Mental Health Access Improvement Act
(S. 286/H.R. 945)

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

Co-sponsor the Mental Health Access Improvement Act.

In 2019, Representatives Mike Thompson (D-CA) and John Katko (R-N.Y.) and Senators John Barrasso (R-WY) and Debbie Stabenow (D-MI) reintroduced the Mental Health Access Improvement Act (S. 286/H.R. 945). 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 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 in eight past Congresses and was passed in either the full House or Senate on four separate occasions. More recently, in the FY 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 workforce shortage problem that would be easily addressed through the passage of the Mental Health Access Improvement Act.

Why do we need the Mental Health Access Improvement Act?

MFTs and mental health counselors will help fight the opioid crisis. Medicare pays for one-third of all opioid hospitalizations and Medicaid pays for another third. MFTs and mental health 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 receiving 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 services. Allowing additional providers to serve Medicare enrollees with behavioral health disorders offers a solution for this lack of access to care.

**MFTs and mental health 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 lacking the sufficient number of 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 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 of MFTs and mental health 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.

**Mental health counselors and MFTs have equivalent training and licensure standards to providers already included within Medicare.** MFTs and mental health counselors must obtain a masters 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. Mental health 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.