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PRACTICE ORGANIZATION

March 9, 2017

The Honorable Greg Walden  
Chair  
Committee on Energy & Commerce  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy & Commerce  
Washington, DC 20515

The Honorable Kevin Brady  
Chair  
Committee on Ways & Means  
Washington, DC 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways & Means  
Washington, DC 20515

Dear Chairmen Walden and Brady, and Ranking Members Pallone and Neal:

We are writing on behalf of the American Psychological Association and the American Psychological Association Practice Organization to express our strong concerns regarding the American Health Care Act, as introduced and approved by your committees this week. We are sharing these concerns for your consideration as your work on health care reform continues. Our organizations comprise nearly 115,700 members and affiliates, who are clinicians, researchers, educators, consultants, and students.

Any health care reform legislation to repeal and replace the Patient Protection and Affordable Care Act (ACA) considered by Congress should increase, not decrease, the number of Americans with coverage for mental health and substance use treatment. Research shows that individuals in poverty are roughly twice as likely to suffer from serious mental illness as those above the poverty line. Currently, an estimated 11 million Americans with incomes below 138% of the federal poverty level have coverage for mental health and substance use treatment, provided at parity with coverage for general medical services, through Medicaid expansion plans. The ACA requires Medicaid expansion plans to cover an essential health benefits package including mental health and substance use services, and this coverage must comply with mental health parity requirements established under the Mental Health Parity and Addiction Equity Act of 2008. By removing the requirement that Medicaid benchmark plans cover these essential health benefits, which include mental health, substance use, and behavioral health services, the American Health Care Act would cause the loss of coverage for these life-saving treatments to millions of Americans.

Additionally, the American Health Care Act would significantly reduce funding for Medicaid by restructuring the program into a series of steadily dwindling per capita capped payments to states. Although no estimates are available from the Congressional Budget Office, independent analysis by health care economists projects that the American Health Care Act will reduce payments to states by \$370 billion over the next decade, with reductions accelerating in later years. These steep cuts will force states to either reduce enrollment or reduce benefits, and would harm those most at risk of having a mental health or substance use disorder.

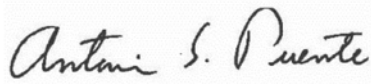
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We are also concerned about the American Health Care Act's proposed changes to the private health insurance market, including through its reductions in premium supports and elimination of cost sharing subsidies under current law for those most in need of health insurance. We oppose the Act's elimination of vitally important funding for the Prevention and Public Health Fund, and its prohibition on funding for providers that primarily offer reproductive health services under Medicaid. The American Health Care Act would effectively cut off access to care for many low-income women and sexual and gender minorities, many of whom would not have access to health care if they could not access these service providers.

While we support efforts to strengthen and stabilize our nation's health care system and extend insurance coverage and protections, we cannot support the legislation approved by your committees due to our concerns about the adverse impact it will have on Americans with mental health and substance use disorders. We would greatly appreciate the opportunity to work with you to address these issues in your further work on health care reform.

Sincerely,



Antonio E. Puente, PhD  
President



Cynthia D. Belar, PhD, ABPP  
Interim Chief Executive Officer