

November 21, 2023

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

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

Dear Chairman Wyden and Ranking Member Crapo,

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, families, mental health and addiction providers, advocates and other stakeholders committed to strengthening access to high-quality mental and behavioral health care, is writing to express our strong support for the Better Mental Health Care, Lower Drug Cost, and Extenders Act. This important bill will strengthen the behavioral health workforce, expand access to integrated care, improve telehealth options, increase the accuracy of provider directories, provide important data, and take first steps toward expanding coverage for people in jails and prisons.

The bill comes at a critical time when the nation continues to struggle with a mental health and substance use crisis. Since the COVID-19 pandemic, there have been dramatic increases in both mental illness and substance use disorders. Since 2019, 4 in 10 of American adults have reported symptoms of anxiety or depression, a significant increase from the 1 in 10 in prior years. And 13% of Americans have reported increasing or starting substance use as a way of coping with stress related to the pandemic. Given that up to 50% of those with substance use disorders (SUDs) experience symptoms of mental illness, it is important to address both issues as this bill does.

In addition to increases in prevalence, there continues to be gaps in access to needed care. According to the National Survey on Drug Use and Health by Substance Abuse and Mental Health Services Administration, in 2019, among youth, one in five had a major depressive episode, and more than half of those having such an episode did not receive treatment.

There are many important provisions in the bill. The following are highlights:

- **Strengthening the Mental Health and Substance Use Workforce.** The bill expands eligibility for bonus payments in healthcare shortage areas to non-physician behavioral health professionals and increases payments for these bonuses. It further makes important changes for social workers and increases education on occupational therapy while requiring Medicaid guidance to expand provider capacity and support comprehensive services for children and youth.

- **Promoting Models that Integrate Behavioral Health into Primary Care and Primary Care into Behavioral Health Care.** By providing temporarily enhanced Medicare payment rates for behavioral health integration services in primary care, as well as technical assistance, this legislation would help to address workforce shortages and delays in care. The bill also will help reinforce the importance of the Certified Community Behavioral Health Clinics (CCBHCs), by providing a definition of the model in the Medicaid programs.
- **Increasing Access to Telehealth.** Telehealth has been disproportionately important for behavioral healthcare. According to CMS telehealth data from January 1, 2020, to March 31, 2023, Medicare beneficiaries utilize telehealth for a larger share of their behavioral health services —43% of beneficiaries for behavioral health services versus 13% of beneficiaries for office visits (E/M visits). The bill requires a modifier on the codes to better track its usage in Medicare and requires guidance and updates on important issues such as access to telehealth for those with limited English proficiency and clarity around interstate licensure and compacts.
- **Requiring Enhanced and Accurate Lists of Providers to Improve Access to Care and Better Data.** The bill addresses the persistent problem of “ghost networks,” an ongoing and frustrating problem that has led to individuals delaying and foregoing care. This bill ensures that cost-sharing is limited to in-network costs when a beneficiary relies on an inaccurate directory. It requires accurate directories and provides guidance to plans on effective practices. It also increases data and transparency by requiring Medicare Advantage plans to provide the Secretary of Health and Human Services with accuracy data, especially in areas of high inaccuracy, such as mental health and substance use care, which will be available on a public website. For the Medicaid program, the bill requires analysis and publication of data which will add information on the prevalence of mental health and substance use conditions and treatment and supports provided to Medicaid enrollees.
- **Expanding Access to Medicaid for People in Jails and Prisons.** The bill takes an important first step toward expanding Medicaid coverage and access to care for individuals in jails and prisons by extending coverage for 7 days to people with a substance use condition while they are awaiting dispensation of the charges. This is a first step toward ensuring Medicaid coverage prior to discharge to facilitate continuity of care and successful transitions from jail and prison to the community.

### Conclusion:

We are grateful for the Committee’s continued bipartisan work to increase access to mental health and substance use services. We support the bill that has passed through Committee and look forward to working with the Committee to build on these provisions and continue addressing the dire needs of individuals with mental health and substance use conditions.