March 13, 2025

The Honorable Catherine Cortez Masto
United States Senate
Washington, DC 20510

The Honorable John Cornyn
United States Senate
Washington, DC 20510

Dear Senators Cortez Masto and Cornyn,

I write to commend you for your leadership on behalf of integrated, whole-person care and to express the strong support of the Primary Care Collaborative (PCC) and the Better Health – NOW(BHN) Campaign for S. 931, the Connecting Our Medical Providers with Links to Expand Tailored and Effective Care (COMPLETE) Care Act of 2025.

PCC is a nonprofit, nonpartisan multi-stakeholder coalition of 68 member organizations committed to a higher value health system built on a foundation of whole-person primary care. (See PCC's Shared Principles of Primary Care — signed by nearly 400 organizations — which define our vision.) In March 2022, PCC launched the Better Health – NOW campaign to realize bold policy change needed to assure high-quality primary care in every American community in order to improve the nation's health.

America's mental health and substance use crises impact families and communities from the most remote rural communities to our largest cities. In the United States, 1 in 4 adults will have a diagnosable mental health condition throughout their life[1] and according to a systematic review across 24 studies, the median years of potential life lost due to mental illness was 10 years.[2] **In Medicare alone, nearly one in four beneficiaries live with mental illness, according to the Commonwealth Fund.**[3] As of 2021, drugs, alcohol and suicide together claimed an estimated 229,225 lives in the United States, with higher rates of suicide and suicide-related behaviors observed among seniors 75 and over and people with disabilities.[4] [5]

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[1] Duncan E, Best C, Hagen S. Shared decision making interventions for people with mental health conditions. Cochrane Database Syst Rev. 2010;2010(1):CD007297. Published 2010 Jan 20. doi:10.1002/14651858.CD007297.pub2

[2] Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis [published correction appears in JAMA Psychiatry. 2015 Jul;72(7):736] [published correction appears in JAMA Psychiatry. 2015 Dec;72(12):1259]. JAMA Psychiatry. 2015;72(4):334-341. doi:10.1001/jamapsychiatry.2014.2502

[3] Suicide in Rural America. Centers for Disease Control and Prevention. Webpage, https://www.cdc.gov/ruralhealth/Suicide.html. Accessed June 22, 2023.

[4] Farberman R., Shields A. Pain in the Nation: The Drug, Alcohol and Suicide Crises and Need for a National Resilience Strategy. Trust for America's Health. Webpage, https://www.tfah.org/report-details/pain-in-the-nation/. Accessed June 22, 2023.

[5] Marlow N., Xie Z., Tanner R. et al. Association Between Disability and Suicide-Related Outcomes Among U.S. Adults. American Journal of Preventive Medicine. Published 2021. https://www.ajpmonline.org/article/S0749-3797(21)00371-8/fulltext.

PCC and Better Health – NOW supports the COMPLETE Care Act as a constructive step to empower primary care and respond to these overlapping behavioral health crises. It would:

- **Enhance Medicare payment rates for collaborative care and behavioral health integration services, to help primary care practices to defray the costs associated with implementing integrated care;**
- **Support quality measure reporting for behavioral health integration; and**
- **Invest in technical assistance to broaden adoption of integrated care.**

According to a study of the Medical Expenditure Panel Survey from 2016-2018, primary care practices facilitated nearly 4 out of 10 visits for depression, anxiety, or another mental illness and treated about a third of patients with severe mental illness.[6] Evidence-based models for behavioral health integration, the collaborative care[7] and primary care behavioral health models (PCBH)[8] [9], can help primary care practices respond to their patients' needs.

However, utilization of the Medicare payment codes established to support these models has been limited.[10] [11] The transition to these proven, integrated models of whole-person primary care involves significant expense, training, technology upgrades and workflow changes. It may involve retraining or expanding the primary care team, including, but not limited to, nurse case managers, psychiatrists, nurse practitioners, psychologists, social workers, counselors and peer support workers. Practices and clinics serving Medicare beneficiaries, especially those in rural or underserved areas, are often unable to implement these models of care. **The COMPLETE Care Act would provide additional resources, measures, and technical assistance that will help more practices deliver the whole-person, integrated care Medicare beneficiaries need.**

As the legislation moves forward, we urge you to work with your Senate colleagues to remove other barriers to broader implementation of evidence-based integrated care, including the cost-sharing required for Medicare's integrated care codes. Once enacted, we encourage you to work with the Department of Health and Human Services to ensure

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[6] Hedegaard H, Curtin SC, Warner M. Suicide Mortality in the United States, 1999-2017. NCHS Data Brief. 2018;(330):1-8.

[7] Thota AB, Sipe TA, Byard GJ, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. Am J Prev Med. 2012;42(5):525-538. doi:10.1016/j.amepre.2012.01.019

[8] Reiter, J. & Bauman, D. (2016, October 13). Summarizing the evidence for the PCBH model. Collaborative Family Health Care Association, Charlotte, NC.

[9] Ogbeide SA, Landoll RR, Nielsen MK, Kanzler KE. To go or not go: Patient preference in seeking specialty mental health versus behavioral consultation within the primary care behavioral health consultation model. Fam Syst Health. 2018;36(4):513-517. doi:10.1037/fsh0000374

[10] Cross, D. A., Qin, X., Huckfeldt, P., Jarosek, S., Parsons, H., & Golberstein, E. (2020). Use of Medicare's Behavioral Health Integration Service Codes in the First Two Years: an Observational Study. *Journal of general internal medicine*, *35*(12), 3745–3746. https://doi.org/10.1007/s11606-019-05579-2

[11] Brown, J. D., Urato, C., & Ogbuefi, P. (2021). Uptake of Medicare Behavioral Health Integration Billing Codes in 2017 and 2018. Journal of general internal medicine, 36(2), 564–566. https://doi.org/10.1007/s11606-020-06232-z

behavioral health integration measures are aligned across public programs and other sources of coverage.

As Medicare beneficiaries and their primary care teams grapple with today's mental health and substance use crises, the COMPLETE Care Act would come not a moment too soon. Please contact PCC's Director of Policy, Larry McNeely (lmcneely@thepcc.org) with any questions.

Sincerely,



Ann Greiner
President & CEO
Primary Care Collaborative