



Depression and Bipolar
Support Alliance

March 11, 2016

The Honorable Lamar Alexander
Chairman
Health, Education, Labor & Pensions Cmte.
428 Dirksen Senate Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Health, Education, Labor & Pensions Cmte.
428 Dirksen Senate Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

Your leadership on behalf of persons with a mental health condition is commendable. Over the past year, you both have demonstrated tremendous leadership as members of the Senate Health, Education, Labor and Pensions (HELP) Committee have considered how best to reform our nation's mental health and substance use treatment systems. The discussion draft that you released on March 8 contains many important policies that my organization, the Depression and Bipolar Support Alliance, (DBSA) support. I also hope you find my comments related to other areas of the bill informative as you move toward development of a final proposal.

DBSA is the nation's premier peer-led mental health organization focusing on mood disorders. Headquartered in Chicago Illinois, DBSA reaches 2 million people each year with current, readily understandable information about depression and bipolar disorder and empowering tools focused on an integrated approach to wellness. DBSA's reach is further expanded by its national network of 15 state organizations, 300 chapters, 900 support groups, and six state-wide grassroots organizations. Our extensive network provides life-saving, free peer support to tens of thousands of individuals who seek information and support on their paths to the healthy lives they want to lead. We are not an organization of clinical professionals; rather, we are an organization made up primarily of people who experience mood-related symptoms and issues.

The experience of our members informs my comments on the committee's proposal. I want to commend you for crafting a legislative proposal that addresses many challenges that presently exist in our nation's mental health and substance use treatment systems. While it may not address every challenge, the discussion draft takes a critical first step toward reform and represents an achievable outcome.

As an organization that represents individuals living with a mood disorder we commend you for taking a sensible and measured approach to reforming the privacy protections afforded individuals under the Health Insurance Portability and Accountability Act (HIPAA). Your approach continues to protect the civil rights of individuals living with a mental health or substance use condition while also recognizing the important role families can play in helping a loved-one reach wellness. Identifying model training programs to better educate and inform providers is a critical step in this process.

We also strongly support the recognition that federal agencies must make drastic improvements in the level of guidance they provide health plans as well as perform better oversight and enforcement of the provisions of the Mental Health Parity and Addiction Equity Act (MHPAEA). This law has the ability to change the face of mental health and addiction disorders by ensuring timely access to appropriate care. However, without adequate

guidance and appropriate oversight many health plans are not complying with the intent of the law. This must change and your legislative proposal takes an important first step in that direction. We also look forward to reviewing language under Section 608 once it is available.

While I appreciate the steps you have taken to improve our nation's approach to mental health and substance use treatment, I do have some concerns that I would like to highlight on behalf of DBSA's members. As you know, S. 1945, the Mental Health Reform Act, authored by Senator Bill Cassidy and Senator Chris Murphy, included language in Section 102 that defined in federal statute a peer support specialist. As the nation's leading trainer of peer support specialists, DBSA feels strongly that establishing a federal definition is vital to the continued development of this professional field. I urge you to incorporate into the final legislative proposal the federal definition used in S. 1945. Additionally, while we appreciate the value of a report conducted by the Government Accountability Office (GAO) to review and evaluate best practices of state level certification for peer support specialists, I would like to offer the following adjustments to the verbiage used in:

- Section 408(d)(2)(A) - hours of formal work or volunteer experience related to mental health and substance use disorders that are required for certification; and
- Section 408(d)(2)(D) - required or recommended peer specialist competencies and skills addressed by training.

Finally, as GAO undertakes this review, I strongly encourage you to include an evaluation of the training and certification program utilized by the Veterans Administration (VA). The VA is the largest employer of peer support specialists. Peer support specialists are being used in both VA behavioral health facilities as well as primary care. While many challenges exist within the VA to provide access to timely and high-quality mental health and addiction treatment, one area where the VA is innovating and making great strides is through the use of peer support specialists. I believe the committee could learn a great deal by better understanding the VA's training model.

I look forward to working with you to advance this important legislative proposal. If I can be of assistance in this effort, please do not hesitate to contact me.

Sincerely,



Allen Doederlein
President, DBSA