



September 20, 2022

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
372 Cannon House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
Committee on Ways and Means  
1011 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady,

On behalf of NAMI, the National Alliance on Mental Illness, thank you for your commitment to supporting people with mental illness and scheduling a markup on key pieces of legislation that will make it easier for people to access critical mental health and substance use disorder services. NAMI is supportive of your work on these important bills and encourages you to pass them out of committee.

NAMI is the nation's largest grassroots mental health organization, dedicated to building better lives for the millions of Americans 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 who are homeless, family caregivers, and everyone in this country who is 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.

With the Committee's markup of six legislative packages tomorrow, NAMI would like to highlight some key benefits within each of the Committee prints:

- [Committee Print 117-1](#). *Improvements to Medicare Inpatient and Outpatient Mental Health Services* (H.R. 8879 and H.R. 8878) would make various improvements to the system by which Medicare reimburses inpatient psychiatric hospitals. For some people, particularly those with the most serious mental illnesses, access to inpatient psychiatric care remains an essential component of the full continuum of services needed for successful treatment. Assessing the quality of care delivered within those facilities is critically important for NAMI and the people we represent. By requiring additional standardized data collection and revising payment rates based on this data, NAMI is hopeful that the quality of care provided in these facilities can be improved. This legislation also amends the definition of partial hospitalization (PHP) services to establish coverage of intensive outpatient (IOP) services and allows IOP services to be delivered in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). Providing for a range of treatment options is crucial to meeting a wide array of needs, and NAMI is hopeful that such a change will increase access to needed outpatient care within the community.
- [Committee Print 117-2](#). *Improvements to the Medicare Program Related to Physician Services and Education* (H.R. 432, H.R. 8884, H.R. 8890) would recognize Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) as eligible Medicare providers. Across the U.S., there is a growing demand for mental health and substance use disorder care and a significant shortage of

mental health and substance use providers. NAMI applauds the Committee for this change as it will expand access to mental health care for Medicare beneficiaries as well as address workforce shortages in the behavioral health field. This legislation also requires the U.S. Department of Health and Human Services (HHS) to do two education campaigns to ensure providers are aware of their ability to bill Medicare for behavioral health integration services and opioid use disorder treatment services. NAMI is hopeful that both education campaigns will help increase access to those critical services for individuals covered by Medicare.

- [Committee Print 117-3](#). *Requiring Coverage of Forensic Medical Exams with No Cost Sharing* (H.R. 8891) would ensure that forensic medical exams are provided without cost-sharing in private health insurance plans. NAMI applauds the Committee for working to support those who have experienced the trauma of sexual assault by ensuring they can begin their healing without carrying the burden of costs for forensic medical care that may lead to the prosecution of their attacker.
- [Committee Print 117-4](#). *Improved Information in Provider Directories, Plan Definitions, and Crisis Services for Private Insurance Plans* (H.R. 8885, H.R. 8886, H.R. 8892) would add requirements that private health insurance plans include information in their provider directories about whether providers are accepting new patients. The legislation would also require public posting of these directories on a government website. NAMI routinely hears from people who struggle to find a mental health provider in their insurance plan's network that is accepting new patients. We applaud the Committee for this change and are hopeful that such public disclosure requirements will help more people easily find mental health providers. The legislation also requires a public education campaign regarding mental health crisis response services, and a report to Congress on coverage of and barriers to receiving crisis response services. Our country has the opportunity to better serve and respond to people experiencing a mental health crisis. NAMI thanks the Committee for joining us and others in reimagining crisis response in our communities by taking the first step to ensuring that people in a mental health crisis can receive a mental health response. Additionally, the legislation would expand the definition of mental health benefits to ensure that private insurance plans use nationally and internationally recognized standards for what constitutes a mental health condition.
- [Committee Print 117-5](#). *Improved Information for Network Coverage and Plan Documents in Private Insurance Plans* (H.R. 8881 and H.R. 8889) requires private health insurance plan to publicly disclose the number and percentage of behavioral health and substance use disorder providers and facilities that are in-network. The legislation also requires the Departments of HHS, Treasury and Labor to establish a system of designations (such as "low", "medium", and "high") to reflect the breadth of the plan's behavioral health and substance use disorder provider network. Numerous studies have shown that the provider networks for mental health and substance use disorder specialists are less robust than other specialties. This can leave people with mental health conditions with no other option than to seek care that is out-of-network, often making mental health care unaffordable. Some people will pay overwhelming out-of-pocket costs or take on medical debt, while others will forgo medically necessary mental health treatment. These are choices no one should have to make. We applaud the Committee for these efforts to make it easier for people to access mental health care.
- [The Jackie Walorski Maternal and Child Home visiting Reauthorization Act of 2022](#) (H.R. 8876) reauthorizes the Maternal, Infant, and Early Childhood Home Visiting program, which provides pregnant women and young families with the crucial tools needed to raise children who are physically, socially, and emotionally healthy and ready to learn. Early intervention and support is critical to child development, and NAMI proudly supports this legislation, named after the late Congresswoman, who was a champion of this program and children everywhere.

Thank you for finding bipartisan solutions to improve our nation's health care system, particularly during the ongoing mental health crisis. As the Committee moves forward with a final legislative package, we hope you will continue to think of ways we can improve access to care for the millions of Americans with mental health conditions. We urge the Committee to consider opportunities to ensure that crisis response services are covered in all types of health insurance, inpatient psychiatric hospitals are mandated to seek feedback from their patients in a patient experience of care survey, peer support workers are recognized as eligible Medicare providers, and penalties can be imposed on health insurance plans that violate the mental health parity law.

NAMI is grateful for your leadership and bipartisan to improve mental health in our country. We are here as a resource for you and your staff. If you have any questions about this letter or NAMI's work, please contact NAMI's Director of Congressional Affairs, Michael Linskey ([mlinskey@nami.org](mailto:mlinskey@nami.org)).

Sincerely,

A handwritten signature in black ink that reads "Hannah Wesley". The signature is fluid and cursive, with a small flourish at the end.

Chief Advocacy Officer  
NAMI, National Alliance on Mental Illness