November 11, 2021

The Honorable Ron Wyden
Chairman
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
219 Dirksen Senate Office Building
Washington, D.C. 20510

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 engagement of the broader stakeholder community.

Hennepin Healthcare System, located in Minneapolis, Minnesota has proudly served Minnesotans in need of critical mental health and recovery services for decades. Hennepin Healthcare offers 24/7 Acute Psychiatric Services (APS), partial hospitalization, day treatment and crisis respite services, as well as psychiatric consultations and outpatient therapies, including Addiction care. We also offer Pediatric care, including child psychiatry, primary care, specialties and a Pediatric Trauma center. Like many health systems, Hennepin Healthcare is experiencing significant pressures, placing programs at risk.

- Hennepin Healthcare System is a safety-net health system, and our revenue is different than other health systems:
  - 45% Medicaid revenue - The closest comparable system in Medicaid revenue in Minnesota is only 22% (excludes Children's Minnesota and Gillette).
  - 25% Commercial revenue - Most systems majority payments are commercial, which reimburse higher than public programs, which covers their losses from public programs, Hennepin Healthcare revenue is the reverse.
  - 75% of our patients overall rely on public programs for their health care.
  - Over 74% of pediatric patients seen in our emergency department are on Medicaid.
- There is consistently a greater number of Medicaid patients in Adult Psychiatric Services (APS) than system wide.
  - In 2019, 5,183 individual patients interacted with APS 8,399 times.
  - 68% of inpatient mental health patients are on Medicaid.
  - 82% of our inpatient mental health patients are on public programs.

We applaud your specific attention to children in any mental health legislation developed by the committee and that you continue to explore strategies to address the current and future mental, emotional and behavioral health needs of children. Addressing the mental health needs of children now, helps our future workforce, care system and community as these children age into adults.

COVID-19 has compounded the financial strain on our safety-net system, restricting our ability to meet current mental health care demands. The public health crisis hit the patients and communities served by our safety-net system particularly hard, especially people of color and those with underlying health conditions. COVID-19 exacerbated the looming health care provider shortage crisis, directly impacting access to mental health care. COVID-19 heightened the mental health crisis in America, and it is unfortunately a barrier for many individuals to access the health care they need.

Strengthening Workforce

Strengthening the workforce for the purposes of removing barriers to mental health care must be viewed on parallel tracks: lawmakers should create opportunities to support the mental and emotional wellbeing of current providers while simultaneously investing in the mental health care provider pipeline. These issues should be addressed in tandem to adequately support and grow the mental health care workforce.

Lawmakers should bolster the mental health resources for the provider community. We specifically support the **Dr. Lorna Breen Health Care Provider Protection Act.** This bill would provide additional training and education to prevent suicide and burnout among health care professionals. We thank the Senate for passing this important legislation and look forward to working with the House of Representatives to advance it.

Supporting the mental health needs of the current workforce will help retain experienced and valued providers, but Congress must concurrently work to expand and diversify the mental health provider pipeline. A dearth of mental and behavioral health providers existed before the COVID-19 pandemic; it is well documented that most of the country lacks adequate access to mental health professionals. More training opportunities for allied health professionals, nurses, and physicians must be created and financially supported – especially in underserved and underrepresented communities – not only to address current and pending workforce shortages, but also to meet the changing demands of tomorrow's health care system.

More Graduate Medical Education (GME) positions for psychiatric residents at hospitals serving communities with the greatest health and socioeconomic needs could help improve mental health physician capacity. We were elated to see the **Build Back Better plan** includes 4,000 new, GME slots for 2025-2026 and $250M increase for Children's Hospital GME, and the House FY 2022 L-HHS appropriations bill includes $400 million provided for CHGME. We encourage your support of this monumental investment and

To that end, we support the **Resident Physician Shortage Reduction Act of 2021**. This legislation would gradually phase in 14,000 new Medicare-supported GME positions and target those positions to teaching hospitals with the greatest need, like Hennepin Healthcare. The bill also takes steps to help improve physician workforce diversity by commissioning a report to specifically examine steps to create a more diverse clinical workforce. In addition, the **Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students,** which provides an additional 4,000 GME slots, with a minimum number of slots for primary care and psychiatry.

We urge Congress to increase federal investment in health care workforce programs to ensure an adequate, diverse, and culturally competent pipeline of health care professionals. Congress could achieve this for the purposes of strengthening the mental health care workforce by funding several training programs identified in reconciliation legislation developed by the House of Representatives, including providing enhanced resources for:

- antidiscrimination and bias training;
- mental health and substance use disorder workforce development, including practitioners focused on maternal mental health and substance use disorder;
- National Health Service Corps and Nursing Corps;
- medical, osteopathic medical, and nursing school recruitment, enrollment, and retention of new students, with priority given to underrepresented populations and
- Health Professions Opportunities Grants demonstration programs for education and training, including for justice-involved individuals, for careers in health care.

We are committed to tackling social determinants of health and structural racism to improve health equity overall and end health disparities. As it relates to strengthening and diversifying the mental health care workforce, we encourage investment in educational opportunities that recruit future providers from communities served by safety-net health systems and support training programs that will aid in providing comprehensive, culturally responsive care.

Further, immigration policies should allow a clear and easy path for all foreign nationals with medical and clinical backgrounds who wish to work, train, or study in the United States. This is a critical way to help address the provider shortage gap and provide culturally appropriate care to diverse communities, especially during periods of increased staffing needs or to address critical clinical shortages, including among behavioral health providers.

Many foreign-born clinicians are trained in the United States and want to remain here to practice, but struggle to do so because of administrative backlog and complexity with H-1B and J-1 visas. We support the **Healthcare Workforce Resilience Act,** which would recapture unused immigrant visas for nurses and physicians that Congress previously authorized and allocate those visas to help bolster the clinician workforce. We support the **Conrad State 30 and Physician Access Reauthorization Act** to extend the authorization of the Conrad 30 program that allows foreign-born physicians to remain in the United States upon completing their residencies under the condition that they practice in a high-need area.

Policy changes that reduce or threaten critical safety net supports, such as Medicaid disproportionate share hospital payments or the **340B drug pricing program**, could further harm the precarious finances of essential hospitals and impede their ability to recruit mental health providers and offer robust behavioral health services. Hennepin Healthcare receives over 30M in savings from the 340B program that make possible the many supports we provide to address social determinants of health.

Increasing Integration, Coordination and Access to Care

Hennepin Healthcare patients are more likely to face social risk factors and comorbid conditions, including behavioral health challenges. We are committed to offering support to better integrate behavioral health with primary care, taking a collaborative, comprehensive approach to treating patients and improving outcomes while lowering costs.

Hennepin Healthcare identified a distinct group of behavioral health patients who received inappropriate care due to the system's fragmented infrastructure. The hospital observed common misuse of services – for example, primary care instead of necessary specialized care – and issues related to follow-up care. To overcome these challenges, the hospital created a system of customized clinics, including a Coordinated Care Clinic where patients can access both primary care and specialty psychiatric care. The hospital utilizes a mental health and substance abuse screening process upon enrollment to place patients appropriately.

Ensuring Parity and Access to Services

Ensuring parity for behavioral and physical health care is critical to provide high-quality, comprehensive care to all. The vital link between adequate reimbursement for Medicaid providers and access to care for Medicaid beneficiaries cannot be overstated. The history of low Medicaid base payment rates is rooted in structural racism, discriminating against the underrepresented and undervaluing the provision of care to patients the program serves. Adequate Medicaid payments would ensure people who rely on the program—a population disproportionately comprising racial and ethnic minorities—have equal access to care through providers who, themselves, are not disadvantaged due to below-cost rates.

Our ability to provide care for the Medicaid population is hindered when we are compensated well below cost becomes, directly impacting the care available to Medicaid patients. Payment rates for mental health care must be actuarially sound to ensure that plans can viably cover the needs of Medicaid beneficiaries and are able to appropriately reimburse providers for their services.

To further promote parity between physical and behavioral health care services, Congress should work with mental health care stakeholders to ensure medical necessity criteria and reason for denial of payment standards from mental health care are no more stringent than for other types of covered services.

Expanding Telehealth

Provider and patient experiences with telehealth encounters during the COVID-19 pandemic make clear the value of this technology to the provider-patient relationship. The benefits of this mode of care are especially apparent for increasing access to mental health services. In addition to increased utilization of telehealth for behavioral health care, our system saw no-show rates decline in the behavioral health space tied to telehealth offerings.

Further, telehealth has helped mitigate barriers to accessing care caused by social determinants of health; it streamlined opportunities for follow-up care while eliminating the need for transportation and reducing the

amount of time a patient would need to take off work or secure childcare to attend an appointment. Telehealth visits enable providers to better see and assess patients' living situations, including assessing factors in the home that providers might not have discovered in an office setting.

Synchronous and asynchronous modalities including audio-only and coverage across sites of care including a home, school, work or childcare center must continue. Increased reimbursement rates for telehealth services supported the rapid expansion of telehealth and should be continued at an appropriate level to maintain access to telehealth services.

In 2020, a survey of Hennepin Healthcare Primary Care patients reported 43% had trouble accessing a computer. Many of our patients experiencing homelessness access audio-only care when they do not have access to computers or phones with video capabilities, and those who have limited access to broadband that can support synchronous video visits. When the provider can deliver care and assess the patient without seeing the patient, it is entirely appropriate to offer these services through audio-only means. Notably, investments in telehealth and waivers and flexibilities have also supported continuity of pediatric mental health care services, even amidst stay-at-home orders and forgone in-person care.

Further, to maximize the benefit of telehealth expansion policies enacted during the COVID-19 public health emergency, Congress should work with CMS to provide additional flexibility on the provision of telehealth services for the diagnosis, treatment, or evaluation of mental health disorders. This could include ensuring behavioral health services permanently remain on the list of reimbursable Medicare telehealth services, as many payers, including Medicaid follow Medicare rules and guidelines.

Improving Access for Children and Young People

Success in advancing mental health care will be very limited in a traditional medical model of care, and major investments must be made in new and innovative public health models of care. If we can integrate mental health substantially into childcare, preschool, and school systems (and telehealth could play a major role here) there will be the possibility of prevention, earlier detection of concerns, and access to needed care - at partnering places where children and their families already are engaged and interact with services on a daily basis. Significant resources and technical assistance are needed to stand up these partnerships in communities across the country.

On the inpatient side, we see incredible barriers to children receiving the mental health care they need. Greater investments are urgently needed to develop and enhance community-based systems of care and children's access to the right care, in the right setting, at the right time. Prevention and early identification are at the foundation of an integrated system of care for children's mental health. Reimbursement is a significant challenge to increasing preventative care, standing up care coordination services, implementing integrated care models and expanding peer support. The **Children's Mental Health Infrastructure Act of 2021** would provide grants to children's hospitals and other providers to increase their capacity to provide pediatric mental health services.

We encourage Congress to invest in innovative support like Hennepin Healthcare's **Redleaf Center for Family Health** opened its doors in 2021 to save and improve lives by providing the best mental health and parenting support for families. The Redleaf Center takes a multi-generational approach to promote the parent-child

relationship by supporting mental health and building parenting capacity. This model helps build a foundation for the nurturing, loving relationships that all children and their parents need to thrive. Helping women stabilize their mental health builds their capacity to care for others, particularly their children. Birth to five years old is a critical window of brain development for young children. Stress, anxiety and depression can contribute to Adverse Childhood Experiences (ACEs), which the American Academy of Pediatrics says are the single greatest unaddressed public health threat facing our nation today. As a young person moves into adulthood, toxic stress from ACEs can increase their risk for disease, homelessness, prison time, and even early death.

At the core of a strong pediatric mental health care delivery system is a strong, interconnected network of pediatric mental health providers and supportive services that are available to deliver high-quality developmentally appropriate care. To expand and strengthen these networks at the community level, the Senate may consider **the Helping Kids Cope Act of 2021**, bipartisan legislation that supports flexible funding for communities to support a range of child and adolescent-centered community-based services, as well as to support efforts to better integrate and coordinate across the continuum of care. It also supports pediatric mental health workforce development for a wide array of physician and non-physician mental health professions, to support children's long-term access to providers and services across the continuum of care.

The specialized education and training required to work in pediatric mental health can be a barrier to entry. To reduce the financial burden of student debt carried by mental health professionals, Congress should invest additional funding in both new and existing pediatric mental health workforce loan repayment programs, such as the **Pediatric Subspecialty Loan Repayment Program**. Congress should also look at opportunities to provide additional incentives, such as grant programs or scholarships that mitigate the need for those interested in pursuing a career in the mental health field.

Removing barriers to accessing equitable, high-quality mental and behavioral health care across a person's lifetime will further Hennepin Healthcare in meeting our mission of caring for all. Thank you to the committee for the opportunity to share our perspective. We look forward to working with lawmakers on a bipartisan basis to improve the provision of mental health care throughout Minnesota and the country. If you have any questions or need any follow up, please reach out to Susie Emmert, Sr. Director of Advocacy and Public Policy, 651-278-5422 or susie.emmert@hcmed.org.

Sincerely,

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