

November 2, 2023

Senator Ron Wyden
Chairman
Senate Finance Committee

Senator Mike Crapo
Ranking Member
Senate Finance Committee

Representative Cathy McMorris Rodgers
Chair
House Energy and Commerce Committee

Representative Frank Pallone, Jr.
Ranking Member
House Energy and Commerce Committee

Representative Jason Smith
Chairman
House Ways and Means Committee

Representative Richard Neal
Ranking Member
House Ways and Means Committee

Dear Members of Congress,

The undersigned organizations respectfully urge the Senate Finance, House Energy and Commerce, and House Ways and Means Committees to consider and advance the bipartisan Improving Access to Mental Health Act (S. 838/H.R. 1638). 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. S. 838/H.R. 1638 will help ensure that all Medicare beneficiaries have access to high-quality mental health care across settings by allowing clinical social workers (CSWs) to bill Medicare Part B independently for services provided in skilled nursing facilities (SNFs), allowing CSWs to bill Part B for Health and Behavior Assessment and Intervention (HBAI) services, and improving Part B reimbursement for CSWs.

Numbering approximately 210,000 nationwide, CSWs are the largest provider of mental health services in the United States yet face significant barriers in providing continuity of care for Medicare beneficiaries.

According to the most recent Medicare Trustees Report, there were 65 million Medicare beneficiaries (7.9 million adults younger than 65 living with permanent disabilities and 57.1 million adults 65 years or older) in 2022—a number projected to increase to almost 80 million by 2030.¹ In the next 15 years, the Medicare population is forecasted to grow by 30% and half of beneficiaries are expected to have incomes less than 250% of the federal poverty level.² As the beneficiary population increases in size, we anticipate that beneficiary aging-related challenges will also increase. These challenges are likely to include increases in functional limitations, chronic medical conditions, Alzheimer's disease and other dementias, social isolation, and pain-related concerns, all of which will exacerbate beneficiaries' need

¹ 2023 Annual report of the boards of trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds: communication from the boards of trustees, Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. Retrieved from: <https://www.cms.gov/oact/tr/2023>

² Jacobson G, Griffin S, Neuman T, Smith K. Income and assets of Medicare beneficiaries, 2016-2035. Kaiser Family Foundation. Accessed April 27, 2023. <https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/>

for care coordination. According to a literature review, “A high proportion of nursing home residents have a significant mental disorder, with estimates ranging from 65% to 91%.”³

These demographic trends have been compounded by the effects of the COVID-19 pandemic, which has adversely impacted the physical and mental health of the population at large. The pandemic has had a disproportionate impact on communities of color, as evidenced by increased risk in contracting and dying from the virus. Racial minorities experience higher rates of chronic medical conditions (e.g., obesity, diabetes, and kidney disease), which exacerbate their baseline risk factors for severe illness from COVID-19.⁴ The increased burden imposed by the pandemic is further evidenced by the significant increase in mental health concerns over the past three years, with 4 in 10 U.S. adults reporting symptoms of anxiety or depression.⁵

Given the growing and complex needs of the Medicare beneficiary population, the impact of the COVID-19 pandemic, and future threats to public health, it is imperative that our health care system can meet beneficiaries’ mental health needs. The Improving Access to Mental Health Act will address this need in three ways:

1) Increase Medicare beneficiaries’ access to mental health services in SNFs. As of March 2023, there are more than 18,700 active SNFs in the U.S.⁶ In 2021, nearly 1.4 million Medicare beneficiaries received care in SNFs⁷. Beneficiaries who receive SNF services under Medicare Part A cannot receive mental health services from an independent CSW under Part B. Due to this barrier, some beneficiaries who are already working with independent CSWs lose access to those professionals when their health status changes. This access barrier disrupts the continuity of care for any beneficiary who has been receiving services provided by 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 from which SNFs can draw to meet the newly identified mental health needs of beneficiaries. S. 838/H.R. 1638 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

³ Grabowski, D.C., Acshbrenner, K.A., Rome, V.F., and Bartels, S.J. (2010). Quality of mental health care for nursing home residents: A literature review. *Medicare Care Research and Review*, 67(6), 627-656.

⁴ “Addressing Racial Health Disparities In The COVID-19 Pandemic: Immediate And Long-Term Policy Solutions, ” Health Affairs Blog, July 20, 2020. <https://doi.10.1377/hblog20200716.620294.org>

⁵ Panchal, N., Saunders, H., Rudowitz, R., & Cox, C. (2023, March 20). *The implications of COVID-19 for mental health and substance use*. KFF. Retrieved April 27, 2023, from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

⁶ Healthcare Insights. Definitive Healthcare. March 31, 2023. Retrieved June 7, 2023, from <https://www.definitivehc.com/resources/healthcare-insights/skilled-nursing-facilities-us>

⁷ Use of Skilled Nursing Facilities in Traditional Medicare. Kaiser Family Foundation. Retrieved June 7, 2023, from <https://www.kff.org/medicare/state-indicator/skilled-nursing-facilities/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

health condition. S. 838/H.R. 1638 will enhance Medicare beneficiaries' access to mental health care by enabling CSWs to bill Medicare Part B for HBAI services.

3) Reduce the Medicare reimbursement disparity for CSWs. Currently, CSWs are reimbursed 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 most other non-physician health care providers—S. 838/H.R. 1638 will remove a significant barrier to CSW participation in the Medicare program. Given the growing demand for mental health services, this provision will ultimately improve access to beneficiaries.

Medicare beneficiaries need to access comprehensive mental health services in SNFs and other settings. Findings from two recent consensus studies by the National Academies of Sciences, Engineering, and Medicine (NASEM), reinforce and support the provisions in S. 838/H.R. 1638. Specifically, the *Integrating Social Care into the Delivery of Health Care* report (2019) recommended that federal agencies expand the scope of practice for social workers to build the workforce to address the social (i.e., nonmedical) factors that play a key role in health outcomes. The study also called for the adequate payment of social workers to ensure a sufficient social care workforce.⁸ Furthermore, a 2022 report, *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*, included a recommendation to allow CSW to bill Medicare for mental health services provided to residents.⁹

“The economic and health benefits reported...suggest that the broad health perspective taken by the social work profession...may be particularly valuable for achieving goals of cost containment, prevention, and population health.”¹⁰

For these reasons, our organizations strongly encourage the Committee to meaningfully expand Medicare beneficiary access to mental health care by expeditiously considering and advancing the bipartisan Improving Access to Mental Health Act.

Thank you for your consideration.

ACA Consumer Advocacy
Aging Life Care Association®
Alliance for Retired Americans
Alliance to Advance Comprehensive Integrative Pain Management
American Academy of Social Work & Social Welfare
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work

⁸ National Academies of Sciences, E. and M., Health and Medicine Division, Board on Health Care Services, & Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health. (2019). *Integrating Social Care Into the Delivery of Health Care : Moving Upstream to Improve the Nation's Health*. National Academies Press. <https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health>

⁹ National Academies of Sciences, Engineering, and Medicine. (2022). *The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and staff*. <https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes>

¹⁰ Steketee, G., Ross, A.M., and Wachman, M.K. ((2017). Health outcomes and costs of social work services: A systematic review. *American Journal of Public Health (Supplemental 3)*, 107, S256-S266.

American Counseling Association
American Foundation for Suicide Prevention
American Foundation for the Blind
American Geriatrics Society
American Society on Aging
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association of Oncology Social Work
Center for Health and Social Care Integration at Rush
Center for Innovation in Social Work & Health, Boston University School of Social Work
Center for Medicare Advocacy
Clinical Social Work Association
Coalition on Human Needs
College for Behavioral Health Leadership
Community Catalyst
Congressional Research Institute for Social Work and Policy
Council on Social Work Education (CSWE)
Crisis Text Line
Employee Assistance Professionals Association
Families USA
Family Caregiver Alliance
First Focus Campaign for Children
Global Alliance for Behavioral Health and Social Justice
Huntington's Disease Society of America
Inseparable
International OCD Foundation
Justice in Aging
Legal Action Center
Medicare Rights Center
Mental Health America
NAADAC, the Association for Addiction Professionals
National Adult Protective Services Association
National Alliance on Mental Illness
National Association of Black Social Workers
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Pediatric Nurse Practitioners
National Association of Perinatal Social Workers
National Association of Social Workers
National Council for Mental Wellbeing
National Council on Aging
National Federation of Families
National Health Care for the Homeless Council
National League for Nursing
Network of Jewish Human Service Agencies
NHMH – No Health w/o Mental Health
Postpartum Support International
Psychotherapy Action Network
Public Advocacy for Kids (PAK)

Schizophrenia and Psychosis Action Alliance
School Social Work Association of America
SMART Recovery
Society for Social Work Leadership in Health Care
The Gerontological Society of America
The Kennedy Forum
The National Consumer Voice for Quality Long-Term Care
Vibrant Emotional Health
Voices for Non-Opioid Choices

cc: Senator Debbie Stabenow
Senator John Barrasso
Representative Barbara Lee
Representative Brian Fitzpatrick