



July 11, 2024

The Honorable Michael Rodrigues
Chair, Senate Committee on Ways and Means
24 Beacon Street, Room 212
Boston, MA 02133

The Honorable Cindy Friedman
Vice Chair, Senate Committee on Ways and Means
24 Beacon Street, Room 313
Boston, MA 02133

RE: Testimony on S.750, *An Act relative to primary care for you*

Dear Chair Rodrigues, Vice Chair Friedman, and Honorable Members of the Senate Committee on Ways and Means:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for the opportunity to offer testimony regarding S.750, *An Act relative to primary care for you*.

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

S.750, *An Act relative to primary care for you*

Primary care services -- like behavioral health services -- have long been underfunded, which has resulted in limited capacity in care settings, wait lists, and low reimbursement rates.ⁱ The low reimbursement rates in turn drive low salaries and underfunding of expenses in provider programs, financial losses for providers offering significant volume of primary care services, and problems in recruitment and retention of qualified staff.

Failure to provide both primary care and behavioral health services when and where they are needed leads to preventable symptoms and conditions, increased demand for intensive treatment, and associated higher costs of care. In the most tragic cases, delays in access to needed care lead to preventable deaths. Investing in a health care system that ensures timely access to appropriate care can prevent these adverse outcomes and improve the wellbeing of individuals and families. MAMH strongly supports an increase in primary care expenditures.

As you are well aware, the primary care medical home is an effective point of entry for behavioral health as it is a non-stigmatized and trusted source of care.ⁱⁱ One of the 17 primary care transformers identified in S.750 is "Integrated Behavioral Health" based on the evidence that the transformer improves health, patient experience, and clinician experience; and decreases total medical expenses. MAMH is a major proponent of delivery of screening, early intervention, and routine treatment for behavioral health conditions in primary care settings. We

are persuaded that primary care integration is the key to early identification of emerging mental health and substance use conditions, and early intervention to timely treat diagnosed conditions and mitigate disability associated with late treatment. Integrating behavioral health capability in primary care settings is our best hope of closing the estimated 11-year gap between onset of behavioral health conditions and treatment for those conditions.ⁱⁱⁱ

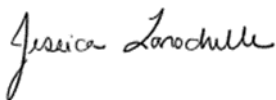
One type of integrated behavioral health care is called Collaborative Care (CoCM). This model was developed at the University of Washington to treat common mental health conditions in medical settings like primary care. CoCM requires a team of providers. Trained primary care providers (PCPs) work with embedded behavioral health care managers (BHCM) to provide evidence-based psychosocial and/or medication treatments. The PCP and BHCM are supported by a psychiatric consultant with regular case consultation as needed. CoCM makes a difference; the model has now been tested in more than 90 randomized controlled trials in the US and abroad. It leads to significantly better clinical outcomes, greater patient and provider satisfaction, improved functioning, and reduces health care costs.^{iv}

Work is happening at both federal and state levels to advance CoCM adoption. Here in Massachusetts, you and your colleagues in the Legislature led efforts to pass Chapter 177 of the Acts of 2022, a historic statute that requires carriers to provide reimbursement of mental health and substance use benefits delivered via CoCM using CPT billing codes. There are also pockets of excellence in CoCM adoption. Blue Cross Blue Shield of Massachusetts (BCBSMA) pays enhanced rates for CoCM codes and the BCBSMA Foundation has awarded grants to promote CoCM. Mass General Brigham (MGB) also launched a COCM initiative in October 2023 at all 400 of its primary care sites. In the first three months since launch, MGH primary care practices enrolled 1,200 patients in CoCM with strong growth since in the numbers of enrolled patients..

However, the foundation for widespread dissemination of CoCM and other primary care innovations across the Commonwealth is a strong and well resourced system of primary care. The goal of S.750, *An Act relative to primary care for you*, is to reverse the historic underinvestment in primary care and rebalance total medical expenditures in a way that incentivizes screening, early intervention, and addressing problems at their root cause. Investing upstream also prevents avoidable and more costly acute, specialty, and emergency care. The proposed investment in primary care finally represents an important step toward sufficient investment in a comprehensive health system that acknowledges and addresses the critical intersection between physical and behavioral health.

Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at jessicalarochelle@mamh.org. Thank you.

Sincerely,



Jessica Larochelle, MPH
Co-Director for Public Policy and Government Relations

ⁱ MA Health Quality Partners. Patient Experience Scores for Adults Improve Since Before the Pandemic, Except in One Key Area: Access. February 2024. Available at: <https://www.mhqp.org/2024/02/13/patient-experience-scores-for-adults-improve-since-before-the-pandemic-except-in-one-key-area-access/>

ⁱⁱ Massachusetts Executive Office of Health & Human Services, Massachusetts Department of Public Health, Boston Public Health Commission, Substance Abuse and Mental Health Services Administration. Early Childhood Mental Health Matters... and it Works: Positive Outcomes of ECMH Integration in Primary Care. Available at: <http://www.ecmhatters.org/Pages/ECMHMatters.aspx>

ⁱⁱⁱ Wang PS, Berglund PA, Olfson M, Kessler RC. Delays in initial treatment contact after first onset of a mental disorder. Health Serv Res. 2004 Apr;39(2):393-415. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361014/>.

^{iv} Milliman Research Report. Potential economic impact of integrated medical-behavioral healthcare. January 2018. Available at: <https://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2018/potential-economic-impact-integrated-healthcare.ashx>