

February 11, 2020

The Hon. Richard Neal
Chairman
Committee on Ways and Means
House of Representatives
Washington, DC 20515

The Hon. Kevin Brady
Ranking Member
Committee on Ways and Means
House of Representatives
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

The undersigned organizations respectfully urge the House Committee on Ways and Means to consider and advance ***the Improving Access to Mental Health Act (H.R. 1533)***. As national organizations advocating on behalf of people with disabilities and older adults, we are acutely aware of the pressing barriers to health and mental health care faced by Medicare beneficiaries in the United States, and H.R. 1533 will help ensure that all Medicare beneficiaries have access to high-quality mental health care across settings—including skilled nursing facilities (SNFs).

H.R. 1533 will help to achieve this end by enabling clinical social workers (CSWs) to bill Medicare Part B the way that other mental health professionals do and to be reimbursed on par with comparable professionals. Numbering approximately 210,000 nationwide, CSWs are more abundant than other mental health clinicians in the United States.

According to the most recent Medicare Trustees Report, in 2017 there were 58.4 million Medicare beneficiaries (8.9 million adults younger than 65 living with permanent disabilities and 49.5 million adults age 65 or older), a number projected to increase to almost 80 million by 2030. Moreover, a recent Kaiser Family Foundation analysis revealed that in 2016 half of Medicare beneficiaries had incomes of less than two times the federal poverty level and one-quarter had less than \$14,550 in total savings. As the beneficiary population increases in size, changes demographically, and adjusts to challenges such as functional limitations, multiple chronic conditions, social isolation, and pain, it is imperative that our health care system is able to address beneficiaries' mental health needs. The Improving Access to Mental Health Act will mitigate this problem in three ways:

1) Increase Medicare beneficiaries' access to mental health services in SNFs. In 2016, nearly 2.5 million Medicare beneficiaries received care in almost 15,000 SNFs, where they receive occupational therapy (OT), physical therapy (PT), speech–language pathology (SLP) services, or skilled nursing care (among other services) to restore or maintain functional status. Beneficiaries who receive SNF services under Medicare Part A cannot receive mental health services from an independent CSW under Part B. For example, a nursing home resident might change from a level of care that does not include OT, PT, SLP, or skilled nursing care—care for which Medicare coverage is not available—to SNF care (covered by Medicare Part A) at a moment's notice. When this occurs, a beneficiary loses access to their independent CSW at a time when their health status changes and they become emotionally vulnerable. This access barrier disrupts continuity of care for any beneficiary who has been working with a CSW before receiving SNF services, but who cannot continue working with a CSW after transitioning to a SNF—a transition that can occur between a private home or assisted living and a SNF, but also within a SNF building, even without the resident's changing beds. Moreover, this barrier limits the pool of Medicare providers on which SNFs can draw to meet newly identified mental health needs of beneficiaries. H.R. 1533 will remove this barrier by enabling independent CSWs to bill Medicare Part B, just as psychologists and psychiatrists do, for mental health services provided to beneficiaries receiving

SNF services under Part A.

2) Increase beneficiaries' access to Health and Behavior Assessment and Intervention (HBAI) Services.

HBAI services address emotional and psychosocial concerns that arise from medical conditions (such as a diagnosis of cancer or an exacerbation of multiple sclerosis), and which are unrelated to a mental health condition. H.R. 1533 will enhance Medicare beneficiaries' access to services by enabling CSWs to bill Medicare Part B for HBAI services.

3) Increase Medicare reimbursement for independent CSWs. Currently, CSWs are paid at only 75 percent of the Medicare physician fee schedule (PFS). By increasing the Medicare reimbursement rate for CSWs to 85 percent of the PFS (the same rate paid to other non-physician health care providers, such as occupational therapists and speech–language pathologists), H.R. 1533 will address inequities in reimbursement.

People with disabilities and older adults need to access comprehensive mental health services in SNFs and other settings. Findings from the National Academies of Sciences, Engineering, and Medicine (NASEM) September 2019 Consensus Study, *Integrating Social Care Into the Delivery of Health Care* reinforce and provide support for the provisions in S. 782. Specifically, NASEM recommended that federal agencies expand the scopes of practice for social workers in order to build the workforce to address the social (e.g. non-medical) factors that play a key role in health outcomes. The study also calls for the adequate payment of social workers to ensure a sufficient social care workforce.¹

We encourage the Committee to expand mental health care access for Medicare beneficiaries by expeditiously considering and advancing *the Improving Access to Mental Health Act*.

Thank you for your consideration.

AFSCME
Aging Life Care Association®
Alzheimer's Foundation of America
American Association for Psychoanalysis in
Clinical Social Work
American Health Care Association
American Society on Aging
Clinical Social Work Association
Council on Social Work Education
The Gerontological Society of America

International Bipolar Foundation
International OCD Foundation
The Jewish Federations of North America
Justice in Aging
National Association for Rural Mental Health
National Association of Social Workers
National Council for Behavioral Health
Postpartum Support International
Psychiatric Rehabilitation Association

CC:

The Hon. Barbara Lee
The Hon. John Lewis
The Hon. Lloyd Doggett
The Hon. Mike Thompson

The Hon. Devin Nunes
The Hon. Vern Buchanan
The Hon. Adrian Smith
The Hon. Kenny Marchant

¹ National Academies of Sciences, Engineering, and Medicine. (2019, September). *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Retrieved from <http://nationalacademies.org/hmd/Reports/2019/integrating-social-care-into-the-delivery-of-health-care>

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