

October 8, 2021

The Honorable Michael Bennet
United States Senate
261 Russell Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
United States Senate
517 Hart Senate Office Building
Washington, DC 20510

RE: NASW's Recommendations for Achieving the Aims of "A Bold Vision for America's Mental Well-being"

VIA EMAIL

Dear Senators Bennet and Cornyn,

The National Association of Social Workers (NASW) applauds your leadership in outlining a [Bold Vision for America's Mental Well-being](#) and appreciates the opportunity to provide input in response to the September 9th Request for Information on recommendations to support improved access to mental health and behavioral health services.

Founded in 1955, NASW is the largest membership organization of professional social workers in the world. NASW has 110,000 members and works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. We are the most diverse mental health provider group and, at 700,000+, are the largest provider of mental, behavioral and social care services in the nation. We are also an essential workforce in numerous settings, including healthcare, schools, community clinics, and child welfare agencies.

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, who are required to have a master's degree in order to practice independently.

Support for the Mental Health and Behavioral Health Workforce

The COVID-19 pandemic has exacerbated persistent inequities and gaps in mental health and behavioral health systems and services, with 4 in 10 adults in the U.S. reporting symptoms of anxiety or depressionⁱ. Added to this, rates of substance use, overdose, intimate partner violence, housing instability, and economic distress are persistent and continue to increase. The demand for social workers is projected to grow significantly over the next decade, and educational institutions are not on pace for meeting this need. Specifically, the Bureau of Labor Statistics (BLS) projects that the employment of social workers will increase by 12 percent over the next decadeⁱⁱ. This expected increase is 50 percent greater than the average expected for all occupationsⁱⁱⁱ. There is projected to be a particularly significant need for child,

family, and school social workers, healthcare social workers, and mental health and substance use social workers^{iv}.

However, the cost of a social work education is significant when compared to salaries and reimbursement for clinical social workers and the broader social work workforce. For instance, although a master's degree is required to practice clinical social work independently, compensation and reimbursement rates, especially for mental health and behavioral health services, remain low. Consequently, many social workers have an unsustainable student debt burden. Indeed, recent new graduate data indicates that social workers of color are carrying much higher student loan debt than their white peers, with Black social work graduates' total student loan debt at approximately \$92,000 and Hispanic graduates at \$79,000^v. The student loan debt burden carried by social workers is further compounded by the relatively low salaries and compensation afforded to this workforce. The aforementioned survey of new social work graduates also indicates that starting salaries for MSW graduates remains very low at approximately \$47,000 annually^{vi}. Notably, the overwhelming majority of social workers are women (suggesting an unaddressed gender pay gap).

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, given that our workforce is the primary provider of these essential services.

Recommendations for supporting social workers as key mental and behavioral health workforce participants:

1. We strongly urge you and the Senate Finance Committee to support and advance the [Improving Access to Mental Health Act \(S. 870\)](#), led by Senators Debbie Stabenow (D-MI) and John Barrasso (R-WY), which will increase access to clinical social worker services in Medicare and increase the reimbursement rate of clinical social workers (CSW) from 75% of the Physician Fee Schedule (PFS) to 85% of the PFS. CSWs are providing nearly the same services and billing the same codes and are reimbursed at only 75% of the fee that psychologists and psychiatrists are reimbursed.
 - a. [Issue Brief](#) and [FAQ](#)
2. **Increase Workforce Investments** such as, but not limited to:
 - a. Provide funding for scholarships, service opportunities, fellowships, and other forms of financial support to social work students, practitioners and other mental health professionals who work in public child welfare, schools, healthcare, mental health, substance use care and other settings.
 - b. Provide funding for school systems to hire school-based social workers and other supportive professionals.
 - c. Provide funding for social workers who work in crisis response (such as mobile crisis, domestic violence and rape/ sexual violence social workers).
3. **Ensure Comprehensive Coverage for Mental Health, Behavioral Health and Addictions Services.** Include extending the **Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Act)** to Medicare and all of Medicaid. The Federal Parity Act, the landmark law that prohibits discrimination in the coverage of mental health and substance use disorder care, should also be extended through statute to TRICARE to ensure equal coverage for members of the military and their families.

4. **Expand and Sustain Integrated Behavioral Health Care Models.** Provide funding for integrated care models, such as the Collaborative Care Model, and Primary Care Behavioral Health Model, in primary care settings^{vii} as these models expand and improve access to evidence-based mental health and substance use care. These models also reduce stigma and allow for early intervention and prevention in the treatment of behavioral and mental health health issues. Specifically, we urge you incorporate proposals like the [Collaborate in an Orderly and Cohesive Manner Act \(H.R. 5218\)](#) which aims to expand and improve access to evidence-based mental health and substance use care by supporting and investing in the implementation of integrated care in primary care offices.

Telehealth Permanence

During the COVID-19 pandemic, thousands of social workers and other mental health providers quickly transitioned to deliver vital mental health and behavioral health services using technology, including video conferencing, smartphones and audio-only telehealth. Telehealth has been a lifeline for many clients, allowing access to services, while ensuring safety from COVID-19. Additionally, the expansion of telehealth services has enabled greater access to care for regions with provider shortages, geographic barriers to care, and/ or limited access to specialty providers (e.g., adolescent care etc.).

While we appreciate that Section 123 of the Consolidated Appropriations Act of 2021 removed geographic and site restrictions for mental and behavioral telehealth services, we believe the associated in-person requirement should be removed and anticipate significant disruption in services post the Public Health Emergency (PHE) period if the requirement for in-person is not removed.

Moving forward, we recognize the overarching industry shift in medical and behavioral health care to include virtual care and expect that many social workers will continue to practice in hybrid settings where services are provided both in-person and via telehealth. We advocate that the service modality be predicated on the needs and preference of the client.

Recommendations for improving mental and behavioral health care through telehealth:

1. We recommend that you and the Senate Finance Committee support and advance the [Telemental Health Care Access Act](#) (S. 2061) led by Senators. Smith (D-MN), Cassidy (R-LA), Cardin (D-MD), and Thune (R-SD). The Telemental Health Care Access Act would provide continuity in behavioral health care access by removing the statutory requirement that Medicare beneficiaries be seen in person within six months of being treated for a mental health service via telehealth.
2. **Make telehealth permanent, beyond the Public Health Emergency Period (PHE), and:**
 - a. Remove the in-person requirement for mental and behavioral health services provided via telehealth in Medicare;
 - b. Ensure payment parity with in-person services, such as psychotherapy;
 - c. Remove geographic and site restrictions;
 - d. Allow audio only devices as a telehealth modality for the delivery of substance use disorder (SUD) and mental and behavioral health services. Given the high prevalence of co-occurring mental health and substance use disorders, this approach will

- advance our goal of providing the right care at the right time to improve client and population outcomes; and
3. Ensure the telehealth modality for mental and behavioral health services is predicated on the needs of the client (i.e., in-person, audio-only, and/or virtual).

Resources:

- [The Grand Challenges for Social Work](#)
 - Initiated by the American Academy of Social Work and Social Welfare, the 13 Grand Challenges for Social Work is a groundbreaking initiative to champion social progress powered by science.
- [Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health](#)
 - Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health was released in September 2019, before the World Health Organization declared COVID-19 a global pandemic in March 2020. Improving social conditions remains critical to improving health outcomes, and integrating social care into health care delivery is more relevant than ever in the context of the pandemic and increased strains placed on the U.S. health care system. The report and its related products ultimately aim to help improve health and health equity, during COVID-19 and beyond.
- [NASW's Blueprint of Federal Social Policy Priorities](#)
 - NASW's 2021 Blueprint articulates meaningful actions the Biden-Harris Administration and Congress can take to address the COVID-19 crisis, promote mental and behavioral health, eliminate systemic racism and ensure civil and human rights for all.

Thank you again for the opportunity to provide comment and we look forward to working with you as you implement your vision for America's mental well-being. If you have any questions, please do not hesitate to contact me at amangum.nasw@socialworkers.org.

Sincerely,



Anna Mangum, MSW, MPH
Deputy Director, Programs

ⁱ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

ⁱⁱ Bureau of Lab. Stat., U.S. Dept. of Lab., Occupational Outlook Handbook - Social Workers, <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (last visited Sept. 21, 2021) ("BLS").

ⁱⁱⁱ *Id.*

^{iv} *Id.*

^v Council on Social Work Education and National Association of Social Workers. (2020). The social work profession: Findings from three years of surveys of new social workers. <https://www.cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf>

^{vi} *Id.*

^{vii} H.R.5218 - Collaborate in an Orderly and Cohesive Manner Act: <https://www.congress.gov/bill/117th-congress/house-bill/5218>