



June 21, 2012

Senator Richard T. Moore, Senate Chairman
Joint Committee on Health Care Financing
State House, Room 111
Boston, MA 02133

Re: S2270 & H4155 Health Care Cost Containment Legislation Conference Committee

Dear Senator Moore:

On behalf of the membership of the Association for Behavioral Healthcare (ABH), I wish to express my sincere gratitude for the General Court's commitment to the passage of health care cost containment legislation. ABH is a statewide association representing over eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily and over three-quarters of a million residents annually, and employing 37,500 people. We are optimistic that this legislation will improve the delivery of health care for Massachusetts residents and will ensure that the Commonwealth continues to be a national health care leader.

In particular, the careful consideration given to the needs of individuals with serious mental illness and/or substance use disorders, and for the providers that offer this type of care, was extraordinary. We believe the integration of primary and behavioral health care, as well as a stronger focus on prevention, will improve our service delivery system, and help to contain rapidly rising costs throughout health care in general. Both versions of the legislation will go a long way in reaching these goals.

We write to request your support of the following during conference committee deliberations:

***BEHAVIORAL HEALTH TASK FORCE
S2270: SECTION 182 & H4155: SECTION 202***

The Behavioral Health Task Force established in both bills is an excellent way to continue to look at the importance of coordination between primary care and behavioral health care. We appreciate the inclusion of the Association for Behavioral Healthcare as an appointee to the task force, and look forward to the opportunity to deliberate on the most effective and appropriate approaches to coordination.

***PATIENT CENTERED MEDICAL HOMES
S2270 :SECTION 162 (PART OF BEACON ACOs) & H4155 :SECTION 121***

We commend both branches for recognizing the importance of allowing behavioral health providers to be patient centered medical homes. Behavioral health providers can play an important role in care coordination and we respectfully request that this commitment be included in the conference report.

We do, however, have one concern which we believe is inconsistent with the overall goals of the legislation. As part of language concerning the administration's Dual Demonstration Project, (**S2270: SECTION 91A & H4155: SECTION 90**) provider organizations are prohibited from serving as Long Term Support Services Coordinators. We believe this limits consumer choice, and contradicts the legislative commitment to allow behavioral health providers to act as medical homes and coordinators. For this reason, we respectfully request that the final version of this section include the following language to ensure the ability of provider organizations to complete the functions of a specialty medical home while also protecting consumer choice:

"Dual eligible individuals already being served in a patient-centered behavioral health home or receiving community based flexible support services from the department of mental health should be allowed to choose these providers to fill the LTSS Coordinator role."

Additionally, we support earlier versions of the bill which noted, "The member may direct the withdrawal or reinstatement of the independent care coordinator at any time" as a way to further protect consumer choice.

ELECTRONIC HEALTH RECORDS
S2270: SECTION 29 & H4155: SECTION 123

Electronic medical records are an important part of integration of services for those accessing the health care system. Both pieces of legislation offer vital funding mechanisms to assist community based behavioral health providers in updating their information technology.

We respectfully request that the conference report mirror the themes included in both bills by specifying funding preferences for institutional providers not eligible for Medicare or Medicaid incentive payments under the current federal program, as well as whether the provider serves a high proportion of public payer clients.

WORKFORCE DEVELOPMENT INITIATIVES
S2270: SECTION 54 & SECTION 55

We commend the Senate for clearly recognizing the importance of including behavioral health workers as part of the Department of Public Health's Health Care Provider Workforce Center. These sections add "behavioral, substance use disorder and mental health care services" to the state goals/purview of the Center. It also allows individuals who "specialize in behavioral health, mental health or substance use disorder treatment" to be eligible for the healthcare provider workforce loan repayment program. Workforce development is vital to ensuring adequate access to treatment, so we ask that this language be included in the final conference report.

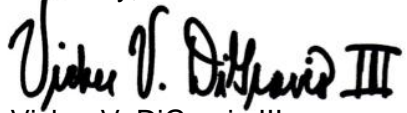
WELLNESS AND PREVENTION TRUST FUND
S2270: SECTION 47 & H4155: SECTION 11

We commend both the House and Senate for recognizing the importance of including substance use prevention and treatment services as a vital component of this program. Our members also welcome the opportunity to partner with municipalities in the implementation, evaluation and dissemination of evidence-based community preventive health activities. We ask that this

language be included in the final conference report.

Thank you for your consideration and your continued efforts to protect individuals and families with mental health and substance use disorder needs. Please do not hesitate to contact me if you have any questions about these priorities.

Sincerely,

A handwritten signature in black ink that reads "Vicker V. DiGravio III". The signature is written in a cursive, slightly stylized font.

Vicker V. DiGravio III
President/CEO