

March 20, 2023

The Honorable Bernard Sanders
Chairman
332 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
455 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Health Care Workforce Shortages and Solutions

Dear Senators Sanders and Cassidy:

The National Association of Social Workers (NASW) applauds your leadership in working to address workforce shortages in healthcare, including mental and behavioral health. NASW is pleased to submit this response to your request for stakeholder input on the drivers of healthcare workforce shortages and ideas on possible solutions.

Founded in 1955, NASW is the largest membership organization of professional social workers in the nation. NASW has 110,000 members and works to enhance the professional growth and development of social workers, to create and maintain professional standards, and to advance sound social policies. The nation's 700,000+ social workers are an essential workforce that provide critically needed services to millions of Americans every day, in a broad range of settings including health and behavioral health care facilities, schools, child welfare, community agencies, correctional institutions, and private practice. Social workers are licensed and credentialed at the bachelor's, master's, and doctoral levels. Approximately 250,000 social workers are licensed clinical social workers (CSWs), who are required to have a master's degree in order to practice independently. We share your concerns about America's health care workforce and offer our comments with a particular focus on the critical role social workers play in our health care system, highlighting the challenges that threaten our ability to carry out that role along with some proposed solutions to ease those challenges.

Social workers are found in every facet of health care. We understand that health is a multi-dimensional, holistic state that includes physical, mental, social, cognitive, and financial well-being and that is interdependent on the environment in which people live. We provide needed mental health and behavioral health services, serve on crisis response teams, and help rebuild lives after disasters. We create discharge plans to ensure patients leave hospitals with appropriate follow-up care, participate on mobile crisis response teams, provide counseling in school-based health clinics, support veterans struggling with PTSD, promote well baby health, and comfort individuals and families coping with end-of-life care and grief. As an essential workforce, social workers serve on the frontlines, especially during the COVID 19 Public Health Emergency (PHE) period, delivering behavioral health services to individuals and families and helping staff, patients, and families navigate life during a global pandemic.

But the profession today faces unprecedented challenges and shortages. One recent estimate suggests that the nation will face a shortage of more than 195,000 social workers by 2030¹ - all while the nation struggles with the trauma of the pandemic, a rapidly aging population, growing mental health and substance use crises, and a highly stressed social work profession that threatens both retention and recruitment into the field. Below is an overview of some of these challenges, and some solutions we hope will be considered by the Senate HELP Committee to help solve them.

Drivers of the Shortage: Growing Needs, Not Enough Resources

The COVID-19 pandemic brought the American health care system, and all its strengths and flaws, to the forefront of everyday life. The pandemic has led to an exponential rise in mental health concerns, with four in ten adults in the U.S. reporting symptoms of anxiety or depression,² and six in ten parents reporting that their child has experienced mental health challenges within the last month within the context of the pandemic.² Nearly one in five U.S. adults, or about 52 million, live with a mental illness,³ and over 46 million people 12 and older meet the DSM-5 criteria for having a substance use disorder.⁴ Overdose deaths increased in almost every state during the first eight months of 2020⁵ - in 2021 there were over 50,000 total overdose deaths, with a shocking 66% having had at least one potential opportunity for intervention.⁶ One in every five children in the United States needs mental health or social work services,¹ and an estimated 49% of adolescents has had a mental health disorder at some point in their lives.⁷ And yet only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider.⁸ Recruiting and retaining caseworkers in child welfare is a significant challenge. The median caseworker stays on the job for only 1.8 years,⁹ a turnover rate that only adds more challenges to already stressed children and families.

On the other end of the spectrum, estimates suggest that, by 2040, there will be about 80 million older people in the U.S., more than twice as many as in 2000.¹⁰ These older adults will need social services to access the services and benefits needed to remain healthy and, in growing numbers, to cope with the onset of Alzheimer's and other dementias. Most of these older adults will be taken care of by family caregivers as they age, who will provide everything from transportation to medical appointments to care coordination in hospitals to advanced medical care at home. Nearly 42 million adults¹¹ are currently providing care to an adult 50 years of age or older, facing challenges to their own health and well-being and the financial security of their families. Information and referral, counseling and support, and respite care will be needed in greater numbers to support these caregivers as they care for their aging relatives, and yet data suggests that only 4% of social workers have formal certification in geriatric social work.¹²

And while the need for social work services grows, the demands of the profession, and the unique challenges we face, grow as well. It is, for one, a high stress profession, and has become even more so now as a result of the COVID-19 pandemic. In one recent study of American social workers¹³, over a quarter of social workers met the diagnostic criteria for posttraumatic stress disorder. Social work students are also feeling the impact of the pandemic on their mental health, making it even more challenging to fill the unmet needs of the profession.¹⁴

It is also a notoriously underpaid profession. The median salary for social workers generally is about \$52,000,¹⁵ while most professions for which a Master's degree is the necessary entry-level education have a median pay of \$60,000 or higher, with half having a median pay

of \$80,000 or higher.¹⁶ And despite the broad scope of services provided by social workers, and the significant volume of direct clinical services provided to Medicare and Medicaid beneficiaries, annual salaries and insurance-based reimbursement remains consistently lower than professional peer groups including clinical psychologists. Despite billing similar CPT codes as clinical psychologists for psychotherapy, and possessing extensive education, training, clinical social workers are reimbursed at only 75% of the Physician Fee Schedule – a rate that has not been updated since clinical social workers were first added as Medicare providers in 1989.

The scope of practice for clinical social workers in the Social Security Act is limited to the “diagnosis and treatment of mental illness.” This limited scope is narrower than the scope of practice in many states and is an impediment to clinical social workers’ ability to provide a broader range of services to millions of beneficiaries. We are not currently able to bill for services provided in skilled nursing facilities, where there are high rates of depression, anxiety, substance use disorder and suicidality among residents. In many cases we are restricted in billing for Health Behavior Assessment and Intervention (HBAI) services, despite state scopes of practice, which include helping clients with physical health conditions.

At the same time, the cost of education for social workers is high, resulting in high levels of debt for many in the profession. 2019 MSW graduates have a mean total student debt of \$67,000.¹⁷ Further, data from the Council on Social Work Education (CSWE) indicate that new social workers entering the field hold a significant amount of student loan debt (averaging \$92,000 for Black graduates \$79,000 for Hispanic graduates and \$67,000 for White graduates for attainment of both bachelor’s and master’s degrees.¹⁸ This debt causes financial stress for many social workers and poses a barrier to nonprofit and government employment. In some cases, it drives highly qualified social workers out of the profession.

Improving Access to Social Work Services in Medicare

Effectively responding to the nation’s growing and complex mental health and behavioral health needs will require meaningful and strategic investment in the social work profession. In most situations, social workers cannot independently bill for HBAI, advance care planning (ACP), or chronic care management (CCM) codes, meaning patients and health systems cannot access the full care knowledge and skill that come from the social work workforce.

Recommendations and Solutions:

NASW recommends advancing the Improving Access to Mental Health Act (S. 838/H.R. 1638) which would increase reimbursement for clinical social workers (CSWs) serving Medicare beneficiaries from 75% to 85% of the physician fee schedule. It would also allow CSWs to bill independently at skilled nursing facilities and allow CSWs to provide Health and Behavior Assessment and Intervention (HBAI) services. HBAI services are cognitive, behavioral, social, and psychophysiological interventions to prevent, treat and improve physical health and well-being.

NASW asks that social workers are provided with a payment structure and reimbursement that recognizes their vital role in care management and care coordination. NASW recommends advancing the: Improving Access to Advance Care Planning Act which would help more Americans access critical advance care planning (ACP) services by allowing social workers to provide ACP services, removing beneficiary cost-sharing, and promoting

increased education for providers on current ACP codes, and improved reporting on barriers to providing ACP services and billing the corresponding codes.

Investments in Social Work and Social Work Education

Federal investments in social work and social work education are critically needed to ensure that there is a sufficient supply of social workers to meet evolving demands. Expanded access to Minority Fellowship Programs and related funding would increase access to education and opportunity for a more diverse workforce. Removal of barriers to entry and completion of academic training is an important step in improving the overall quality of behavioral health care rendered. Research on quality-related efforts to reduce and eliminate mental health and health disparities underscores the relationship between a diverse workforce composition and increased quality of care and outcomes. NASW supports Minority Fellowship Programs, public service loan forgiveness, mental and behavioral health education and training grants, and funding for scholarships, fellowships, Pell grants and other forms of financial support to social work students, practitioners, and other mental health professionals who work in child welfare, schools, healthcare, mental health, substance use care, and other settings that cater to children, adolescents, and young people.

Recommendations and Solutions:

NASW asks to expand the reach of existing tuition assistance programs and ensure that social workers are eligible. We urge the Committee to work with HRSA to create or expand existing tuition assistance programs for students enrolled in social work programs at accredited United States educational institutions, where participants receive tuition awards.

Student Loan Debt Relief

Meaningful student debt relief is essential to ensure a strong and plentiful social work workforce and to keep the profession financially accessible. We encourage the Committee to create pathways for student loan debt relief and strengthen and expand existing programs.

Recommendations and Solutions:

NASW requests that the Committee continue to strengthen the Public Service Loan Forgiveness (PSLF) Program.

PSLF eligibility can be improved by expanding the definition of “public service” employment in the PSLF program. Currently 1000s of social workers and other healthcare providers cannot qualify for PSLF because of the tax status of their employer. These workers also may lose eligibility when their employer changes. PSLF should be predicated on public service and not the tax status of employers. Among the arbitrary exclusions of various public-interest employers, our organization, NASW, is not a qualifying employer for PSLF, despite being a not-for profit organization and pursuing a public-interest oriented mission. The social workers who comprise our staff are thereby excluded from necessary debt relief.

Employer Based Incentives:

Consider creating and making permanent employer-based incentives to relieve student debt for employees that are not taxable to the employee, especially by for profit businesses and organizations that employ social workers and other healthcare providers. An example are provisions of the Employer Participation in Repayment Act.

Integration of Behavioral Health Care

Integration of interprofessional teams in healthcare settings to include primary care is critical in enhancing care coordination efforts as well as enabling access to care. Social workers have and continue to serve in a variety of healthcare roles (e.g., hospital-based social medical social work, behavioral health, care coordination, etc.) and are highly skilled in conducting outreach to socially vulnerable patient populations, conducting preventive social needs screenings, coordinating linkages to services, and addressing co-occurring mental health, behavioral health, and social care needs.

Behavioral health integration can also improve access to mental health services for children and their families. Deploying behavioral health social workers in primary care settings can also increase the likelihood that patients with depression or anxiety will receive treatment within 30 days of their diagnosis.¹⁹

Recommendations and Solutions:

NASW recommends expanding and sustaining Integrated Behavioral Health Care Models. NASW supports authorization of grant funding for integrated care models included in bipartisan legislation, the Collaborate in an Orderly and Cohesive Manner (COCM) Act. The legislation invests in the Collaborative Care Model (CoCM), an evidence-based model that aims to expand and improve access to mental health and substance use care by supporting and investing in the implementation of integrated care in primary care offices.

Expansion of Telehealth and Related Flexibilities

The expansion of telehealth and related flexibilities (i.e., audio-only behavioral health services) during the COVID-19 pandemic has been critical in increasing access to mental health care. The removal of geographic restrictions has enabled more individuals and families to receive care and treatment in their homes without the undue burdens that come from addressing transportation barriers, coordination of childcare and eldercare services. These flexibilities have created viable solutions that expand access to mental health care while removing barriers to care that are resultant from poverty, disability, and geography, among others.

Recommendations and Solutions:

NASW recommends supporting and advancing the Telemental Health Care Access Act which would provide for continued expansion of telehealth services. The bill removes the statutory requirement that Medicare beneficiaries be seen in person within six months of being treated for mental health services through telehealth.

Investment in Suicide Prevention

Investment in suicide prevention programs – suicide prevention and risk mitigation require a comprehensive approach that enables individuals in crisis to access timely mental health services and that deploys evidence-based prevention strategies. The rise in mental health risk in conjunction with inadequate access to crisis stabilization and preventive programs results in a greater number of individuals having to seek care in emergency departments. This dynamic results in a costly cycle that both overwhelms medical systems and renders fragmented care to individuals in need of services.

Recommendations and Solutions:

NASW recommends expanding and sustaining suicide prevention programs as well as crisis services. Authorize funding to expand and sustain Suicide Prevention Programs as well as Crisis Services. Authorize funding to expand access to crisis services across community settings, as these models of care enable access to timely and evidence-based services, reduce the risk of suicide, violence, and self-harm. Specifically, we urge you to incorporate proposals like the Behavioral Health Crisis Services Expansion Act, which aims to expand crisis response centers, mobile crisis response teams, crisis stabilization centers, short-term crisis residential services, behavioral health urgent care centers, among others.

Thank you again for the opportunity to provide these comments. If you have any questions, please do not hesitate to contact me at bbedney.nasw@socialworkers.org or Sarah Butts, Director of Public Policy at sbutts.nasw@socialworkers.org.

Sincerely,

Barbara Bedney

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Chief of Programs, NASW

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