October 5, 2022

The Honorable Richard Neal
Chairman
Ways & Means Committee
1102 Longworth House Office Building
Unites States House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Ways & Means Committee
1139 Longworth House Office Building
United States House of Representatives
Washington, DC 20515

Re: Statement for the Record for "Markup of Worker and Family Support and Health Legislation"

Dear Chairman Neal and Ranking Member Brady,

On behalf of the undersigned members of the Mental Health Liaison Group's Behavioral Health Workforce Workgroup, please accept this letter for the record submitted in response to the House Ways & Means Committee's recent markup, entitled "Markup of Worker and Family Support and Health Legislation," held on September 21, 2022. Our members greatly appreciate your leadership and share your goal of addressing the mental health and substance use needs of millions of Americans, particularly older adults participating in Medicare. Today, we write specifically to offer our strong support for the Committee's proposals to expand and diversify the Medicare mental health and substance use treatment workforce to address significant Medicare clinician shortages in this sector. We look forward to working with you to secure House passage of these important measures during this critical time of rising mental health needs.

The need for greater investment in mental health and substance use disorder treatment services has never been clearer as our country faces surging demand. Older adults experience significant mental health needs, which have worsened due to the COVID-19 pandemic, but fewer than 50 percent of older Americans with mental or behavioral health conditions receive treatment according to the National Council on Aging[1]. Suicide rates are higher in older adults[2] compared to most other age groups, even though the majority of suicide completers have visited their primary care physician in the year before suicide.

In addition to these serious and disturbing circumstances for older Americans, the resulting cost to the Medicare program is substantial. Experts have estimated that at least 4.2% of Medicare fee-for-service spending went to mental health services in 2015 and an additional 8.5% went to medical spending associated with mental illness -- a total of 12.7% going either directly or indirectly to mental health conditions, not including the additional cost of treatment related to substance use disorders (SUDs). Despite the growing toll taken by mental illness and SUDs among the Medicare population, Medicare beneficiaries have less access to mental health and addiction disorder providers than enrollees in virtually all other health plans, including Tricare, the Veterans Administration, Medicaid, and most

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[1] https://www.ncoa.org/article/how-to-improve-access-to-mental-health-and-substance-use-care-for-older-adults
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137406/pdf/nihms614269.pdf

Medicare Advantage, commercial, and employer plans because licensed professional mental health counselors (LPCs) and Marriage and Family Therapists currently are not eligible to participate in the Medicare program. Their services are not covered by Medicare even though they participate in almost all other federal healthcare programs and are eligible for placement through the National Health Service Corps under the Public Health Service Act.

As the Committee recognizes, it is time for our country to address the mental and behavioral health needs of older adults and a key area of improvement is strengthening the Medicare behavioral health workforce.

Accordingly, we commend the Committee for passing the improvements to the Medicare program related to physician services and education (Committee Print 117-2, Sec. 1). Specifically, we applaud the authorization for Medicare Part B coverage of medically necessary services provided by licensed Marriage & Family Therapists and Mental Health Counselors. We further commend the proposal to similarly expand the Medicare mental and behavioral health workforce in rural health clinics, federally qualified health centers, and hospice care. Extending Medicare coverage to services provided by Marriage & Family Therapists and Mental Health Counselors will immediately expand the available pool of clinicians able to provide mental health and substance use treatment services to Medicare beneficiaries in need.

We also urge the Committee to consider including two additional measures in any final package to be considered by the House that were not addressed in the markup. The first, the bipartisan PEERS Act (S. 2144/H.R. 2767), would ensure that providers of peer support services (peer support specialists and peer recovery specialists) are explicitly allowed in integrated settings. We further recommend the Committee clearly indicate that peer support services (provided by both peer support specialists and peer recovery specialists) are allowable in its Medicaid demonstration program in Section (4)(B)(iii) and ask the Committee to explicitly name peer support services as part of the workforce demonstration in its final language. States do not always understand that peer support providers are providers and should be covered by the demonstration.

The second proposal, the bipartisan Improving Access to Mental Health Act (S. 870/H.R. 2035), would increase Medicare beneficiaries' access to mental health services in Skilled Nursing Facilities, improve beneficiaries' access to Health and Behavior Assessment and Intervention Services, and align Medicare reimbursement for Clinical Social Workers with other non-physician providers. At 75% of the Physician Fee Schedule, Clinical Social Workers are reimbursed at a lower rate than other mental health providers participating in the Medicare program. This comparatively low reimbursement rate makes participation in the Medicare program less feasible for Clinical Social Workers. Additionally, Skilled Nursing Facilities frequently address resident mental health concerns by arranging for services from an independent mental health provider; however, beneficiaries who receive Skilled Nursing Facility services under Medicare Part A cannot simultaneously receive services from an independent Clinical Social Worker under Part B, resulting in disruptions in continuity of care and problematic limitations on the pool of practitioners who can serve Skilled Nursing Facility residents. The bipartisan Improving Access to Mental Health Act would increase access to care for Medicare beneficiaries by addressing these challenges. We respectfully urge the Committee to include this measure in any final package to be considered by the House.

We look forward to working with the Committee to advance these policies to passage in the House, policies that we believe will significantly improve Medicare beneficiaries' access to life-saving mental and behavioral health services. Thank you once again for your tremendous leadership in advancing these measures and more.

Sincerely,

American Association for Marriage and Family Therapy
American Counseling Association
Association for Ambulatory Behavioral Healthcare
Depression and Bipolar Support Alliance
Jewish Federations of North America
National Association of Social Workers
National Council for Mental Wellbeing