions. The APAPO is dedicated to advancing the practice of psychology, and represents the interests of doctoral-trained psychologists, who are licensed health care professionals. The APAPO is affiliated with the American Psychological Association (APA), the largest membership association of psychologists, with more than 137,000 members and affiliates engaged in the practice, research, and teaching of psychology.

Research shows that psychological services are vitally important in achieving the twin aims of your legislation, of both improving treatment outcomes and reducing treatment costs. Treatment costs for individuals with both a chronic general medical condition (such as diabetes or congestive heart failure) and a depressive disorder are 50 percent to 100 percent greater than for individuals who do not have depression. Behavior affects physical health, and optimal treatment effectiveness and efficiency can only be achieved if mental and behavioral health services are tightly woven into the service delivery system. Following are suggested amendments for more fully accomplishing this in S. 1932.

In multiple sections, references to behavioral health should be standardized to explicitly include mental health services, health status, and interventions. The term “behavioral services” is not adequately defined in the bill as including both mental health and substance abuse services. As described in the Diagnostic and Statistical Manual of

Mental Disorders, substance abuse disorders are considered a subset of the broader category of mental disorders. Therefore, we suggest the following changes in the current text, as underlined:

- p. 4 lines 13: “focus on physical, mental, behavioral, and psychosocial”
- p. 6 line 23: “affects their physical or mental health status”
- p. 13, line 20: “home health services, mental and behavioral health care,”
- p. 18, lines 20-21: “providers of social, mental, and behavioral health services”
- p. 37, lines 9-13: “medical, mental, or behavioral health services”
- p. 49, lines 14-15: “self-management, mental health, and behavioral interventions”

Similarly, we believe your legislation should be amended to explicitly include psychologists as part of qualified Better Care Program staff. As you know, psychologists are the preeminent

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providers of psychological and behavioral health services. Clinical psychologists provide an estimated 40 percent of psychotherapeutic services to Medicare beneficiaries in outpatient settings, and roughly 70 percent of such services provided in inpatient settings. We believe it is self-evident that the staff of a Better Care Program should include psychologists, and ask that the following changes be made to accomplish this:

- p. 14, line 10: “psychologists, social workers, pharmacists, and behavioral”
- p. 50, lines 22: “dietitians, psychologists, social workers, and physical therapists.”

Many Medicare beneficiaries have a mental disorder as a primary or secondary chronic condition. In order to expand the potential identification of these and other beneficiaries who could benefit from being served by a Better Care Program, we suggest that the enrollment criteria should explicitly include references to mental health examinations and conditions. Please make the following changes:

- p. 8, lines 1-9:
 - “(B) During or following (for a length of time determined by the Secretary)—
 - (i) an initial preventive physical, mental, or behavioral examination (as defined in section 1861(ww)); or
 - (ii) any subsequent visit where a chronic physical, mental, or behavioral condition is identified or a previous condition is identified as having escalated to the level of a chronic condition.”

Thank you in advance for your consideration of our suggestions. We applaud your leadership in promoting the development of next generation health service delivery systems, and we would be happy to work with your staff on this legislation. Please call or email Scott Barstow, Director of Congressional Affairs, Government Relations, at (202) 336-5889 or sbarstow@apa.org should you have any questions regarding our comments or wish for further assistance.

Sincerely,



Katherine C. Nordal, Ph.D.
Executive Director for Professional Practice