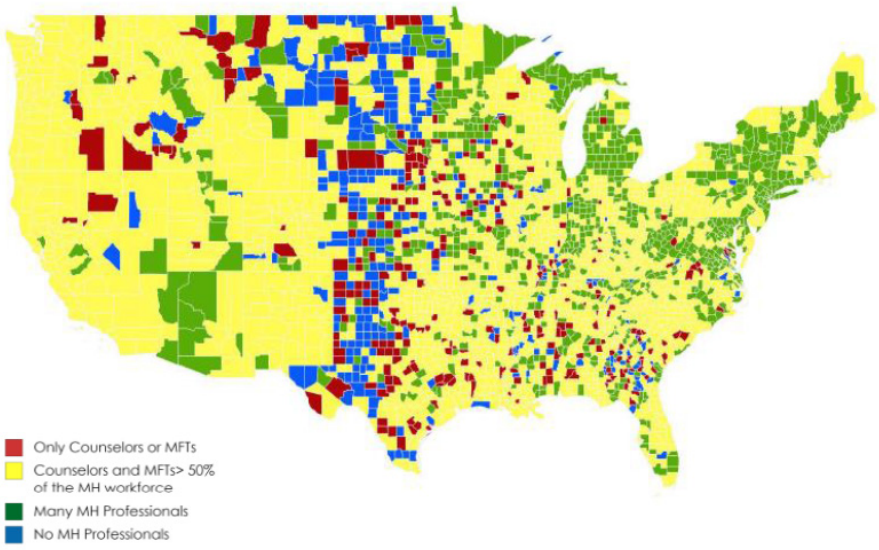
Expanding the Medicare Provider Workforce: A Solution to the Behavioral Health Crisis

Medicare Mental Health Providers by County



* Map data comes from the National Provider Identification data file

Medicare Patients Suffer From Inadequate Access To Care

Medicare beneficiaries are often at ***the highest risk*** for mental health problems, such as depression and suicide, yet older Americans are the ***least likely*** to receive mental health services, with only 1 in 5 receiving needed care. According to the US Surgeon General, 37% of seniors display symptoms of depression in primary care settings. Nevertheless, many Medicare beneficiaries have ***no access*** to a mental health professional ***because of their remote locations, exacerbated by the provider shortage*** in those areas.

We urge Congress to pass the bipartisan MENTAL HEALTH ACCESS IMPROVEMENT ACT (S.286/H.R.945) to recognize mental health counselors (MHC) and marriage and family therapists (MFT) as covered Medicare providers to address the serious gaps in care for Medicare beneficiaries and rapidly increasing hospital costs.

This legislation:

- ✓ Adds approximately ***200,000 mental health providers*** to the Medicare network, significantly alleviating the access crisis.
- ✓ Provides ***access in rural areas underserved*** by currently recognized Medicare providers.
- ✓ Allows MHCs and MFTs to directly bill Medicare for their services - ***lowering the strain*** on our nation's entire behavioral health workforce.
- ✓ ***Lowers cost of care and improves outcomes*** before conditions worsen.

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Access to Mental Health Professionals Varies Heavily Across the United States

- Approximately ***77 million people live in 3,000 mental health professional shortage areas***.
- According to the National Rural Health Association, there are already ***30 million people living in rural counties where treatment is unavailable***.
- ***50% of rural counties in America have no clinicians*** (psychiatrists, psychologists, or social workers) to address peoples' mental health or substance use disorders.

Today, Medicare is the largest single-payer for opioid overdose hospitalizations. Medicare pays for one-third of opioid-related hospital stays and Medicare has seen the largest annual increase in the number of these stays over the past 2 decades (Medicare QPP Proposed Rule, 2018). After 2000, hospital charges for opioid-driven hospitalization increased by $73 for each hospitalization each year. ***The total Medicare cost of treating and stabilizing patients after an overdose is $6.4 billion.*** Furthermore, studies estimate that by 2020, as many as 5.7 million adults age 50 and older will have a substance use disorder. 730,000 older adults on Medicare are at risk for opioid addiction.

Why does this matter? According to the AHRQ, rural residents have fewer visits to care providers and are less likely to receive recommended preventative services. Individuals in some of Tennessee's rural service counties, for example, are ***twice as likely to overdose*** on prescription drugs as their urban counterparts.

Support for the Solution

The addition of MHCs and MFTs will save Medicare money over time. Timely and easy access to care promotes health and is critical in properly addressing mental health and substance use disorders. Our proposal ***would pay MHCs and MFTs only 75% of the psychologist's rate for mental health services***, thereby saving money when the lower cost provider is accessed.

MFTs and MHCs are ***already recognized as covered providers by other public and private payers***, including state Medicaid plans.

Legislation to include MHCs and MFTs in Medicare has long-term bipartisan Congressional support. It has passed the House twice in 2007 and 2009 and the Senate twice in 2003 and 2005.

In its 2017 inaugural report, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) recommended that Congress "remove exclusions that disallow payment to certain qualified mental health professionals, ***such as marriage and family therapists and licensed professional counselors***, within Medicare."

FY2018 Consolidated Appropriations Act Report Language, "The agreement is aware that Medicare beneficiaries have limited access to substance use disorder and mental health services, particularly in rural and underserved areas. The agreement notes concern about the shortage of eligible mental health providers for the Medicare population ***and supports efforts to explore the expansion of the mental and behavioral health workforce***."

Legislation to include MHCs and MFTs in Medicare maximizes impact of the SUPPORT Act. Provisions included in the SUPPORT Act passed by Congress in 2018 would be more effective if Medicare included these qualified providers. For example, the Loan Repayment Program for Substance Use Disorder Treatment Workforce, which MHCs and MFTs are eligible for, ***would expand access to patients if all professionals who utilized it were eligible for Medicare reimbursement***.

Medicare Mental Health Workforce Coalition

American Association for Marriage and Family Therapy | American Counseling Association | American Mental Health Counselors Association
Association for Behavioral Health and Wellness | California Association of Marriage and Family Therapists | Centerstone
The National Association for Rural Mental Health | The National Association of County Behavioral Health and Developmental Disability Directors
National Board for Certified Counselors | National Council for Behavioral Health