



MENTAL HEALTH ACCESS IMPROVEMENT ACT OF 2017 (S. 1879/H.R. 3032)

In 2017, Representatives John Katko (R-NY) and Mike Thompson (D-CA) and Senators John Barrasso (R-WY) and Debbie Stabenow (D-MI) introduced the Mental Health Access Improvement Act (S. 1879/H.R. 3032). This legislation would allow marriage and family therapists (MFTs) and mental health counselors to directly bill Medicare for their services. Currently, these professionals are not eligible Medicare providers, despite the important role they play in delivering treatment, recovery and prevention 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.

Congress has long supported this change. Legislation to include MFTs and mental health counselors in Medicare has won bipartisan support over eight past Congresses and was passed in either the full House or Senate on four separate occasions. In the 2018 omnibus agreement, lawmakers noted "concern about the shortage of eligible mental health providers for the Medicare population and supports efforts to explore the expansion of the mental and behavioral health workforce." This statement acknowledges a problem that would be easily addressed through passage of the Mental Health Access Improvement Act.

WHY DO WE NEED THE MENTAL HEALTH ACCESS IMPROVEMENT ACT?

MFTs and counselors will help fight the opioid crisis. Medicare pays for one-third of all opioid hospitalizations and Medicaid pays for another one-third. MFTs and counselors who are trained and licensed to provide addiction services are an integral part of the addiction workforce. Allowing Medicare beneficiaries access to MFTs and counselors will expand community-based addiction services and reduce costly hospitalizations for Medicare beneficiaries.

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 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, more than 80 million Americans live in areas that lack sufficient providers. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), fully half of all U.S. counties have no practicing psychiatrists, psychologists or social workers. Many of these rural and underserved areas without any

BOTTOM LINE

Removing Medicare's exclusion of marriage and family therapists and mental health counselors will dramatically expand access to care for older adults

REQUEST

Cosponsor the Mental Health Access Improvement Act of 2017

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current Medicare providers do have practicing MFTs and/or mental health counselors, including counselors who have been trained and licensed to provide addiction services. The Rural Health Research Center showed that there are twice as many MFTs and counselors in rural counties as social workers, six times the number of psychologists and 13 times the psychiatrists.

Expanding patients' access to treatment would not change the Medicare mental health benefit. Allowing qualified, previously ineligible providers to directly bill Medicare for their services would immediately alleviate the strain on our nation's mental health and addiction workforce, adding an estimated 230,000 mental health providers to the Medicare network. 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.

Counselors and MFTs have equivalent training and licensure standards to providers already included within Medicare. MFTs and 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 to those placed on Medicare-covered clinical social workers. Counselors and MFTs are trained in addictions and can serve in addiction treatment facilities. These professionals can also go through additional training to become certified as addiction specialists. All 50 states license these professionals and their services are covered by other federal programs like TRICARE and the Veterans Administration.

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