

August 2, 2024

The Honorable Ron Wyden
Chair
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Dear Chair Wyden, Ranking Member Crapo, Chair McMorris Rodgers, and Ranking Member Pallone,

Thank you for the critical investments in both ongoing and new mental health and substance use disorder (SUD) programs included in the Consolidated Appropriations Act, 2024. We are grateful for your continued support and prioritization of behavioral health needs.

As the nation continues to experience both a mental health crisis and a substance use crisis, the need for a robust behavioral health workforce continues to grow. As of December 2023, more than half of the U.S. population lived in a mental health professional shortage area.^[1]

As you continue to identify legislative priorities for the 118th Congress, the undersigned organizations urge you to **advance bipartisan policies that will help bolster the behavioral health workforce, provide high-quality, accessible mental health and SUD services, and comprehensively address the behavioral health needs of our nation.**

We urgently request your support for the following policy reforms in any applicable legislative or appropriations packages:

1. Pass the Ensuring Excellence in Mental Health Act (S. 2993/H.R. 8543)

Since 2017, the Certified Community Behavioral Health Clinic (CCBHC) model has expanded access to care for millions of people living with mental health and substance use challenges. CCBHCs are clinics that serve anyone in need of care, no matter their ability to pay. CCBHC status has allowed organizations to hire more staff and fill long-vacant positions to better meet the needs of their communities. CCBHCs are also a major driver of behavioral health workforce innovations and solutions. In 2023, 98% of Medicaid CCBHCs and established grantees reported an increase in the number of staff positions since

becoming a CCBHC, for a total of 11,292 newly created staff positions across the 346 respondents. This includes 3,267 staff positions added among rural survey respondents.

The undersigned strongly urge Congress to pass the Ensuring Excellence in Mental Health Act, which would establish CCBHCs in the Medicare program, formally authorize CCBHC expansion grants, create an accreditation system for the program, and establish a national data infrastructure repository for CCBHCs. Passing this legislation would help build upon previous bipartisan Congressional action and create the infrastructure required to sustain and expand access to CCBHCs nationwide. Doing so safeguards peoples' access to comprehensive mental health and substance use care in their communities, while enabling more individuals to receive care and access critical CCBHC services, including crisis care.

2. Enact Provisions to Identify Additional Behavioral Health Professionals in Medicare

The undersigned thank Congress for the bipartisan efforts that led to provisions in the Consolidated Appropriations Act, 2023, allowing mental health counselors and marriage and family therapists to enroll as Medicare providers. In a similar effort aimed at helping older adults gain access to care, the Biden-Harris Administration's FY25 budget includes a proposal which would allow Medicare to identify and designate additional professionals who could enroll in Medicare such as peer support workers and certified addiction counselors. The proposal also establishes a Medicare benefit category for these professionals that authorizes direct billing and payment under Medicare, removes limits on the scope of services for which they can be paid by Medicare, and allows these practitioners to bill Medicare directly for their mental health services for covered Part A qualifying Skilled Nursing Facility (SNF) stays. We encourage adoption of this proposal to continue strengthening the behavioral health workforce for older adults experiencing mental health and substance use challenges.

3. Strengthen Support of Telebehavioral Health

The elimination of in-person requirements for initial behavioral health visits during the COVID-19 provisions greatly expanded affordable access to care. These provisions should be strengthened to obtain payment parity with in-person visits. Additionally, behavioral healthcare professionals should be eligible for remote and virtual training opportunities which would prepare them for seeing patients via telemedicine.

4. Support Evidence-Based Integrated Care Models

To better leverage the existing behavioral health workforce, the undersigned urge continued consideration of methods to promote uptake of proven models, including the Collaborative Care Model (CoCM.) Specifically, we recommend enhanced authorization for the Substance Abuse and Mental Health Services Administration's (SAMHSA) Promoting Integration of Primary and Behavioral Health Care (PIPBHC) program, which promotes full integration and collaboration of behavioral and primary healthcare in clinical settings to provide essential primary care services to adults with serious mental illness. Because of this program, more than 100,000 individuals living with a serious mental illness or SUD have been screened and treated for co-occurring physical health conditions and chronic diseases at

grantee sites in 40 states. Likewise, the undersigned support efforts to help incentivize use of these proven models, such as temporary increases in Medicare payment rates for behavioral health integration services.

The undersigned also support passage of the bipartisan COMPLETE Care Act (H.R. 5819/S.1378). This important legislation seeks to incentivize primary care to integrate behavioral health within their practices by increasing reimbursement of targeted CPT codes for 3 consecutive years, provides for technical assistance to these practices, and establishes quality measurement reporting requirements. By supporting the adoption of the evidence-based integrated care models, including the CoCM, this legislation can help to increase access to mental health and substance use disorder services, including in rural and underserved areas.

5. Reauthorize and Strengthen Workforce Building Programs and Pass the Mental Health Professional Workforce Shortage Student Loan Repayment (S.462/H.R. 4933)

In 2018, Congress enacted the Substance Use Disorder Treatment and Recovery Loan Repayment Program as part of the SUPPORT for Patients and Communities Act, to address the severe shortage of physicians and other health care professionals who treat individuals living with a substance use challenge. The program promotes the expansion of the substance use treatment workforce by providing up to \$250,000 in loan repayment for SUD professionals working in high-need communities or federally designated mental health professional shortage areas. The undersigned strongly support efforts to augment and reauthorize this critical program, including the Mental Health Professionals Workforce Shortage Loan Repayment Act, which would expand the program's eligibility to mental health professionals and increase the annual authorization to \$50 million.

6. Pass the Improving Access to Mental Health Act (S. 838/H.R. 1638)

Clinical social workers (CSWs) and other behavioral health specialists play a vital role in addressing the mental health and substance use crises. Medicare and Medicaid pay for approximately two-thirds of all opioid overdose costs, and CSWs who are trained and licensed to provide treatment services are an integral part of the substance use workforce. CSW reimbursement has remained flat (75% of the Medicare Physician Fee Schedule) since CSWs first became eligible to participate in the Medicare program. This represents a significant barrier to CSW participation in the Medicare program. Aligning CSW reimbursement with many other non-physician providers treating Medicare enrollees and expanding the behavioral health workforce at large will increase the availability of community-based mental health and substance use treatment services and reduce costly hospitalizations for Medicare beneficiaries and others.

In addition to aligning CSW reimbursement with that of most other non-physician providers and making participation in the program more feasible for CSWs, the Improving Access to Mental Health Act enhances Medicare beneficiaries' access to the valuable services of independent CSWs in two scenarios:

- While beneficiaries reside in skilled nursing facilities but need to continue seeing a CSW that is already providing critical services or where the beneficiary simply needs Part B services that CSWs provide; and
- While experiencing a psychosocial concern arising due to a medical condition, as beneficiaries would be able to access Health Behavior Assessment and Intervention Services that CSWs are permitted to provide under state law.

The undersigned strongly urge Congress to pass this legislation to increase access to care for aging adults.

7. Formally Recognize Peer Support Professionals

SAMHSA recognizes peer support as an effective, evidence-based practice. Peer support services are provided by people with lived experience of a mental illness or SUD who have completed specialized training and are certified to deliver support services under appropriate state or national certification standards. Peer support specialists assist individuals in achieving their recovery goals by furnishing emotional, informational, and other support services to individuals who have been diagnosed with a mental illness or SUD.

Currently, the Department of Labor (DOL) does not recognize peer support work as a unique occupation. Because there are many different job titles, peer support ends up classified under a number of different helping professions, many of which do not require (and sometimes actively prohibit) having and sharing lived experience as a defining feature. The undersigned support developing a standard occupational classification for peers which requires lived experience of recovery or self-disclosure as a defining characteristic of the work.

8. Pass the PEERS in Medicare Act (S. 3498/H.R. 6748)

In addition to developing a standard occupational classification for peers, the undersigned support legislative efforts to permit Medicare reimbursement for peers in additional settings. Passing the Promoting Effective and Empowering Recovery Services (PEERS) in Medicare Act of 2023 would allow peer support services to be provided and covered by Medicare in historically underserved settings, specifically certified community behavioral health clinics, federally qualified health clinics, rural health clinics, and community mental health centers.

The legislation would also define peer support services to mean emotional, informational, instrumental, and affiliational services that are designed to assist individuals in achieving recovery, integration in the community, self-empowerment, and self-determination. The bill defines a peer support specialist as an individual who is recovering from a mental health or substance use condition and is certified as qualified to furnish peer support services under a certification process consistent with the National Practice Guidelines for Peer Supporters and inclusive of the SAMHSA Core Competencies for Peer Workers in

Behavioral Health Settings. The undersigned strongly urge passage of this critical legislation that will expand access to life-saving care for Medicare beneficiaries.

The undersigned organizations thank you for your leadership on these critical issues and commend your commitment to bolstering the behavioral health workforce. We look forward to working with you on these and other efforts to expand access to high-quality mental health and substance use treatment.

Sincerely,

American Association for Psychoanalysis in Clinical Social Work

American Foundation for Suicide Prevention

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Depression and Bipolar Support Alliance

Fountain House

International Credentialing and Reciprocity Consortium

International OCD Foundation

The Kennedy Forum

National Alliance on Mental Illness

National Association of Social Workers

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

Psychotherapy Action Network

School Social Work Association of America

Youth Villages

^[1] HRSA, 2023,

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>