

MENTAL HEALTH ACCESS IMPROVEMENT ACT OF 2015 (S. 1830/H.R. 2759)

INCREASING PATIENTS' ACCESS TO BEHAVIORAL HEALTH PROVIDERS



In July 2015, Senators John Barrasso (R-WY) and Debbie Stabenow (D-MI), with Representatives Christopher Gibson (R-NY) and Mike Thompson (D-CA), introduced the Mental Health Access Improvement Act of 2015 (S. 1830/H.R. 2759). This legislation would allow marriage and family therapists (MFTs) and licensed mental health counselors to directly bill Medicare for their services. Currently, these professionals are not permitted to directly bill Medicare, despite the important role they play in delivering services to seniors and people with disabilities, particularly in underserved, rural areas with a mental health workforce shortage. This simple change would immediately increase patients' access to needed care in their communities. Additionally, the National Council and Hill Day partners support adding language that would ensure patients' access to counselors who have undergone specialized training, credentialing, and licensure to provide addiction treatment.

WHY DO WE NEED THE MENTAL HEALTH ACCESS IMPROVEMENT ACT?

OLDER AMERICANS HAVE HIGH RATES OF MENTAL ILLNESS AND SUICIDE, YET HAVE LOWER RATES OF TREATMENT THAN OTHERS.

Individuals age 65 and older have the highest rates of mental health related hospitalizations and a suicide rate that exceeds the rest of the population. Yet, they are the least likely to receive mental health services, with only one in five receiving needed therapy. Allowing additional providers to serve Medicare enrollees with behavioral health disorders offers a remedy for this lack of access to care.

MFTS AND COUNSELORS PRACTICE IN AREAS WITHOUT ACCESS TO OTHER MEDICARE-COVERED PROFESSIONALS.

With 77 percent of U.S. counties experiencing a severe shortage of behavioral health professionals, over 80 million Americans live in areas that lack sufficient providers. According to the Substance Abuse and Mental Health Services Administration, fully half of all U.S. counties have no practicing psychiatrists, psychologists, or social workers. Many of these rural and underserved areas without any current Medicare providers do have practicing MFTs and/or mental health counselors, including counselors who have been trained and licensed to provide addiction services.

EXPANDING THE WORKFORCE POOL WOULD EXPAND PATIENTS' ACCESS TO TREATMENT.

Allowing previously ineligible providers to directly bill Medicare for their services would immediately alleviate the strain on our nation's mental health and addiction workforce serving Medicare enrollees. This legislation would not change the Medicare mental health benefit or modify states' scope of practice laws but would instead allow Medicare enrollees access to medically necessary covered services provided by mental health and addiction professionals who are properly trained and licensed to deliver such services.

COUNSELORS AND MFTS HAVE SIMILAR TRAINING AND LICENSURE STANDARDS TO SIMILAR PROVIDERS ALREADY INCLUDED WITHIN MEDICARE.

MFTs and licensed mental health counselors must obtain a master's or doctoral degree, two years post-graduate supervised experience, and pass a national exam to obtain a state license, requirements comparable those placed on Medicare-covered clinical social workers. Counselors and MFTs can also go through additional training to become certified as addiction specialists. All fifty states license these professionals, and their services are covered by other federal programs like TRICARE and the Veterans Administration.

CONGRESS HAS LONG SUPPORTED THIS CHANGE.

Legislation to include MFTs and mental health counselors in Medicare has won bipartisan support over seven past Congresses and was passed in either the full House or Senate on four separate occasions.

REQUEST

PLEASE COSPONSOR THE MENTAL HEALTH ACCESS IMPROVEMENT ACT OF 2015 (S. 1830/ H.R. 2759).



MENTAL HEALTH ACCESS IMPROVEMENT ACT 2015

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