



November 1, 2021

The Honorable Ron Wyden

Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo

Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Request for Information Regarding Behavioral Health Care

Dear Senator Wyden, Senator Crapo, and members of the Senate Committee on Finance:

On behalf of Gundersen Health System, we appreciate the opportunity to comment on the request for information from the Senate Committee on Finance regarding behavioral health.

Gundersen is an integrated healthcare delivery system providing services throughout nineteen counties in western Wisconsin, southeastern Minnesota, and northeastern Iowa. Our system includes our main inpatient Behavioral Health Facility in La Crosse, with 18 clinics across our service area dedicated to supporting behavioral health services. Currently, we are the only inpatient facility within a 100-mile radius, treating both adults and adolescents. We also offer telemedicine and virtual visit integration for outpatient visits as well.

Behavioral Health Request for Information Responses

At Gundersen, we are committed to supporting public policy that helps to enrich every life through improved community health, outstanding experience of care, and decreased cost burden. Our behavioral health team is focused on creating supportive systems of care for lasting success and reducing the stigma of mental illness. In response to the RFI, we have addressed the Committee's request for input in the following sections.

Strengthening Workforce

Healthcare workforce has been a major concern for us, especially in our rural areas. Currently, we have 260 exceptional staff specifically dedicated to providing mental health and substance abuse care. With additional staff, we could take more patients in our service area and reduce the wait times for appointments. There are three considerations we have that would be able to address workforce shortage we ask the Committee to take into consideration.

Loan Repayment and Forgiveness

As medical professionals incur significant student loans in pursuit of their careers, we believe loan forgiveness or relaxed repayment options would assist in enticing more people to the field. Such loan forgiveness could be considered under situations where the practitioner serves in a rural area or an underserved population. We would like to express support for Senate Bill 311: *Stopping Doctor Shortages Act*. S. 311 would allow health care practitioners in certain employment be eligible for public service loan forgiveness. Another option would be to create grants to help practitioners move to rural areas by providing funding for moving and living expenses.

Licensed Professional Counselor

We believe there is a great opportunity to be able to expand the behavioral health workforce for Medicaid and Medicare patients by allowing Licensed Professional Counselors (LPCs) to see this patient group. LPCs are highly trained professionals with master's degrees in clinical psychology. They can serve all other payor types, except for government-sponsored healthcare due to unnecessary restrictions. This has led to Medicare/Medicaid patients only being allowed to see certain providers resulting in increased appointment wait times. Some providers will refuse to take on new Medicare/Medicaid patients due to being at capacity. By allowing LPCs to see Medicare/Medicaid patients this would help alleviate some of the Medicare/Medicaid provider shortage. We recommend the Committee evaluate Senate Bill 828: *Mental Health Access Improvement Act of 2021*. This bill would allow coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program by a Licensed Professional Counselor. This would be a great step to expanding access to patient care.

Graduate Medical Education

The last way we would recommend expanding the behavioral health workforce would be to increase training and fellowship programs. Specifically, expanding Graduate Medical Education (GME) slots for behavioral health practitioners. Additional Medicare-funded residency training slots are necessary to help address current and anticipated physician shortages. Also, this would help expand the available practitioners for Medicare/Medicaid patients. We recommend developing a new GME program without the geographic confines of a Health Professional Shortage Area (HPSA) as only a few hospitals or providers would be able to qualify. Hospitals outside of HPSAs provide much-needed care to individuals who live in areas where the supply of physicians is insufficient to meet the demand.

Increasing Integration, Coordination, and Access to Care

There are numerous barriers we have seen that impact our rural communities. In recent years, we have seen several behavioral health facilities close due to a lack of adequate funding. Most

recently in 2019 in our service area, an inpatient behavioral healthcare facility closed thus making Gundersen the only facility in a 100-mile radius to serve patients.

We are concerned if reimbursement rates remain low, more facilities will close and cause further burdens on the care systems that are able to remain open. For example, as we serve such a large area and take patients from three different states there is often a wait for our most local residents to receive care. Additionally, due to the larger service area, appointment planning is challenging due to patients having to travel long distances to receive care. This creates additional burdens on the patients and could be a deterrent to care and impact the continuity of care needed for behavioral health.

Behavioral healthcare facilities are few and far between. We believe increasing reimbursement rates will help expand the care that can be provided in existing facilities and encourage new facilities to open.

Primary Care Integration

One way we have been able to address the behavioral healthcare needs of the community is by integrating behavioral health into primary care. At this time, eleven Gundersen clinics have a Behavioral Health Consultant (BHC) on-site and integrated into the primary care team. This has been beneficial for our patients as we also offer behavioral health support during primary care visits either face-to-face or over the phone. As we have seen patient success with this program, we plan on further integrating BHCs into other primary care spaces in the next few years.

We have also seen significant challenges with this integration as many of the BHC services are not reimbursed. This collaboration for integrated care helps to reach underserved, while also helping underinsured patients receive the mental health care services they need. However, it also takes time for BHCs and physicians to review patient charts and build connections. As a system, we can shoulder this cost (but really shouldn't have to), but many other rural clinics and smaller facilities will not be able to. We ask the Committee to consider expanding BHC and behavioral health integration reimbursement or subsidies to encourage other providers to integrate this practice.

Ensuring Parity

As we have seen an increase of patients in the behavioral health space, we have been met with the challenge of ensuring we can accommodate them. Parity is integral in ensuring we can use funding and reimbursement to hire additional staff and increase services. In the last few years, reimbursement for behavioral health services remains low and as we mentioned, has caused several behavioral health facilities to close. In this, we encourage the consideration of two bills to address these concerns:

- Senate Bill 660: *Tele-Mental Health Improvement Act* - ensuring parity in the coverage of mental health and substance use disorder services, and
- Senate Bill 150: *Ensuring Parity in MA for Audio-Only Telehealth Act of 2021* – inclusion of certain audio-only diagnoses in the determination of risk adjustment for Medicare Advantage plans.

Expanding Telehealth

In response to the COVID-19 pandemic, both the Trump and Biden Administrations relaxed several regulatory elements around telehealth to facilitate the expansion of these services. For telehealth, patient feedback has been overwhelmingly positive with the ability to have visits from home and our providers are willing to adapt to this technology. Gundersen has established a specific telehealth education department focused on ensuring our patients understand how to use telehealth before a virtual visit. In 2020, we conducted 154,883 total telehealth visits for our behavioral health patients.

Reimbursement Rates and Coverage

We urge the Committee and Congress to continue to provide parity in telehealth reimbursement rates. Telehealth has improved access to care for behavioral health and assist patients in avoiding any stigma in their community for seeking assistance. We have found behavioral health appointment cancelations have decreased with the incorporation of telehealth (both audio and visual) as it has allowed patients to be able to take their appointment from the comfort of their own home. It has also assisted in the continuity of care for patients as they are not missing appointments and have a decreased likelihood of being in a crisis state. This provides the benefit of allowing the provider a “window into the world of the patient” and help to evaluate their living environment and surroundings. Thus, this allows providers to easily be able to identify additional social determinants of health that can be addressed with the patient.

We do not want our patients to lose the ease of access to behavioral health services and ask Congress to continue this trend and advocate for further support of the expansion of telehealth and phone visits via a vis reimbursement. We would like to mention two bills that will assist in the expansion of telehealth that include:

- Senate Bill 1512: *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021* – expand access to telehealth services, and
- Senate Bill 368: *Telehealth Modernization Act* – make permanent certain telehealth flexibilities under the Medicare program related to the COVID-19 public health emergency.

Broadband

The most important aspect to consider for telehealth visits is ensuring the patient and provider have adequate access to the internet. Broadband is an essential component in expanding and strengthening the use of telehealth. Most behavioral health patient visits can be conducted by audio-only means as most patients will have access to a phone but may not always have access or a strong enough connection for video. This is especially true in rural communities that may have very poor access or no internet access at all. Expanding broadband into populated Medicare/Medicaid rural communities is essential to provide care that is easy to access for these patients.

Improving Access for Children and Young People

Gundersen is one of the few providers in our service area to provide behavioral healthcare for adolescents ages 13+ as well as offering behavioral health services in the public school system. Based on our experience in these areas, there are several improvements we think would be beneficial for children and youth in expanding their access to services.

These suggestions focus on moving behavioral health services out of the clinic, facility, and healthcare system and into the schools themselves. There are several barriers for students that are created when they need to leave school for an appointment in a separate location. We believe having virtual therapy or a designated school psychologist in the schools themselves would help alleviate barriers to access and minimize disruption from a student's classes. In this, creating an incentive for schools to include these services would be a great way to open the door for behavioral health inclusion.

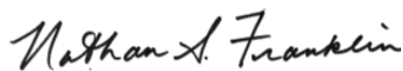
Adjacent to increasing access in schools, we have also seen the need for increasing care for adolescents outside of the educational system or behavioral health department. Typically, we see a rise in the need for care during the school year, and then it drops off again in summer. Based on our patient data, school stress is not the main factor for the increase, but it is educators recognizing their students are struggling with issues that have not been addressed during the summer. This is due to the lack of community resources that are provided year-round outside of the educational system. There is no seasonality to kids' mental health--resources are needed to further spread in other community programming and institutions. It would also be helpful to provide grants for parents, educators, and community members for education on how to handle behavioral health issues with compassion and empathy.

Conclusion

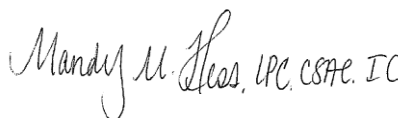
We thank the Senate Committee on Finance for this opportunity to discuss behavioral health. We urge the Committee and Congress to continue to collaborate with behavioral health providers to ensure future programs are working to address the barriers surrounding access to care. We look forward to continuing to provide feedback for new and existing behavioral health programs.

If you have any questions or need clarification, please feel free to contact us at any time.

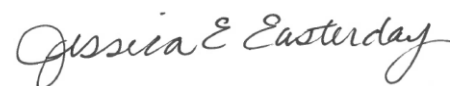
Sincerely,



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