November 11, 2021

The Honorable Ron Wyden The Honorable Mike Crapo

Chairman Ranking Member

219 Dirksen Senate Office Building 219 Dirksen Senate Office Building

Washington, D.C. 20510 Washington, D.C. 20510

Submitted to: [mentalhealthcare@finance.senate.gov](mailto:mentalhealthcare@finance.senate.gov)

Dear Chairman Wyden and Ranking Member Crapo:

Thank you and the members of the Senate Finance Committee for the opportunity to provide comments as you explore ideas for improving access to behavioral health care for Medicare, Medicaid, the Children’s Health Insurance Program (CHIP) and Affordable Care Act (ACA) marketplace beneficiaries. We applaud the committee leadership’s commitment to reducing barriers to mental health care and engaging the broader stakeholder community.

[Intermountain Healthcare](http://www.intermountainhealthcare.org) is a Utah-based nonprofit system of 25 hospitals – one of which is a regional children’s hospital - 225 outpatient clinics, the Intermountain Medical Group with some 2,700 employed physicians and advanced care practitioners, a health plan division called SelectHealth, and other health services. Helping people live the healthiest lives possible, Intermountain is widely recognized as a leader in transforming healthcare by using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs.

In response to your RFI, Intermountain would suggest the following:

**Improved access via telehealth**

* Telehealth barriers should not be reinstated post-COVID in order to allow access for rural communities from any location, including patients’ homes and other locations. This is particularly important in serving mental health concerns, since telehealth visits have been demonstrated to be as effective as in person care, with fewer missed appointments and improved access for patients.  Additionally, many patients prefer telehealth options and actually engage more effectively via telehealth than during in-clinic visits. Appropriate clinical standards should be required for each telehealth service.
* Mental health services have been one of the largest users of telehealth technology with audio only services being a significant part of those services as some patients don’t have access to the required telehealth technologies, policies to increase internet bandwidth and appropriate technologies are important equity considerations..
* The payment of these services should include consideration of what they cost to provide.  There are situations when a patient would be better served with an audiovisual visit but does not have access to computers, internet or smart phones.  Policies to increase access to audiovisual technologies are a key equity consideration.
* Policies that promote telehealth care standardization, physician and APP licensing, including across state lines, and consistent payment practices would speed the adoption of high value telehealth services.  These policies would improve our ability to scale our telehealth offerings and increase value to the patients.

**Improved Reimbursement:**

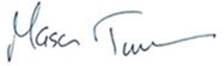
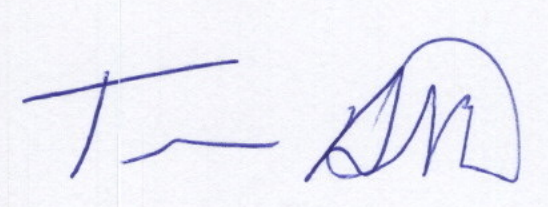
* Enforcement of Mental Health Parity laws that are already in place.
* Improve reimbursement to health systems. Many individual clinicians have cash-only practices because they are more convenient and financially advantageous. Additionally, in the setting of the combination of high demand and fewer available resources, individual cash-only providers can increase their fees to whatever rate the market will bear with little concern of decreasing patient volume. This increases the loss of providers from health systems, decreasing access for the community.
* Simplify and streamline “Coordination of Care” codes. Integrated behavioral healthcare is the backbone of higher quality outcomes and improving communication between patient and clinicians. These codes are difficult to use. To provide optimum care we must move upstream and meet the patient in settings that they trust, such as their primary care clinics.

**Improve the pipeline for providers**

* Increase residency slots to match demand. There is a dramatic shortage of child and adolescent psychiatrists and a less dramatic, but still significant, shortage of adult psychiatrists.
* Develop incentives and policies to increase the diversity of providers. Most providers tend to reflect the majority population of the areas they serve and do not always reflect the population for whom they are caring. This could be improved by offering scholarships and school loan forgiveness for ethnic minorities and people of color.
* Expand reimbursement and evaluate opportunities for coaches and community health workers to support behavioral health practitioners.
* Encourage programs and public education programs to highlight the fact that time and effort spent on mental health and wellness are valuable, protective, and “normal”.

We appreciate your willingness to work to improve the mental health of our nation and the communities that make it up.

Sincerely,



**Mason S. Turner, MD Tammer Attallah, LCSW**

Senior Medical Director, Behavioral Health Executive Clinical Director, Behavioral Health Clinical Program