June 15, 2015

The Honorable Tim Murphy  
2332 Rayburn House Office Building  
United States House of Representatives  
Washington, DC 20515

Dear Representative Murphy:

On behalf of the American Psychological Association (APA) and American Psychological Association Practice Organization (APAPO), we are writing to express our appreciation and support for the “Helping Families in Mental Health Crisis Act of 2015” (H.R. 2646). This comprehensive legislation offers major structural improvements to our nation’s mental health system, in order to help individuals with serious mental illness and their families.

The APA is the largest scientific and professional organization representing psychology in the United States and the world’s largest association of psychologists, with more than 122,500 researchers, educators, clinicians, consultants, and students. The APAPO is a companion organization to the APA, and is dedicated to advancing the practice of psychology and promoting the interests of psychologists who practice in diverse settings.

H.R. 2646 includes many notable provisions that will improve access to effective care, particularly for individuals with the most severe mental disorders. These provisions include increasing emphasis on evidence-based mental health services, expanding authority for mental health services financed by Medicaid, and eliminating the long-standing discriminatory 190-day lifetime limit in Medicare for psychiatric hospital services. Furthermore, we thank you for reauthorizing the Garrett Lee Smith Memorial Act and the National Child Traumatic Stress Network, as well as explicitly authorizing the Minority Fellowship Program and the National Suicide Prevention Lifeline program. We also share your vision of elevating the federal government’s responsibility in the coordination of mental health funding across programs.

We applaud your commitment to ensuring that psychologists and other mental and behavioral health providers and facilities receive Medicaid and Medicare incentives to adopt electronic health records. This will aid in coordinating and integrating care for vulnerable patients, as included in Title VII (Behavioral Health Information Technology) of the bill. Achieving integration of mental health into primary care will be hampered as long as electronic health record systems do not enable mental health providers to communicate with medical/surgical providers. We also appreciate support for research at the National Institute of Mental Health addressing the risk factors for, and prevention of, suicide and violence among those with mental illness, as well as advancing our understanding of the workings of the human brain.
Additionally, we are also very pleased that the reintroduced bill attends to the need for full compliance and enforcement of the Mental Health Parity and Addiction Equity Act of 2008. The mental health community was united in the passage of this historic law, and it is long past time for patients to realize the end of health insurance discrimination for mental health and substance abuse coverage.

We are grateful for your leadership and value having your combined clinical expertise, as a practicing psychologist and psychiatric nurse, respectively, at the helm of these important reforms. We look forward to working with you, your staff, and colleagues to further improve and advance the bill through the legislative process.

Sincerely,

Norman B. Anderson, Ph.D.  Katherine C. Nordal, Ph.D.  
Chief Executive Officer  Executive Director for Professional Practice