



Depression and Bipolar  
Support Alliance

June 8, 2016

The Honorable Fred Upton  
Chairman  
Energy and Commerce Cmte  
2125 Rayburn House Building  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Energy and Commerce Cmte  
2322A Rayburn House Building  
Washington, DC 20515

Dear Chairman Upton and Ranking Member Pallone,

Thank you for the opportunity to comment on the draft mental health reform legislation released on June 3, 2016. The Energy and Commerce Committee has before it an opportunity to act on legislation that will transform care for millions of Americans who live with a mental health condition. While Congress has often debated reforming our nation's mental health care system, it has been your committee that truly engaged in the debate identifying shortcomings and exploring possible solutions. Your continued leadership is needed to ensure that mental health reform legislation can finally become law.

The members of the Depression and Bipolar Support Alliance (DBSA) are very appreciative of your work to craft a bipartisan, consensus proposal. We support many components of the proposal, which we have outlined below. However, I urge you to consider the additional recommendations that I offer on behalf of DBSA.

DBSA is the nation's premier peer-led mental health organization focusing on mood disorders. Headquartered in Chicago, Illinois, DBSA reaches more than 3 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 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.

**Peer Specialists:**

DBSA supports the committee's recognition of peer specialists as an important member of the behavioral health care team. We support the breadth and scope of the study called for in the legislation and the involvement of a certified peer specialist as part of the Interdepartmental Serious Mental Illness Coordinating Committee. The shortage of clinical behavioral health professionals is widely known. It is estimated by the U.S. Health Resources and Services Administration (HRSA), there are 4,000 mental health professional shortage areas (MHPSA) in the United States. Further, it would take almost 3,000 new psychiatrists to eliminate the extreme provider shortfall. Recognizing it will take a range of mental health providers to ensure all Americans have access to needed care, we strongly support the growth of peer specialist workforce. Peer specialists are individuals with lived experience who live in wellness and have received training and certification to support others who are working toward wellness. Peer specialists are recognized in more than 75 percent of states and their services are Medicaid-billable in 37 states.

Utilization of peer specialists by the U.S. Department of Veterans Affairs (VA) and private health sector entities have demonstrated value at improving connection to care and improving outcomes. However, variations in standards from one state to the next create barriers that limit the number of peer specialists. At present, an



Depression and Bipolar  
Support Alliance

individual trained and certified by the VA is not assured of employment outside of the VA, and peer specialists trained and certified in one state often are not able to gain employment in another without retraining and re-certifying.

- DBSA supports adoption of a standard core curriculum for federal workforce training programs that support training and certification of peer specialists.
  - While the VA has identified a comprehensive list of 35 core competencies for training and certification of peer specialists, these competencies are not necessarily reflected in workforce programs funded by the U.S. Department of Health and Human Services or recognized by states.
- DBSA also supports expanding the VA's authority and funding to utilize peer specialists within VA primary care clinics. The Veteran Partners' Efforts to Enhance Reintegration Act or Veteran PEER Act (S. 2210) contains important policies that will benefit veterans achieve wellness.

#### Mental Health Parity:

Enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA) was a landmark change in how health plans are allowed to treat individuals with mental health conditions and their treatment. However, the law is only as useful as the strength of federal enforcement. At present, the various agencies responsible for oversight and enforcement of MHPAEA has been extremely lax and led to the continued denial of care.

DBSA supports the inclusion of the parity provisions included in S. 2680, as reported by the Senate Health, Education, Labor and Pensions (HELP) Committee on March 16. These provisions were negotiated and approved in a bipartisan fashion and address parity compliance issues through:

- The issuance of a Compliance Program Guidance Document within 6 months of enactment that would provide clarity around which practices are compliant with the law by including examples of compliance and non-compliance with MHPAEA and recommendations for how to avoid violations
- The issuance of clarifying guidance by the Departments on:
  - Disclosure, including clarifying information and illustrative examples of methods that plans may use for disclosing information to ensure parity compliance
  - The documents participants, beneficiaries, contractors, providers and authorized representatives must be provided by plans or issuers
  - The compliant development and application of Non-Quantitative Treatment Limitations (NQTLs)
- The production of an action plan for improved Federal and state coordination related to parity requirements
- The issuance of a report to Congress summarizing the results of all closed Federal investigations completed during the preceding 12-month period
- The issuance of a Government Accountability Office (GAO) report detailing the extent to which group health plans or health insurance issuers covered by MHPAEA comply with the law.

To truly transform the nation's mental health care system, significant federal investment is needed to expand access to care for those individuals living with a serious mental health disorder to help them reach wellness. Further, we must take steps to improve early identification of conditions by increasing community support services and programs. This will help prevent the progression of disorders to disability.



Depression and Bipolar  
Support Alliance

- DBSA supports including The Expand Excellence in Mental Health Act (H.R. 4567) in the final version of H.R. 2646 when the Energy and Commerce considers it before the full committee. Expanding the demonstration program to include all 24 planning grant states would transform the nation's behavioral health care system by investing resources in to Community Behavioral Health Centers (CBHC) and establishing parity in payment between CBHCs and Federally Qualified Health Centers.

Thank you for considering the recommendations presented on behalf of the Depression and Bipolar Support Alliance. Should you have any questions or wish to receive additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Allen Doederlein".

Allen Doederlein  
President  
Depression and Bipolar Support Alliance