



May 11, 2022

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

health
patients have access to high-quality care.

Founded in 1951, The Joint Commission seeks to
public in collaboration with other stakeholders,
and inspiring them to excel in providing safe and
An independent, not-for-profit organization with
accredits and/or certifies more than 22,000 HCC
including more than 3,700 organizations under its
Accreditation program (BHC). The Joint Commission
provide mental and behavioral health services in
group homes, intensive outpatient, partial hospitalization
ambulatory settings.

The Joint Commission is providing comments on
federal actions on mental and behavioral health

mental and behavioral health illnesses such as depression.¹ Campaigns and publications such as this help to normalize conversations on mental and behavioral health and encourage patients to feel more comfortable seeking care.

Access to SUD Care and Treatment

There are multiple factors that contribute to the delay in patients accessing SUD treatment. One significant factor is the relatively few providers who offer SUD treatment. Therefore, changes should be considered to regulations and statutes that are barriers to providers offering SUD treatment. As Congress considers this issue, relevant stakeholders such as physicians, specialists, and HCOs should be convened to determine which regulations and statutes create barriers to clinicians offering SUD treatment.

Integration and Coordination

A critical part of increasing access to mental and behavioral health care services is integrating these services with physical health care services. Not only does this help to normalize and destigmatize mental and behavioral health treatment, but integrated care also helps improve patient outcomes and ensures that patients with mental and behavioral health illnesses have their physical health care needs addressed. Therefore, the Centers for Medicare and Medicaid Services (CMS) should create incentive programs for HCOs that fully integrate mental and physical health care services.

A successful example of federal recognition of mental and physical health care integration is the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program.

This program serves as an effective integrative model of care providing access to a comprehensive set of mental health and SUD services while also providing primary care.

Continued funding for programs such as CCBHCs will help further care integration and coordination. However, as noted above, CMS should pilot additional models to further incentivize integration.

As Congress considers expanding the CCBHC demonstration program,

The Joint Commission urges giving priority to applicants for the program if they are accredited by a nationally recognized accreditation body.

Just as the federal statute lists the services and care delivery settings requirements for CCBHCs, it is important to recognize accreditation in the

CCBHC federal statute as an indicator of meeting evidence-based standards. (e l)-6ingd-4tae f)-1 (n)-4(d)-4-4)9 (n)

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to contact me or staff: Tim Jones, Associate Director, Federal Relations, at tjones2@jointcommission.org or 202-783-6655.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Spates", is positioned above a horizontal line of fine, illegible text, likely a scan artifact or a very small font.

Kathryn E. Spates, JD
Executive Director, Federal Relations