



Addressing the Mental Health and Substance Use Treatment Workforce Shortage in America

BOTTOM LINE



Nearly 150 million people live in mental health professional shortage areas. We need solutions now to help expand the workforce in the wake of increased demand. Expanding the Medicare workforce to include marriage and family therapists, mental health counselors and peer support specialists will dramatically increase access to lifesaving care for Medicare beneficiaries and help bolster the behavioral health workforce nationwide.

THE ASK



Cosponsor and support the passage of the [Mental Health Access Improvement Act \(S. 828/H.R. 432\)](#) and the [Promoting Effective and Empowering Recovery Services \(PEERS\) in Medicare Act \(S. 2144/H.R. 2767\)](#).

The mental health and substance use treatment workforce shortage has been exacerbated by the COVID-19 pandemic. These concerns are not new: According to recent data, almost 150 million people live in mental health professional shortage areas, and demand for mental health and substance use services has dramatically increased over the COVID-19 pandemic.^{1,2} As a nation, we must support our current workforce as best we can while continuing to recruit and retain the next generation of behavioral health care workers. Two key pieces of legislation would immediately expand access to lifesaving mental health and substance use care for Medicare beneficiaries by allowing Medicare to reimburse providers for their services.

The Mental Health Access Improvement Act (S. 828/H.R. 432) would allow marriage and family therapists (MFTs) and mental health counselors to receive reimbursement from Medicare for their services, adding an estimated 225,000 Medicare eligible providers to the behavioral health workforce. The Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act (S. 2144/H.R. 2767) allows for the participation of peer support specialists in the provision of integrated behavioral health services to Medicare beneficiaries. Additionally, the legislation provides a definition of peer support specialists in the Medicare program.

The National Council for Mental Wellbeing and its Hill Day partners listed below are aware that these two bills alone are a critical step forward but do not solve the nation's long-term workforce shortage. Much work remains to create pathways and incentives for professionals to enter these high-stress and strenuous careers to expand access to critical services across the nation.

WHY DO WE NEED TO EXPAND THE MEDICARE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE?

Mental Health Access Improvement Act (H.R. 432/S. 828)

INTRODUCED BY:

Representative Mike Thompson (D-CA-5)
Representative John Katko (R-NY-24)
Senator John Barrasso (R-WY)
Senator Debbie Stabenow (D-MI)

The PEERS Act (H.R. 2767/S. 2144)

INTRODUCED BY:

Representative Judy Chu (D-CA-27)
Representative Adrian Smith (R-NE-3)
Senator Catherine Cortez Masto (D-NV)
Senator Bill Cassidy (R-LA)

MFTs, mental health counselors and peer support specialists play a vital role in fighting the substance use crisis. Medicare and Medicaid each pay for approximately one-third of all opioid overdose costs.³ MFTs and mental health counselors who are trained and licensed to provide substance use services are an integral part of the substance use workforce. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an effective and evidence-based practice, making peer support specialists a vital part of the care team. Allowing Medicare beneficiaries access to MFTs, counselors and certified peer support specialists will expand community-based mental health and substance use treatment services and reduce costly hospitalizations for Medicare beneficiaries.

The number of Americans over the age of 65 is projected to nearly double in the next decade.⁴ Nearly one-in-five older adults experience a mental illness or substance use disorder.⁵ Allowing additional providers to serve Medicare enrollees with behavioral health disorders and allowing peer support specialists to work alongside them offers a solution for this growing patient population.

These two legislative proposals would bring parity to the Medicare program. MFTs, mental health counselors, and peer support specialists recognized and eligible for reimbursement by other federal programs including Medicaid, TRICARE and the Veterans Administration. Excluding these providers from receiving reimbursement from Medicare for these services limits access and treatment options for millions of Americans. Simultaneous passage of these bills would ensure Medicare beneficiaries have access to the entire behavioral health care team continuum.

¹ Health Resources & Services Administration (HRSA). (2021, July). Shortage Areas. <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

² Kaiser Family Foundation. (2021, February). The Implications of COVID-19 for Mental Health and Substance Use. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

³ Premier. (2019). Opioid Overdoses Costing U.S. Hospitals an Estimated \$11 Billion Annually. <https://premierinc.com/newsroom/press-releases/opioid-overdoses-costing-u-s-hospitals-an-estimated-11-billion-annually>

⁴ U.S. Census Bureau. (2017). The nation's older population is still growing: the nation's population is becoming more diverse. Release Number: CB17-100.

⁵ SAMHSA. (2019). Older Adults Living with Serious Mental Illness: The State of Behavioral Health Workforce. <https://store.samhsa.gov/sites/default/files/d7/priv/pept9-olderadults-smi.pdf>

