

November 15, 2022

The Honorable Charles Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
317 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
2468 Rayburn House Office Building
Washington, D.C. 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

On behalf of the undersigned organizations, we write to commend the work of the House and Senate Health Committees which have worked on mental health legislation, and to specifically voice our strong support for including a mental health crisis intervention benefit in the Medicare program in the end-of-the-year legislative package. The undersigned organizations represent health consumers, family members, mental health and substance use treatment providers, crisis centers, advocates, justice-focused organizations, and payers committed to strengthening access to mental health care and substance use treatment. We are grateful for your ongoing commitment to improving crisis response services in the United States and urge inclusion of this benefit in the end-of-the year legislation to meet the increasing demand and create sustainable funding for this critical component of the crisis continuum.

In its most recent discussion draft on Integration, Coordination, and Access to Care, the Senate Finance Committee included a much-needed provision: Payment For Mobile Crisis Response Intervention Services Under Physician Fee Schedule. This provision would add a mobile crisis response intervention service provided by mobile crisis teams to the Medicare program. Mobile crisis teams include mental health professionals and providers of peer support services who are trained to de-escalate a situation and help the individual get connected to services and supports.

Behavioral crises are stressful episodes in which individuals experience extreme mental distress that may include suicidality, a condition that continues to trend upward in older adults due to loneliness and isolation. This is even more true for rural and remote communities¹ due to the grief and losses from COVID-19, greater shortages in the behavioral workforce, and increased access to firearms that lead to more suicide completions. Because of the speed at which they can respond thanks to decades long investments in the 911 emergency system, behavioral crises are often responded to by law enforcement. Some communities have limited crisis response systems staffed with mobile crisis teams, but they are often limited to particular areas and are not widely available. As a result, most communities rely on the convenience of public safety and this law enforcement response has led to diversion of police from public safety needs, trauma and injury to the people experiencing a crisis, and the increased criminalization of

¹ National Council on Aging. Suicide and Older Adults: What You Should Know. September 2021.
<https://ncoa.org/article/suicide-and-older-adults-what-you-should-know>

people with mental health conditions and substance use disorders. People with an untreated mental health condition are 16 times more likely than the general population to be killed by law enforcement.²

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Guidelines for Behavioral Health Crisis Care³ indicate three core elements of a best practice crisis system: 1) someone to talk to, 2) someone to respond, and 3) a place to go. SAMHSA's guidelines specify that mobile crisis teams should be the second component of any crisis response. Made up of mental health professionals, community health workers, and/or peer specialists, these teams have the knowledge and skills to respond and refer individuals in crisis to the appropriate resources, including crisis respite or crisis stabilization facilities. Teams work closely with other crisis services and community agencies to support individuals and their families in navigating systems and supports and not only frees up law enforcement to do more public safety work and emergency department hospital staff to handle medical emergencies, they also reduce immediate costs by nearly a quarter and long term follow up costs by over three-quarters when compared to police interventions.⁴ Offering a behavioral health response to a behavioral crisis would keep people out of emergency rooms, jails, and prisons, and help communities save money.

Since its launch in July, calls to the 988 Lifeline increased exponentially even more than predicted in SAMHSA's December 2020 capacity report to Congress. Data from September 2022 vs. September 2021 show calls answered increased by 40%, chats answered increased by 218%, and texts answered increased by 1153%. While one-time grant funds are helpful to initiate programs, they are not sufficient to sustain them, especially in light of increasing demand. In 2021, Congress provided incentives to states to increase Medicaid coverage of mobile crisis teams. Now, it should allow a mobile crisis intervention benefit in Medicare. Private insurers often follow Medicare's lead thus having a ripple effect in providing sustainable funding over time and responsive to demand. Recognizing the increasing need, Congressional leadership should ensure mobile crisis is covered by Medicare.

Thank you for your work on this bipartisan issue and we welcome the opportunity to provide additional input to enact Medicare coverage of mobile crisis teams in the 117th Congress. For questions, please reach out to Caren Howard choward@mhanational.org.

Sincerely,

2020 Mom
ACTNow for Mental Health (ANMH)
Addiction Policy Forum
American Academy of Social Work and Social Welfare
American Association for Emergency Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Counseling Association
American Foundation for Suicide Prevention

² Center for Law and Social Policy. Youth Mobile Crisis. April 2022. https://www.clasp.org/wp-content/uploads/2022/04/Youth20Mobile20Response20Services_0.pdf

³ Substance Abuse and Mental Health Administration. National Guidelines for Behavioral Health Crisis Care. February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

⁴ Substance Abuse and Mental Health Administration. National Guidelines for Behavioral Health Crisis Care. February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychological Association
Anxiety and Depression Association of America
Behavioral Health Link
Centerstone
Crisis Residential Association
Crisis Text Line
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
HealthyWomen
Inseparable
International Society for Psychiatric Mental Health Nurses
Lakeshore Foundation
Legal Action Center
Lifeline for Families Center and Lifeline for Moms Program at UMass Chan Medical School
Mental Health America
Maternal Mental Health Leadership Alliance
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Association of State Mental Health Program Directors
National Disability Rights Network (NDRN)
National Eating Disorders Association
National Health Care for the Homeless Council
National League for Nursing
Police, Treatment, and Community Collaborative (PTACC)
Postpartum Support International
REDC Consortium
RI International
SMART Recovery
The College for Behavioral Health Leadership
The Jed Foundation
The Kennedy Forum
The Steve Fund
The Trevor Project
Trust for America's Health
Vibrant Emotional Health

Cc: Senate Finance Committee