



November 15, 2021

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510-6200

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510-6200

Re: ["Wyden, Crapo Solicit Policy Proposals to Address Unmet Mental Health Needs"](#)

Submitted electronically to mentalhealthcare@finance.senate.gov

Dear Senators Wyden and Crapo:

Thank you for your commitment to helping people with mental health conditions, and for your commitment to developing a bipartisan legislative package to address barriers to mental health care. We appreciate the opportunity to provide input to this important conversation. On behalf of NAMI, we offer the following suggestions on legislative steps we think would help transform our nation's mental health care system.

Mental Health and NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of people affected by mental illness. The communities we serve and advocate for are as diverse as our nation. NAMI is a voice for youth and adolescents, veterans and service members, individuals involved with the criminal justice system, those experiencing homelessness, family caregivers and everyday Americans who are impacted by mental illness. We are all connected by the shared hope of new and innovative treatments, improved health care coverage and support through recovery.

Mental health conditions are common, with 1 in 5 U.S. adults experiencing mental illness each year.¹ The pandemic has only worsened our nation's mental health crisis, with more people showing symptoms of anxiety and depression, suicidal ideation, and substance use. When people don't receive the mental health care they need and deserve, their conditions often worsen and have significant impacts on the individual, their family, and their community.

Fortunately, the Senate Finance Committee is uniquely positioned to improve coverage and access to care that will help children and adults who experience mental health symptoms. Below, you will find concrete suggestions to achieve that goal, within the categories outlined in your letter.

Strengthening the Workforce

There are serious shortages of mental health professionals across almost all specialties in this country. A 2016 report from the Health Resources and Services Administration (HRSA) found that the supply of personnel in selected behavioral and mental health fields would be 250,000 workers short of the

projected demand in 2025.ⁱⁱ Beyond the provider shortages overall, accessing mental health care is even more difficult for the approximately 122 million Americans currently living in federally designated mental health professional shortage areas, often in rural and tribal communities.ⁱⁱⁱ The lack of providers contributes to people failing to get the mental health services they need, and this lack of providers is particularly apparent in Medicare and Medicaid, where psychiatrists' acceptance rates for those programs are significantly lower than for physicians in other specialties.^{iv} We encourage the committee to take action to increase the number of mental health providers who participate in Medicare and Medicaid.

One issue impacting the lack of robust provider participation in these programs is low reimbursement rates. This discrepancy is more significant in the Medicaid program, where it has been well-documented that Medicaid physician payment rates are significantly lower than those in Medicare. This underscores the need to ensure that mental health professionals are appropriately compensated for providing care to Medicaid beneficiaries, particularly as Medicaid is the largest payer of mental health and addiction services. We encourage the committee to pursue legislation that would:

- Increase the federal reimbursement rate for mental and behavioral health care services under Medicaid through the Medicaid Bump Act (S. 1727/H.R. 3450), which would enhance the ability to recruit and retain needed mental health providers.

Another barrier that contributes to the mental health workforce shortage is the fact that Medicare does not cover services from the full range of providers that make up a significant part of the mental health and substance use disorder workforce. While CMS has authorized the offering of, and reimbursement for, peer support services under Medicaid as a component of a comprehensive mental health and substance use service delivery system, similar authorization has not been provided under Medicare.^v This is also true for counselors and marriage and family therapists. To expand the mental health workforce, we encourage you to pursue legislation that would:

- Require Medicare to cover services provided by mental health counselors and marriage and family therapists, often the only mental health professionals available in rural and frontier areas, through the Medicare Mental Health Access Improvement Act of 2021 (S. 828/H.R. 432).
- Require Medicare to cover certified peer support specialists, which play an invaluable role in engaging people in services and supporting recovery, through the PEERS Act of 2021 (S. 2144/H.R. 2767).

As we look to expand the mental health workforce, we must also work to strengthen its diversity and cultural competency. Racism is a public health threat,^{vi} and racial inequities within the mental health care system are well documented. Lack of cultural competency; provider bias, including stereotyping and discrimination; and lack of diversity among mental health professionals are all contributing factors. The mental health workforce, in particular, is much less diverse than the U.S. population at large: in 2015, nearly 9 in 10 psychologists in the workforce were White,^{vii} which is less diverse than the U.S. population. It is critical that legislative efforts to address these issues include expanding access to culturally informed, evidence-based mental health care, as well as supporting a more racially and ethnically diverse mental health workforce.

Increasing Integration, Coordination and Access to Care

Millions of people in the U.S. have both a physical and a mental health or substance use condition. However, our health care system often separates physical health treatment from mental health care. This creates a fragmented system that leads to poor health outcomes. In fact, people affected by mental

illness have high rates of other serious health conditions like cardiovascular disease, obesity, and diabetes.

We highly recommend that the Finance Committee consider the many relevant recommendations from the Bipartisan Policy Center's recent report on integrated care, "Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration." ^{viii}

Access to care is critically important for people with mental illness. Medicaid—the largest payer of mental health services in the country—and Medicare—the federal health coverage program for older adults and people with disabilities, including psychiatric disabilities—have an enormous impact on access to and quality of mental health care, including for communities of color. Unfortunately, these programs are subject to many systemic barriers that keep people from getting the right mental health care at the right time—if at all. In addition, the following legislative efforts would reduce significant barriers to coverage and care and help people with mental health conditions get the help they need to get on the road to recovery:

- Improve patient transitions by providing 12-month continuous enrollment under Medicaid and CHIP through S. 646, the Stabilize Medicaid and CHIP Coverage Act of 2021, which would reduce the number of children and adults with mental health conditions who experience disruptions in coverage and treatment.
- Ensure equitable access to quality care for minority populations by creating incentives for all states to extend eligibility through S. 2315, the Medicaid Saves Lives Act, if not addressed in the reconciliation package.
- Improve access to care across the behavioral health continuum by eliminating Medicaid exclusions of coverage for people in psychiatric inpatient settings (IMD exclusion) through H.R. 2611, the Increasing Behavioral Health Treatment Act. This act would ensure that beneficiaries will have access to the full range of treatment options they need by eliminating a blatantly discriminatory provision in Medicaid and would have a real-life impact on people's ability to access needed treatment.
- Further improve access to care across the behavioral health continuum, as well as improve patient transitions, by eliminating Medicaid exclusions of coverage of people in jails and prisons through S. 1821, the Humane Correctional Health Care Act, which would improve access to treatment for people with mental health conditions who are incarcerated. This bill will help improve continuity of care for the 35%^{ix} of people in state and federal prisons and 44%^x of people in jails who have a history of mental illness. Additionally, if not already enacted in the reconciliation package, S. 285, the Medicaid Reentry Act of 2021 would provide opportunities for people with mental health conditions who are justice-involved to be connected to care 30 days prior to release.
- Expand access to care, particularly to geographically underserved communities, by expanding the Certified Community Behavioral Health Clinic (CCBHC) demonstration waiver program. CCBHCs have provided critical care for people with mental health and substance use conditions regardless of their insurance coverage, or ability to pay. But many communities do not have access to this innovative care model. If not already addressed in reconciliation, S. 2069, the Excellence in Mental Health and Addiction Treatment Act of 2021, creates an opportunity for all states and territories to expand access to comprehensive mental health and substance use treatment through CCBHCs so that more people can access essential mental health services.

Additionally, NAMI believes that a critical aspect of increasing integration, coordination and access to care is to change the way that our nation responds to people in mental health and suicidal crisis. The

default response to many people in crisis is a law enforcement response, which often ends in trauma or tragedy. In fact, one in four fatal police shootings are of people with mental illness, with one in three being people of color.^{xi} Crisis services (24/7 crisis call centers, mobile crisis teams, and crisis stabilization programs) can de-escalate mental health crises, connect people to care, and reduce emergency room admissions and law enforcement involvement. We deserve a crisis system that provides a mental health response to mental health crises — and reduces trauma and tragedies, especially for marginalized communities.

To build an effective mental health crisis system, communities need federal support, including diverse federal funding streams to help build and sustain a crisis response infrastructure. Two bills that would help significantly are:

- S. 764, the Crisis Assistance Helping Out On The Streets (CAHOOTS) Act, which would provide increased Medicaid dollars for community-based mobile crisis intervention services for individuals experiencing a mental health or substance use disorder crisis; and
- S. 1902, the Behavioral Health Crisis Services Expansion Act, which would require the U.S. Department of Health and Human Services to set standards for crisis care and require all federally-regulated health plans to cover these services—leveling the playing field for insurers and diversifying funding streams for crisis systems.

Ensuring Parity

The Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act (ACA) made great strides in requiring equitable coverage of mental health and substance use disorder treatment. Still, alarming disparities in mental health coverage remain. MHPAEA does not apply to Medicare, certain state Medicaid programs, the Veterans Administration, TRICARE, or non-ACA compliant health plans. In addition, existing federal laws do not require parity in reimbursement rates and do not require that all types of behavioral health providers—and that all levels or types of effective mental health and substance use treatment—are covered, exacerbating the crisis of access to mental health care.

NAMI strongly supports legislative efforts to require mental health parity in all forms of federally regulated health coverage. Therefore, we urge you to make mental health parity core to this effort of developing a legislative package, which would transform our nation’s mental health care system. Without coverage parity in our nation’s public programs, it is difficult to imagine how it will be possible to reimagine the systems of care in order to meet Americans’ needs.

In addition, we support providing grant funding to states for mental health and substance use disorder parity implementation through S. 1962, the Parity Implementation Assistance Act.

Furthering the Use of Telehealth

One of the few silver linings of the COVID pandemic is that more people were able to access mental health and substance use disorder services via telehealth. Telehealth has served as a lifeline for many Americans struggling with isolation, grief, future uncertainty, and other stressors in the past two years. NAMI believes telehealth coverage for mental health should be strengthened and expanded across all settings and forms of health coverage, including allowing reimbursement for new patients seen via telehealth. At the same time, insurers should be encouraged to promote patient privacy protocols when people use telehealth services. Additionally, further research should be prioritized to ensure that increased telehealth does not replace or reduce access to more intensive services for people with severe or complex mental health and/or substance use conditions. It is critical to support research that allows us to better understand how to best deploy different modes of treatment to best serve individual needs.

Minimizing barriers to accessing mental health care via telehealth can be achieved through S. 2061, the Telemental Health Care Access Act of 2021 and S. 1512, the CONNECT for Health Act of 2021.

Improving Access for Children and Young People

Mental and behavioral health concerns in children and teens have been on the rise for many years. Suicide is the second leading cause of death for youth and young adults ages 10-24 in the United States.^{xii} The COVID-19 pandemic has worsened the ongoing children's mental health crisis and increased the fragility of the mental health safety net system for children and adolescents. Now more than ever, families and children from infancy through adolescence need access to mental health screening, diagnostics, and a full array of evidence-based therapeutic services to appropriately address their mental and behavioral health needs.

We highly recommend that the Finance Committee consider the Child and Adolescent Mental and Behavioral Health Principles developed and endorsed by leading organizations working to improve children's mental health.^{xiii} In addition, the following legislative efforts would improve access to mental health care for children and young people, particularly those covered by Medicaid:

- Ensure that children in foster care who have been diagnosed as having serious emotional disturbance (SED) and need specialized services delivered in facilities known as qualified residential treatment programs can access those services through S. 2689, the Ensuring Medicaid Continuity for Children in Foster Care Act of 2021.
- Improve access to care across the continuum of mental health services by addressing the needs of young adults experiencing early psychosis, supporting critical access to Coordinated Specialty Care (CSC), an effective, evidence-based early treatment model that improves outcomes and changes lives. CMS has recognized the importance of Medicaid programs providing beneficiaries with CSC,^{xiv} but few states have robustly implemented financing mechanisms that increase access to this critically important early intervention treatment option.
- Support access to behavioral health care for vulnerable youth populations by ensuring that pregnant women on Medicaid and CHIP retain their health coverage during the critical first year postpartum through the bipartisan H.R. 3345, the Helping MOMS Act. Untreated maternal mental health conditions can have long-term negative impacts on the mother, child, and the entire family. If not already addressed in reconciliation, this bill would ensure critical access to care and services, including services for mental health and substance use disorder treatment.
- As discussed in the previous section on overall access to care, S. 1821, the Humane Correctional Health Care Act and S. 285, the Medicaid Reentry Act of 2021 would also greatly improve access to behavioral health care for vulnerable youth involved in the juvenile justice system

Thank you for the leadership you have demonstrated in advancing mental health care. I hope you will share these recommendations with your committee leadership as you work to transform mental health care in America.

Sincerely,



Hannah Wesolowski

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NAMI, National Alliance on Mental Illness

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- ⁱ <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>
- ⁱⁱ <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>
- ⁱⁱⁱ <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- ^{iv} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3967759/>
- ^v https://www.nasmhpd.org/sites/default/files/TAC.Paper_.8.Older_Adults_Peer_Support-Finding_a_Funding_Source.pdf
- ^{vi} <https://www.cdc.gov/healthequity/racism-disparities/director-commentary.html>
- ^{vii} <https://www.apa.org/monitor/2018/02/datapoint>
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