



November 1, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Re: Inclusion of the Mental Health Access Improvement Act of 2021 (S. 828) in the Behavioral Health Package

Dear Chairman Wyden and Ranking Member Crapo.

I am writing to you on behalf of the American Association for Marriage and Family Therapy (AAMFT), the national association representing the professional interests of more than 62,000 licensed marriage and family therapists who provide individual, family and group psychotherapy services throughout the United States. AAMFT would like to thank both of you for your leadership in initiating the process by the Finance Committee to examine behavioral health care needs with the goal of developing a bipartisan legislative package to address the many behavioral health challenges that Americans face.

In these COVID-19 influenced times, America has recently seen attention given to both mental health in the United States in general, and the particular effect the COVID-19 epidemic has had on segments of the population such as health care workers and children. Absent from some of these discussions has been the mental health status of our senior citizens who have endured isolation and lack of medical treatment for their physical conditions since the start of the pandemic.

In your recent request to the behavioral health care community, you are requesting information on legislative proposals that will improve access to health care services for seniors and other Americans with mental health and substance use disorders. In this correspondence, AAMFT would like to focus on one legislative proposal that would significantly improve access to health care services for Medicare beneficiaries – passage of the Mental Health Access Improvement Act of 2021 (S. 828/H.R. 432). Introduced and led by Committee members Senators John Barrasso and Debbie Stabenow, S. 828 would allow licensed marriage and family therapists (LMFTs) and licensed mental health counselors (LMHCs) to bill Medicare for mental health and counseling services. This bipartisan and bicameral legislation would give Medicare beneficiaries immediate access to over 225,000 additional licensed professionals. We urge the Finance Committee to include the Mental Health Access Improvement Act in the Committee’s upcoming behavioral health legislation.

Background

Marriage and family therapists are licensed to provide medically necessary behavioral health services in all 50 states and the District of Columbia. In order to become an LMFT, a person must have received a master’s or doctoral degree in marriage and family therapy or a related

discipline, completed at least two years of supervised clinical experience, and passed a national exam. LMHCs have similar qualifications. The licensure requirements of LMFTs and LMHCs mirror those of licensed clinical social workers.

Currently, under federal law, only psychiatrists, clinical psychologists, licensed clinical social workers and psychiatric nurses can receive Medicare reimbursement, severely limiting the number of practitioners available to seniors with behavioral health problems by not reimbursing the far-reaching practices of LMHCs and LMFTs, who are an integral part of the current mental health system nationwide, particularly in rural areas. In addition, LMFTs and LMHCs are professionals who comprise 40% of the licensed behavioral health workforce in the United States, meaning that Medicare beneficiaries are shortchanged since a large percentage of the licensed behavioral health workforce is unable to bill Medicare.

Both LMFTs and LMHCs are recognized and covered by virtually every other health insurer in the country, including commercial health plans and state Medicaid plans. CMS has approved state plan amendments allowing state Medicaid plans to include LMFTs and LMHCs as eligible providers of services to Medicaid beneficiaries. Other federal departments and health plans, including the Department of Veterans Affairs, TRICARE, and the Indian Health Service, employ or contract with LMHCs and LMFTs as eligible mental health clinicians. In addition to participating in almost all other federal healthcare programs, these professionals are eligible for placement through the National Health Service Corps under the Public Health Service Act.¹ Students who are training to become LMFTs or LMHCs are also eligible to participate in SAMHSA's Minority Fellowship Program.²

Impact of the COVID-19 Pandemic

The COVID-19 pandemic continues to have a significant impact on the mental health of all Americans, especially older adults. A study from the Kaiser Family Foundation found that 1 in 4 older adults have reported anxiety or depression during the COVID-19 pandemic.³ Older adults are extremely vulnerable to the mental health impacts of COVID-19. It is widely known that COVID-19 is more dangerous for seniors and those who have preexisting health conditions. This makes the Medicare population perhaps the most susceptible group in the nation, placing extra stress on these individuals.

Older adults were also more likely to be experiencing social isolation and loneliness before the pandemic. According to a study from the National Academies of Sciences, Engineering, and Medicine, 43% of adults over 60 reported feeling lonely in February 2020, just before the scope of the pandemic became clear.⁴ The stress and loneliness caused by the pandemic are driving up rates of depression, anxiety, and substance use disorder among older adults, and Medicare will need thousands of new providers to meet this unprecedented need. The increased risk of hospitalization and death, coupled with the intense social isolation resulting from extended stay-at-home orders, is creating a behavioral health crisis among the Medicare population.

¹ 42 U.S.C. § 254d(a)(3)(E).

² 42 U.S.C. § 290//. For a list of eligible professions, see <https://www.samhsa.gov/minority-fellowship-program/become-mfp-fellow>

³ Koma, W., True, S., Biniek, J. F., Cubanski, J., Orgera, K., & Garfield, R. (2020). *One in four older adults report anxiety or depression amid the COVID-19 pandemic*. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/one-in-four-older-adults-report-anxiety-or-depression-amid-the-covid-19-pandemic/>

⁴ National Academy of Sciences. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK557974/>

In response to your request for information, AAMFT has provided a response to several questions pertaining to strengthening the workforce and improving access to care pertaining to two broad issues: behavioral health workforce shortages and access to care in rural and other underserved communities.

Behavioral Health Workforce Shortages

- **What policies would encourage greater behavioral health care provider participation in federal healthcare programs?**
- **What barriers, particularly with respect to the physician and non-physician workforce, prevent patients from accessing needed behavioral health care services?**
- **How has the expanded scope of Medicare coverage of telehealth for behavioral health services during the COVID-19 pandemic impacted access to care?**

Medicare beneficiaries face a dire shortage of licensed behavioral health care providers, which has only grown worse in recent years. However, in spite of these increasing shortages of behavioral health providers, the list of behavioral health professions recognized by Medicare has not changed since 1989, effectively creating a mental health coverage gap for Medicare beneficiaries, which S. 828 aims to permanently fill.⁵ Dr. Matthew Fullen and colleagues at Virginia Tech surveyed 3,392 practicing licensed counselors in 2019 and found that over 50% had turned away patients because of Medicare’s restriction on recognizing counselors as eligible providers, with almost 40% of counselors having been forced to refer existing patients elsewhere once they became Medicare eligible.⁶

It is crucially important to strengthen the capabilities and effectiveness of the overall health care workforce to better meet the needs of older and disabled individuals with medically complex conditions, especially those coping with mental illness or substance use disorders along with conditions such as diabetes, lung disease, cardiovascular disease, and other comorbidities associated with early mortality, disability, and impairments in psychosocial functioning. LPCs and LMFTs, who frequently practice in integrated health care settings, are well-positioned to play a key role in collaborative care models designed to improve medical and mental health outcomes and functioning.⁷

Regarding telehealth services, the expanded scope of Medicare coverage of telehealth services for behavioral health services has certainly helped many Medicare beneficiaries who would lack access to these services since the pandemic started if it was not for this expansion of coverage. Increasing telehealth services are certainly part of the solution to addressing provider shortages. We urge CMS to do more to expand coverage of telehealth services. However, changing Medicare’s policies to expand coverage of telehealth services for behavioral health care, by itself, will not end the shortage of behavioral health providers for Medicare beneficiaries. Almost half

⁵ Congress added licensed clinical social workers as independent mental health providers and lifted restrictions on services provided by psychologists in the Omnibus Budget Reconciliation Act of 1989, Pub. L. No. 101-239, § 6113, 103 Stat. 2106 (1989).

⁶ Fullen, M., Lawson, G., Sharma, J., “[Analyzing the Impact of the Medicare Coverage Gap on Counseling Professionals: Results of a National Study](#),” *Journal of Counseling and Development*, Vol. 98 (March 8, 2020).

⁷ See Unützer, J., et al., “[The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes](#),” Center for Health Care Strategies and Mathematica Policy Research, Health Home Information Resource Center (May 2013).

of all seniors do not own a smartphone or do not have broadband access.⁸ In a recent study of rural older adults, most indicated an unwillingness to use telehealth for mental health services, with a majority indicating that they would either never utilize telehealth for any care or would prefer to have most or all of their care in-person once the COVID-19 pandemic is over.⁹ Therefore, increasing the overall supply of behavioral health providers recognized by Medicare is also needed to address this shortage in of behavioral health providers available to treat Medicare beneficiaries.

Access to Providers in Rural and other Underserved Areas

- **What federal policies would best incentivize behavioral health providers to train and practice in rural and other underserved areas?**
- **What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?**

The Medicare program is facing a severe shortage of mental health providers, especially in rural and other underserved areas. As of June 30, 2021, over 125 million people in the U.S. live in Mental Health Professional Shortage Areas, as defined by the Health Resources and Services Administration (HRSA).¹⁰ These shortages areas include both urban and rural geographic areas with shortages of mental health professionals, population groups with these shortages, and facilities with such shortages. These shortages, which have existed for many years, are continuing to increase.

The United States faces not just a shortage of behavioral healthcare professionals, but a maldistribution of those who provide mental health and SUD services. Despite higher rates of SUD and suicide in rural communities, approximately 50% of rural counties in America have no practicing psychiatrists, psychologists, or social workers.¹¹ LMFTs and LMHCs make up 40% of the licensed behavioral health workforce in the United States, but among those mental health providers who do work in rural communities, 60.7% are counselors (including LMHCs, LMFTs, and others),¹² which suggests that LMFTs and LMHCs play a key role in providing rural mental health services outside of Medicare.¹³ Unfortunately, since LPCs and LMFTs are not Medicare providers, rural Medicare beneficiaries must seek out licensed clinical social workers,

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021, 5. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf.

⁹ Howren MB, Castagna N, Katz PR. Openness to Use of Telehealth During and After the COVID-19 Pandemic in a Sample of Rural Older Adults in a Federally Qualified Health Center. *J Am Med Dir Assoc.* 2021 Sep;22(9):1856-1857. doi: 10.1016/j.jamda.2021.06.028. Epic 2021 Jul 2. PMID: 34283951; PMCID: PMC8249715.

¹⁰ *Designated Health Professional Shortage Areas Statistics, Third Quarter of Fiscal Year 2021, Designated HPSA Quarterly Summary*, Bureau of Health Workforce, HRSA, U.S. Department of Health & Human Services, June 30, 2021.

¹¹ *Workforce Issues: Integrating Substance Use Services into Primary Care*, SAMHSA-HRSA Center for Integrated Health Solutions, Office of National Drug Control Policy, August 2011; Bailie, M., et al., “[Confronting Rural America’s Health Care Crisis](#),” Bipartisan Policy Center (April 21, 2020) (recommending that LMFTs and LPCs be added to the list of Medicare providers as a method of increasing access to care, emphasizing that ensuring an adequate rural health workforce will help stabilize and reform the rural health infrastructure) (BPC, Rural Mental Health, 2020).

¹² Larson, E., et al., “[Supply and Distribution of the Behavioral Health Workforce in Rural America](#),” Data Brief #160 (September 2016) (Larson, 2016).

¹³ Fullen, M., Brassoie, N., et al., “[The Impact of the Medicare Mental Health Coverage Gap on Rural Mental Health Care Access](#),” *Journal of Rural Mental Health*, 44(4), pp. 243-251 (2020); see also Larson, 2016.

psychiatric nurse practitioners, psychologists or psychiatrists, who can be much harder to find and farther away.¹⁴

Seniors in the rural areas are the hardest hit, as they already face severe limitations on health care practitioners, particularly trying to locate a psychiatrist or clinical psychologist within a hundred miles. The Bipartisan Policy Center (BPC) released a report in 2020 recommending that LMFTs and LMHCs be added to the list of Medicare providers as a method of increasing access to care, emphasizing that ensuring an adequate rural health workforce will help stabilize and reform the rural health infrastructure.¹⁵ The BPC highlighted how the report's policy recommendations offer solutions to the challenges raised by the COVID-19 pandemic.

Current federal policies provide a disincentive for behavioral health providers to train and practice in rural or other underserved communities. Since both LMFTs and LMHCs are not recognized as Medicare providers, these professionals are less likely to pursue training and practice opportunities in rural and other underserved communities with a higher percentage of Medicare beneficiaries. In addition, this restriction also prevents Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) from directly billing Medicare for the services of LMFTs and LMHCs. Since the services of LMFTs and LMHCs cannot be directly billed to Medicare, this restriction serves as a disincentive for FQHCs and RHCs to hire LMFTs or LMHCs as clinicians. According to HRSA, FQHCs and related health centers serve 1 in 3 people living in poverty and 1 in 5 rural residents.¹⁶ The Mental Health Access Improvement Act would allow LMFTs and LMHCs to serve as Medicare eligible providers in FQHCs and RHCs. Recognizing LPCs and LMFTs as Medicare providers would significantly improve access to behavioral and addiction care for older and disabled Americans living in rural and other underserved communities, and incentivize these professionals to train, practice, and remain in those communities.

Conclusion

AAMFT believes that passage of the Mental Health Access Improvement Act is crucial to strengthening the behavioral health care workforce, ensuring Medicare beneficiary access to mental health therapy, fostering better integration and coordination, and better coordinating benefits for Medicare beneficiaries. Policy experts consistently recommend including LMFTs and LMHCs in the Medicare program. For example, in 2017, a report from the Interdepartmental Serious Mental Illness Coordinating Committee urged Congress to “remove exclusions that disallow payment to certain qualified mental health professionals, such as marriage and family therapists and licensed professional counselors, within Medicare.”¹⁷ Similarly, in 2021, a Bipartisan Policy Center task force recommended that Congress expand the mental health provider categories covered under Medicare, in order to address shortages in rural areas while lowering federal reimbursement barriers to integrating primary and mental health care.¹⁸

¹⁴ *Id.*

¹⁵ Bipartisan Policy Center, “Confronting Rural America’s Health Care Crisis,” April 2020, 54 <https://bipartisanpolicy.org/report/confronting-rural-americas-health-care-crisis/>

¹⁶ HRSA website. <https://bphc.hrsa.gov/about/healthcenterprogram>

¹⁷ Report to Congress, “*The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers*,” SAMHSA, Interdepartmental Serious Mental Illness Coordinating Committee (2017), Recommendation 2.8(d), p. 83.

¹⁸ Bipartisan Policy Center, “Tackling America’s Mental Health and Addiction Crisis Through Primary Care Integration,” March 2021, 69. <https://bipartisanpolicy.org/report/behavioral-health-2021/>

The broader behavioral health care community supports the Mental Health Access Improvement Act. AAMFT is a member of the Medicare Mental Health Workforce Coalition, which includes many leading mental health organizations that advocate for passage of this legislation.¹⁹ AAMFT is also a member of the Mental Health Liaison Group, a coalition of over 70 leading behavioral health care organization. AAMFT strongly endorses the letters submitted to the Committee by both groups that advocate for passage of the Mental Health Access Improvement Act. Similar legislation to S. 828 passed the Senate twice in 2003 and 2005 and the House twice in 2007 and 2009, showing the long-term bipartisan support for this effort. In 2020, the House Energy and Commerce Committee passed a prior version of this legislation, H.R. 945, the Mental Health Access Improvement Act of 2019. In addition to the leading support of Senators Barrasso and Stabenow, the current legislation, S. 828, has the support of an additional six members of the Finance Committee. This legislation intends to permanently fill the Medicare mental health gap in coverage gap by extending Medicare coverage to include services performed by LMFTs and LMHCs.

For all of these reasons, we respectfully urge the Finance Committee to include S. 828, the Mental Health Access Improvement Act, in the Committee's upcoming behavioral health package. Thank you in advance for your consideration of our comments. If AAMFT can be of any assistance, or if you have any questions, please contact Roger Smith, AAMFT's Director of Government and Corporate Affairs at rsmith@aamft.org or David Connolly of the Connolly Group at davidaconnollyjr@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracy Todd", enclosed within a large, hand-drawn oval.

Tracy Todd
Chief Executive Officer – American Association for Marriage and Family Therapy

¹⁹ The Coalition includes the American Association for Marriage and Family Therapy, Association for Behavioral Health and Wellness, American Counseling Association, American Mental Health Counselors Association, California Association of Marriage and Family Therapists, Centerstone, Center for Medicare Advocacy, Michael J. Fox Foundation for Parkinson's Research, National Association for Rural Mental Health, National Association of County Behavioral Health and Developmental Disability Directors, National Board for Certified Counselors, National Council for Mental Wellbeing, National Council on Aging.