American Counseling Association Comments to Bipartisan Chronic Care Policy Working Group

The issues related to chronic car conditions among the Medicare population are extremely pressing and we appreciate the Senate Finance Committee taking a thoughtful approach to solving the critical problems associated with seniors facing multiple physical ailments and mental health issues.

The membership of the American Counseling Association is made up of licensed professional counselors (LPC) across a number of professional disciplines. Counseling is defined by the profession as a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. The LPC is a relatively new mental health profession but it has distinct characteristics which help define them –

1. **Possesses a master's or doctoral degree in mental health counselling or related field,**
2. **Two years of post-graduate supervised experience,**
3. **Licensure in all 50 states**

Access to mental health services is an issue confronting the U.S. health system and the difficulty is exacerbated within Medicare. There are 125,000+ LPCs across the country, predominantly located in mental health shortage/rural areas, which are ineligible to provide critical mental health services to Medicare beneficiaries. These mental health professionals currently provide services through private health insurance, the Defense and Veterans Affairs Departments, Indian Health Service and Medicaid. In most cases, Medicare is generally seen as the 'pace setter' within the medical community but in this case, it is the outlier. By excluding over 25% of the licensed behavioral health workforce the federal government places a great onus on Medicare patients who are seeking behavioral health and are also driving up the cost of this particular healthcare program. Medicare beneficiaries seeking treatments are increasingly seen in hospital and 'inpatient' settings which cost the program substantially more than those visits that would occur in an 'outpatient' setting.

Allowing LPCs to treat Medicare patients is especially important for rural communities as these areas often lack access to other mental health providers and tend to be defined as mental healthcare shortage areas. The Department of Health and Human Services reported that 55 percent of US counties, all rural, have no practicing psychiatrists, psychologists, or social workers.[1] Further research indicates that mental illness is associated with a higher prevalence of chronic diseases. Since chronic disease accounts for 86% percent of our nation's health care costs, making it easier for seniors to access mental health services and lowering the overall healthcare costs should be a top Congressional priority.[2]

[1] *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*. U.S. Department of Health and Human Services, January 24, 2013. https://store.samhsa.gov/shin/content/PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf
[2] *Mental Health and Chronic Diseases*. National Center for Chronic Disease and Health Promotion. October 2012. http://www.cdc.gov/nationalhealthyworksite/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf

There is bipartisan legislation currently under consideration by the Senate Finance Committee, S. 1830, the Seniors Mental Health Access Improvement Act, that would add these providers to Medicare without changing the mental health benefit. Senators John Barrasso (R-WY) and Debbie Stabenow (D-MI) are the lead sponsors. This has been a multi-year effort that has gained considerable support in previous Congresses as well.

This legislation has been supported by dozens of mental health groups, including other providers, because everyone recognizes that the demand far outpaces the demand in mental health. The bill was scored by CBO in 2009, $400 million over 10 years, but we believe that reductions in hospitalizations and a healthier Medicare population would more than offset that cost upon implementation. Mechanically, physicians (psychiatrists and psychologists) are able to bill Medicare 100% for these services. Clinical social workers bill at the 75% rate. The legislation would establish the same 75% rate for LPCs.

Behavioral Health Integration

Increasing access to behavioral health providers is directly linked to addressing the chronically ill population, as the Policy Position Paper recognizes. Integration of these behavioral health services is critical because treatment for a mental condition can improve a patient's other pharmaceutical treatments related to their physical ailments. CBO also took an extensive look at this correlation and noted that strict adherence within Medicare Part D will lead to savings within Parts A and B.[3] Simply put, Medicare needs to catch up to other insurance programs and treat the entire person, both physical and mental conditions, because if you isolate one without the other, patients suffer and Medicare costs sky rocket.

The Policy Position Paper highlights the role that Accountable Care Organizations (ACO) can play in the integration of care. We agree that ACOs are a more efficient way to treat patients and it is an innovative model for the future. However, as a consequence of LPCs not being eligible to bill Medicare, they are increasingly left out of the ACO model because the ACOs use Medicare coverage as a 'baseline.' This omission leads to less integrated care not just among Medicare beneficiaries but anyone who is treated at an ACO. Members of the American Counseling Association are experiencing an 'age out' problem as many patients, covered through other insurance, enroll in Medicare and suddenly are no longer able to see their provider. It is less likely that a senior will drive long distances for a mental health appointment; if they have access to a provider in their local community that allows them to treat their mental condition and avoid a costly hospital visit/stay.

Unfortunately we have seen this occur in other areas too. Congress passed the Veterans Access, Choice, and Accountability Act in 2014 to address the inexcusable issue of long wait times for mental health appointments. The legislation created the VA Choice Program allowing veterans to receive care in their community. Initially, the Choice Program determined eligible providers using Medicare. Yet again, hundreds of thousands of eligible professionals were left out; severely constraining access to veterans. Congress and the VA both realized this

[3] *Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services*. Congressional Budget Office, November 2012. http://www.cbo.gov/sites/default/files/cbofiles/attachments/43741-MedicalOffsets-11-29-12.pdf

inequity and have since changed those rules to allow Medicaid providers to participate. This is an avoidable problem if Congress would pass S. 1830.

Care Coordination

LPCs work in a variety of settings in private practice; they are independent practitioners but also work in clinic, practice, and hospital settings. They are comfortable working with other providers and work closely with them on treatments and diagnoses. This type of care coordination happens every day in private practice and those same practices could be applied to Medicare beneficiaries and providers once the entire spectrum of mental health providers is given equal recognition.

Another growing problem within the Medicare population is over prescription of pharmaceutical drugs. LPCs use a variety of techniques to connect with patients but they are not authorized to prescribe medication. This highlights the need for strong care coordination; if an LPC realizes that a patient needs pharmaceutical treatments, they work closely with physicians to manage those prescriptions. Additional 'talk therapy' treatment can lead to substantial increases in the effectiveness of treatments as well.[4]

Conclusion

Medicare patients with chronic conditions are especially complex and require additional care, not only in the doctor's office but also in more serious settings like hospitals and clinics. Aside from the medical complexity, treating patients with five chronic conditions can cost up to seven times as much as those with one chronic condition. Overall, these patients with 5+ conditions account for 66% of Medicare costs.[5] If Congress can address this issue, there are significant savings to the Medicare program that could be realized and more importantly, improved patient outcomes.

The American Counseling Association feels very strongly that S. 1830, the Seniors Mental Health Access Improvement Act is an important piece to the solution. Our profession is committed to help guide Medicare into better recognition and treatment for the chronically ill population.

Please contact me with any further questions or clarifications.

Sincerely,

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[4] Jacobsen, Teresa and Gregory Hatchett. *Counseling Chemically Dependent Chronic Pain Patients in an Integrated Care Setting*. Journal of Addictions and Offender Counseling, Volume 35, April 2014.
[5] Agency for Healthcare Research and Quality. The Challenge of Prioritizing Care for Complex Patients. 2011.

About The American Counseling Association

The American Counseling Association is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. With more than 56,000 members, we are the world's largest association representing professional counselors in various practice settings.