

ISSUE BRIEF

Expanding Seniors Access to Mental Health Services Act (S. 1797/H.R. 3808)

BACKGROUND

Across the country, millions of Medicare beneficiaries experience significant health and mental health challenges and struggle to access the care they need. The beneficiary population is rapidly increasing in size, changing demographically, and coping with concerns such as functional limitations, multiple chronic conditions, social isolation, economic insecurity, and ageism. Our health care system must remove barriers to care provided by social workers in order to be able to meet beneficiaries' health and mental health needs.

Clinical social workers (CSWs) are among the professions that can bill Medicare Part B for mental health services¹ and are one of the largest groups of mental health service providers in the United States. They have a graduate degree (master's or doctorate) in social work, two years of postgraduate supervised experience in a clinical setting, and a clinical license in their state or jurisdiction of practice. They use a holistic approach in providing services, focusing on biological, psychological, and social factors. Independent CSWs are currently able to bill Medicare Part B for the diagnosis and treatment of mental illness. However, they are not able to bill Medicare Part B for mental health services provided to residents in skilled nursing facilities (SNFs). Nor can CSWs bill Medicare Part B for certain Health and Behavior Assessment and Intervention (HBAI) services, even though these services are within CSWs' scope of practice.

LEGISLATIVE SOLUTION: SUPPORT THE EXPANDING SENIORS ACCESS TO MENTAL HEALTH SERVICES ACT (S. 1797/H.R. 3808)

NASW urges Members of Congress to cosponsor and advance the Expanding Seniors Access to Mental Health Services Act (S. 1797/H.R. 3808). This legislation was introduced in a bipartisan and bicameral manner by Senators John Barrasso, MD (R-WY) and Chris Coons (D-DE) and Representatives Brian Fitzpatrick (R-PA-01) and Paul Tonko (D-NY-20). The legislation enhances Medicare beneficiaries' access to the valuable services provided by independent CSWs in two scenarios:

- » While residing in SNFs and receiving services under Medicare Part A; and
- » While in need of mental health services because of emotional or psychosocial concerns that arise due to a medical condition

OVERVIEW OF PROVISIONS

Increase Medicare Beneficiaries' Access to Mental Health Services in Skilled Nursing Facilities (SNFs)

Mental health concerns, such as depression and anxiety, are common among SNF residents, and SNFs frequently address these concerns by arranging for services from an independent mental health provider. However, beneficiaries who receive SNF services under Medicare Part A cannot simultaneously receive services from an independent CSW under Part B. This limits the pool of practitioners who can serve SNF residents, which is problematic given the high incidence of mental health conditions among SNF residents. This access barrier exists because when SNF consolidated billing was implemented, psychiatrists' and psychologists' services were excluded from the Prospective Payment System (PPS), but CSW services were not. Furthermore, when Licensed Marriage and Family Therapists and Licensed Mental Health Counselors were added to the Medicare program in 2024, their services were also excluded from the PPS, confirming a pressing need for these services.

Medicare beneficiaries who transfer from a setting in which they receive mental health services from an independent CSW under Medicare Part B to a SNF, where they cannot receive such services, experience a disruption in care. Such care transitions can occur even if the beneficiary is moved within the same building or remains in the same bed. The reimbursement restriction also limits the pool of Medicare providers available to meet newly identified mental health needs of beneficiaries during a SNF stay. Correcting this will enhance beneficiaries' access to mental health services rather than limit that access simply because they are residing in SNFs.

Increase Medicare Beneficiaries' Access to Health and Behavior Assessment and Intervention (HBAI) Services

HBAI services help Medicare beneficiaries with emotional and psychosocial concerns that arise because of a medical condition (such as a diagnosis of cancer or an exacerbation of multiple sclerosis) and are unrelated to a mental health condition. Because the Medicare definition of CSW services is restricted to the diagnosis and treatment of mental illness, beneficiaries have historically been unable to receive HBAI services when provided by CSWs. NASW was gratified that the Centers for

Medicare and Medicaid Services (CMS) permitted CSWs to bill certain HBAI codes as part of its Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) Final Rule. Yet, modifying the definition of CSW services to include HBAI services will ensure access to the complete set of HBAI codes and codify the changes CMS made in the CY 2024 PFS Final Rule, thus fully removing this access barrier for beneficiaries.

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¹ Centers for Medicare & Medicaid Services. (n.d.). *Mental health care: Outpatient*. Retrieved from www.medicare.gov/coverage/mental-health-care-outpatient