



March 1, 2023

Chair Zack Stephenson
449 State Office Building
St. Paul, MN 55155

Vice Chair Carlie Kotyza-Witthuhn
567 State Office Building
St. Paul, MN 55155

Dear Chair Stephenson and Vice Chair Kotyza-Witthuhn,

On behalf of Shatterproof, a national non-profit organization dedicated to ending the addiction crisis, I am writing in support of House File 1771 regarding “medical assistance and insurance coverage of psychiatric collaborative care model provided.”

This legislation would require Minnesota’s Medicaid program to cover the Collaborative Care Model, an evidence-based model for behavioral health care delivery, to enhance the state’s investments in mental health and addiction care.

The Collaborative Care Model is a well-studied treatment model for the primary care setting that has been shown in more than 70 randomized controlled trials to improve outcomes, be cost-effective, and ameliorate racial and other disparities in health outcomes. The model relies on universal screening for behavioral health conditions, metrics-based care, and a three-person care team consisting of a primary care physician, a care manager, and a psychiatrist or addiction specialist. The Centers for Medicare and Medicaid Services created Medicaid codes for the model in 2017, and to date, 22 states and many private payers cover the model.

It is estimated that 50 percent of individuals with a mental health disorder have a comorbid substance use disorder. The SUMMIT Randomized Clinical Trial found that collaborative care for opioid and alcohol use disorder increased both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months. Abstinence improved 47% over the control¹.

In addition to the health benefits of collaborative care, the model is one of the very few interventions in medicine that have been shown to reduce disparities by race/ethnicity and/or socioeconomic status in patients’ access to care, quality of care, and outcomes. Furthermore, as healthcare workforce challenges worsen due to the pandemic, the Collaborative Care Model leverages primary care, case management, and psychiatric professionals to maximize the existing workforce to address patient needs.

Around the country, Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending.

¹ <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2652574>



Several studies have demonstrated that the Collaborative Care Model is cost-effective. Findings from the IMPACT study observed that the model was associated with substantially lower total healthcare costs compared to typical care – an ROI of \$6.50 for every \$1 invested².

Shatterproof encourages the passage of HF 1771 to require Minnesota’s Medicaid program to cover the Collaborative Care Model codes. Policy change like this will help address the addiction crisis in Minnesota and enhance the state’s commitment to behavioral health investments.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Pendergrass".

Kristen Pendergrass
Vice President, State Policy
Shatterproof

² <https://www.ajmc.com/view/feb08-2835p095-100>