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May 2, 2025

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

The Honorable Lizzie Fletcher
2004 Rayburn House Office Building
Washington, DC 20515

The Honorable August Pfluger
2202 Rayburn House Office Building
Washington, DC 20515

The Honorable Steven Horsford
406 Cannon House Office Building
Washington, DC 20515

The Honorable Mike Carey
1433 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Suozzi
203 Cannon House Office Building
Washington, DC 20515

Dear Representatives Malliotakis, Fletcher, Pfluger, Horsford, Carey and Suozzi:

On behalf of the American Psychiatric Association, the national medical specialty society representing more than 39,200 psychiatric physicians who treat mental health and substance use disorders, we write to thank you for introducing H.R. 2509, the *Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act*. In a time of unprecedented need, your bill takes an important step in increasing access to behavioral health services.

Approximately 1 in 5 U.S. adults live with a diagnosed mental illness, however, less than half of those individuals received mental health treatment in the past year. Ongoing workforce shortages and a lack of care coordination continue to impede patient access to much needed behavioral health treatment. Innovative integrated delivery models such as the Primary Care Behavioral Health Model and Collaborative Care Model (CoCM) can increase access by leveraging the existing behavioral health care workforce. By facilitating coordinated care between health professionals in the primary care setting, these team-based models have the capacity to increase access, reduce wait times for treatments, improve patient outcomes, and reduce overall treatment costs.

The CoCM integrates behavioral health care within the primary care setting and features a primary care physician, a psychiatric consultant, and behavioral health care manager working together on a registry on patients. Importantly, the team members use measurement-based care to ensure that patients are progressing, and treatment is adjusted when they are not. The model has over 100 research studies demonstrating that it improves access, clinical outcomes and patient satisfaction.

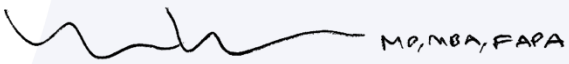
Additionally, the CoCM has tremendous cost savings potential with one study showing for every dollar spent on CoCM, there is a $6 return on investment.[1]

Importantly, broader use of the CoCM would help to address existing behavioral health workforce shortages. By taking a population-based approach to better meet the growing demand for services, the CoCM has the capacity to greatly increase the number of patients who can receive care for mental health and substance use disorders relative to traditional 1:1 treatment. Allowing psychiatrists to consult on a registry of up to 60 patients via weekly chart review, oversight of medication and therapeutic interventions, and making clinical recommendations to the primary care physician, the CoCM geometrically multiplies the number of patients who benefit from a psychiatrists' specialized training. Additionally, since this consultation can be done remotely, psychiatrists can better reach rural populations.

Unfortunately, despite robust evidence demonstrating improved patient outcomes, and availability for reimbursement, uptake of integrated care models remains low due to the up-front costs associated with implementation. To help promote uptake of behavioral health integration in the primary care setting, the *COMPLETE Care Act* would temporarily increase the Medicare payment for existing integrated care codes and provide technical assistance to practices. It is a logical and much needed step toward ensuring integrated behavioral health care is more widely implemented, so that patients can get the care they require to lead healthy, fulfilling lives.

APA applauds your leadership and stands ready to help pass this important and much needed legislation.

Sincerely,



Marketa M. Wills, MD, MBA, FAPA