

June 10, 2008

Senator Max Baucus
United States Senate
Washington, D.C. 20510

Senator Olympia Snowe
United States Senate
Washington, D.C. 20510

Senator Jay Rockefeller
United States Senate
Washington, D.C. 20510

Senator Gordon Smith
United States Senate
Washington, D.C. 20510

RE: Community Mental Health Centers Support S. 3101

Dear Chairman Baucus, Sen. Snowe, Sen. Rockefeller, and Sen. Smith:

On behalf of the National Council for Community Behavioral Healthcare, which represents over 1,400 Community Mental Health Centers and other safety net community-based mental health and addiction treatment agencies serving 6 million Americans, I am writing to express our strongest possible support for S. 3101. We will fight side-by-side with you to ensure the passage of this critically important legislation.

With some relatively minor exceptions, the Medicare mental health and substance abuse treatment benefit has been frozen in amber since 1965 – ignoring tremendous scientific advances as well as the changing profile of the program's patient population. Despite the proven clinical capability of mental health providers to successfully treat conditions like major depression, bipolar disorder and schizophrenia as well as the increasing incidence of these same mental disorders among elderly and disabled Americans, federal policy imposes an enormous financial burden on families and patients resulting in above average utilization of costly institutional care.

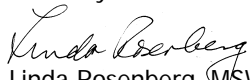
S. 3101 is groundbreaking because it proposes key statutory changes in two critical areas. First, the measure finally ends the discriminatory 50% outpatient mental health co-payment and achieves phased-in parity with other medical/surgical conditions over a number of years. The legislation also expands access to mental health care in rural America by making Community Mental Health Centers eligible to participate in the Medicare tele-health program.

Second, S. 3101 improves the Part D prescription drug program by limiting out-of-pockets costs for so-called dual eligibles – patients (often with multiple chronic diseases) who are eligible for both the Medicare and Medicaid programs; fully one-third of the CMHC enrollment is composed of dual eligibles. Finally, the measure codifies the CMS six protected classes guidance thereby assuring that Part D eligibles have access to key psychotropic medications including anti-psychotics, anti-depressants and anti-convulsants.

In addition, the National Council is pleased to offer its strong support for Section 121 of S. 3101, the Relief for Rural Veterans in Crisis Act of 2008. This provision will be an important step in addressing the high rates of mental illnesses that are confronting our nation's veterans who have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

The National Council thanks you for your outstanding leadership on behalf of Medicare beneficiaries with mental illnesses. You count can count on our strong support throughout the legislative process.

Sincerely,


Linda Rosenberg, MSW, CSW
President & CEO