November 23, 2022

The Honorable Ron Wyden
Chairman
Senate Finance Committee
SD-219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
SD-219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Debbie Stabenow
United States Senator
SH-731 Hart Senate Office Bldg.
Washington, D.C. 20510

The Honorable Steve Daines
United States Senator
SH-320 Hart Senate Office Bldg.
Washington, D.C. 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Stabenow, and Senator Daines:

Thank you for your combined leadership in spearheading a bipartisan legislative effort throughout the 117th Congress to confront our nation's dual mental health and substance use crises. On behalf of the undersigned members of the Mental Health Liaison Group's Behavioral Health Workforce Workgroup, we express our strong support for the Behavioral Health Workforce for the Future Act that was recently released in a bipartisan discussion draft form by the Senate Finance Committee. Among the many important policy provisions in the discussion draft text, the following are of crucial importance.

Section 11: Coverage of Marriage and Family Therapist Services and Mental Health Counselor Services Under Part B of the Medicare Program

The COVID-19 pandemic has exacerbated the mental health and substance use treatment workforce shortage. This workforce crisis coincides with an opioid epidemic that is increasingly impacting seniors. The overdose death rate for those 65 and older increased by more than 86 percent last year, with Medicare paying for approximately one-third of all opioid overdose costs. Nationwide, a Health and Human Services Office of the Inspector (OIG) report released last month found that more than 1 million Medicare Part D beneficiaries are addicted to opioids, and more than 50,000 seniors experienced a drug overdose in 2021. Expanding the Medicare workforce to include marriage and family therapists and licensed mental health counselors - who are trained and licensed to provide substance use services - will dramatically increase access to lifesaving care for Medicare beneficiaries. We are pleased and very grateful that the bipartisan Mental Health Access Improvement Act (S. 828), authored by Senators Stabenow and Barrasso, is included in the Senate Finance Committee's behavioral health workforce discussion draft.

Section 12: Improved Access to Clinical Social Worker Services Under the Medicare Program

We sincerely thank the Committee for including two provisions of the Improving Access to Mental Health Act (S. 870), led by Senators Stabenow and Barrasso, in the Behavioral Health Workforce of the Future Act discussion draft. The first allows clinical social workers (CSWs) to bill Medicare independently at Skilled Nursing Facilities (SNFs). Mental health concerns, such as depression and anxiety, are common among SNF residents, and SNFs frequently address these concerns by arranging for services from an independent mental health provider. However, beneficiaries who receive SNF services under Medicare Part A cannot simultaneously receive services from an independent CSW under Part B. Additionally, the

discussion draft would remove an access barrier by allowing CSWs to bill for Health and Behavior Assessment and Intervention (HBAI) services, which help Medicare beneficiaries with emotional and psychosocial concerns that arise because of a medical condition (such as a diagnosis of cancer) and are unrelated to a mental health condition.

Section 13: Expanding Eligibility for Incentives Under the Medicare Health Professional Shortage Area Bonus Program to Practitioners Furnishing Mental Health and Substance Use Disorder Services

Nearly 150 million people live in Mental Health Professional Shortage Areas (HPSAs) as defined by the Health Resources and Services Administration (HRSA). Alarmingly, almost 60 percent of counties in the United States lack access to a single psychiatrist. Increasing HPSA bonus payments for psychiatrists practicing in shortage areas and expanding the incentive eligibility to include clinical psychologists, clinical social workers, marriage and family therapists, mental health counselors, physician assistants, nurse practitioners, and clinical nurse specialists takes crucial steps forward in improving the aggregate reimbursement rates for critical provider types in many of the most impacted behavioral health workforce shortage areas across the nation.

Section 17: Distributions of Additional Residency Positions in Psychiatry and Psychiatry Subspecialties

As noted above, the United States presently does not have nearly enough mental health professionals to meet the growing demand for behavioral health services. The gap between need and access is especially pronounced in psychiatry, with more than half of U.S. counties lacking a single psychiatrist.[1] Unfortunately, this delta between demand and access stands to become even worse, with recent projections showing the country will be short between 14,280 and 31,109 psychiatrists by 2025.[2] Given the severity of the current and projected workforce shortage, and the additional strain it figures to place on psychologists, social workers, and other clinicians across the behavioral health workforce, we are greatly encouraged to see the proposed investments in the psychiatric workforce within the discussion draft. Providing 400 new Medicare-supported graduate medical education (GME) slots for psychiatry and psychiatry subspecialties represents an important step toward addressing this growing crisis and establishing a workforce able to meet the need of nation's future behavioral health needs. We applaud and support this important and necessary provision.

Section 21: Medicaid Demonstration to Expand Behavioral Health Provider Capacity

A nationwide survey last year indicated that nearly all respondents (behavioral health providers) were experiencing unparalleled difficulty recruiting and retaining employees.[3] The unprecedented increase in demand for services and the associated impact on provider wellbeing and burnout have pushed already concerning workforce shortages to crisis levels. The increased demand for mental health and substance use treatment services, the higher acuity of need due to COVID-19's impact on families, and the administrative burden all contribute to the emotional exhaustion and occupational stress behavioral health providers face. High job stress, time pressure, over-capacity workload, and poor organizational support drive burnout among healthcare providers. The workforce crisis requires immediate action to

[1] https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf
[2] https://pubmed.ncbi.nlm.nih.gov/29540118/
[3] https://www.thenationalcouncil.org/wp-content/uploads/2022/04/NCMW-Member-Survey-Analysis-September-2021_update.pdf

ensure that individuals in need of care receive timely access to high-quality services. We are increasingly concerned that the increased demand for services and a workforce exodus will buckle the mental health and substance use delivery system and drive the nation further into a mental health and substance use crisis.

Additional Medicaid financing could help states and behavioral health providers - including Community Mental Health Centers, Community Behavioral Health Organizations, Certified Community Behavioral Health Clinics (CCBHCs), Opioid Treatment Programs (OTPs), and residential substance use facilities - support the retention, recruitment and training of critical mental health and substance use professionals and clinical staff. In turn, the Finance Committee's proposals include a new targeted demonstration program to expand the capacity of front-line providers to address workforce shortages, increase access to mental health and substance use treatment and correct the maldistribution of mental health and substance use providers.

Thank you for your invaluable bipartisan leadership. Please contact Reyna Taylor at the National Council for Mental Wellbeing (ReynaT@thenationalcouncil.org) and Elizabeth Cullen at the Jewish Federations of North America (Elizabeth.Cullen@jewishfederations.org) with any questions.

Sincerely,

American Association for Marriage and Family Therapy
American Association of Psychiatric Pharmacists
American Counseling Association
American Foundation for Suicide Prevention
American Nurses Association
American Psychiatric Association
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Centerstone
Depression and Bipolar Support Alliance
The Jewish Federations of North America
National Alliance on Mental Illness
National Association of Social Workers
National Council for Mental Wellbeing
Network of Jewish Human Service Agencies