November 1, 2021

The Honorable Ron Wyden
Chair
Senate Committee on Finance
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
Washington, D.C. 20510

RE: Senate Finance Committee Request for Information on Proposals to Address Unmet Mental Health Needs

Dear Chair Wyden and Ranking Member Crapo:

The Healthcare Leadership Council (HLC) appreciates the opportunity to submit comments on the Senate Finance Committee's request for information on addressing unmet mental health needs.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Improving access to mental health services is an important step in delivering successful care outcomes. A 2019 survey found that 51% of adults in the United States struggled with mental illness and 5.2% of adults suffered from a serious mental illness.[1] The COVID-19 public health emergency (PHE) has further exacerbated these challenges. A January study found that over 40% of adults have reported struggling with anxiety or depression since the beginning of the pandemic.[2] The impact of COVID-19 on mental health is expected to continue to be a challenge for many years. HLC offers the following suggestions on long-term proposals to address unmet mental health needs:

[1] *Mental Illness*, National Institute of Mental Health (September 11, 2020), https://www.nimh.nih.gov/health/statistics/mental-illness.
[2] Nirmita Panchal et al., *The Implications of COVID-19 for Mental Health and Substance Use*, Kaiser Family Foundation (February 10, 2021), https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.

Strengthening Workforce

The COVID-19 pandemic has negatively affected many Americans' behavioral health and created new barriers for people already suffering from mental illness and substance use disorders (SUDs). While the American Rescue Plan Act continues to strengthen healthcare quality and access during the public health crisis, HLC believes it is imperative that Congress take the following actions to additionally strengthen the behavioral health workforce. These include:

- Expand eligible Medicare providers by recognizing mental health counselors, marriage and family therapists, and certified peer support specialists as covered Medicare providers to address the gaps in care and services for Medicare beneficiaries.
- Examine scope of practice physician oversight and supervision rules to increase access to a broad array of providers and services and to further support opportunities for providers to practice at the top of their level of licensure.
- Increase funding for graduate medical education (GME) programs that are specifically earmarked for mental health and SUD providers.
- Encourage medical schools to place a greater emphasis on mental health and SUD training, including programming specifically aimed at medical students who do not intend to specialize in the field, but could potentially fill unmet needs.
- Incentivize nonmental health and SUD providers and systems to include coordination with mental health and SUD professionals as part of the medical home for patients.
- Encourage states, foundations, and others to establish a tuition reimbursement program for mental health providers that can improve mental healthcare access in the areas where states need it most.

Additionally, HLC urges Congress to reintroduce H.R. 5924, "A bill to amend the Public Health Service Act to authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage, and for other purposes." As you know, America faces a physician shortage upwards of 100,000 physicians by 2030, which could disproportionately affect rural and underserved communities. The 46 million Americans who live in rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be made more challenging by difficult terrain and severe weather. As a result, rural residents overall suffer poorer health outcomes and are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease, and stroke, than their urban counterparts. Without Congressional action, workforce shortages are likely to worsen and, consequently, the state of mental health for people in rural areas will as well.

HLC has also worked with a coalition of nearly 200 organizations advocating for passage of S.168, the "Temporary Reciprocity to Ensure Access to Treatment Act," to provide temporary licensing reciprocity for healthcare professionals for any type of services provided to a patient located in another state only during the COVID-19 pandemic. We encourage Congress to advance this legislation as it will help to further close the provider gap in rural communities and ensure that patients in rural communities and underserved areas receive the care they need. We believe legislation also should be considered that extends this licensing reciprocity since healthcare shortages will exist beyond the PHE.

Lastly, HLC urges Congress to support the passage of S. 1024, the "Healthcare Workforce Resilience Act" which would expedite the visa authorization process for highly trained nurses who could support hospitals facing staffing shortages, ensuring hospitals are better able to respond to COVID-19 caseloads in the months ahead. An adequate supply of nursing staff is critical for hospitals to maintain services while ensuring that patients are properly cared for during the PHE. The Healthcare Workforce Resilience Act is critical to strengthening health systems' capacity as

we continue to combat the COVID-19 pandemic, the growing opioid crisis, and other significant health challenges.

Increasing Integration, Coordination, and Access to Care

According to the Kaiser Family Foundation (KFF), "SDOH are the conditions in which people are born, grow, live, work, and age that shape health."[3] These can include income, socioeconomic status, education, geographic location, employment, access to healthcare, transportation, food and nutrition, social isolation and many more broad categories; but can also be specific social, behavioral, and functional limitations such as home-state/home safety, the ability to perform activities of daily living, and the level of in-home support available to mitigate these limitations. Members of underserved communities may experience a variety of external factors and social determinants that disproportionately affect their access to healthcare. For example, each year 3.6 million Americans do not receive medical care due to transportation problems, and transportation is cited as the third most common barrier to healthcare access. Racial and ethnic groups also suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental healthcare, cultural stigma surrounding mental healthcare, discrimination, and overall lack of awareness of resources and support.

HLC supports efforts to improve health information interoperability among providers, particularly SDOH data capture and sharing. This data should include standardized information on race and ethnicity and be tracked throughout all federal programs. Despite the numerous initiatives to address SDOH in patient care, providers still struggle to incorporate SDOH into care delivery because this information is oftentimes not part of the patient's electronic health record. It is critical that providers are able to uniformly assess and identify potential social risk factors among all patients. Standardization of this data is vital to providers' success in moving toward greater health equity, as it will foster the development and sharing of best practices within clinical settings, health systems, and delivery designs.

We encourage the Committee to examine ways to further strengthen information sharing among providers so that they can make informed decisions about patient care. However, any proposals should ensure that patient information receives robust privacy and security protections. Special focus should be given to health information not governed by the HIPAA regulatory framework to build patient trust in information sharing.

Expanding Telehealth

The COVID-19 PHE has highlighted the enormous benefit of using telehealth for mental health treatment. A recent study found that 50% of patients using telehealth services were seeking mental health treatment.[4] Additionally, 67% of psychiatry appointments from July 2020 – March

[3] Samantha Artiga et al., *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*, Kaiser Family Foundation (May 10, 2018), https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/.

[4] Shira H. Fischer et al., *The Transition to Telehealth during the First Months of the COVID-19 Pandemic: Evidence from a National Sample of Patients*, Journal of General Internal Medicine (January 6, 2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7787420/pdf/11606_2020_Article_6358.pdf.

2021 were conducted via telehealth.[5] Providing mental health treatment via telehealth provides a unique opportunity to reach underserved patients. Estimates have found that up to 60% of patients do not arrive for their behavioral health appointments.[6] By using telehealth solutions to deliver such care, providers have been able to deliver much needed assistance to patients in their homes. The ability to deliver high quality mental health services via telehealth has been strengthened by the regulatory flexibilities given for telehealth issued at the beginning of the PHE. We thank Congress and federal agencies for their work to permanently allow mental health services to be furnished via telehealth but are concerned that in-person requirements will unnecessarily limit access.[7] HLC encourages the Committee to remove these additional burdens so patients in underserved communities can continue to receive essential healthcare. We also support proposals that would remove regulatory limitations on where telehealth services can be furnished so patients can continue to receive essential care in their home.

Additionally, HLC encourages the Committee to examine how best to leverage audio-only platforms to deliver mental health services. In particular, we support the establishment of an audio-only modifier code as well as permanently allowing Medicare Advantage plans to use audio-only visits when making risk adjustment calculations. Greater use of telehealth also requires necessary infrastructure investments in technology, such as improved broadband and access to communications devices so patients can receive these services.

Additional Recommendations

Finally, HLC urges Congress to address the following behavioral health recommendations:

- Support initiatives that enhance and promote mental health screenings, which serve as a tool for preventative care by allowing for early identification and intervention of mental health conditions.
- Support Medicaid expansion in states that have yet to expand to improve healthcare coverage.
- Support permanently eliminating the Institution for Mental Diseases (IMD) exclusion to allow Medicaid beneficiaries access to mental health and SUD treatment delivered in IMDs. People with mental illness and SUDs should have access to a full range of treatment options, and inpatient psychiatric care can be an essential component of treatment. Currently, Medicaid does not allow payment for mental health and SUD treatment in IMDs that have more than 16 beds, unless a state applies for a waiver. This restriction unnecessarily limits access of Medicaid beneficiaries to inpatient behavioral healthcare.
- Support expansion of access to Medication-Assisted Treatment (MAT): Eliminate the in-person evaluation requirement. Urge promulgation of regulations implementing the federal law that requires the Drug Enforcement Administration (DEA) to move forward with the telemedicine special registration process that enables providers to prescribe MAT to patients

[5] *Telehealth Research Incubator: Research Snapshots*, University of Michigan Institute for Healthcare Policy & Innovation (August 4, 2021), https://ihpi.umich.edu/sites/default/files/2021-08/Telehealth_Research_Snapshots_Databook_2021.pdf.
[6] Eric Berger, No-Cancel Culture: How Telehealth is Making It Easier to Keep that Therapy Session, Kaiser Health News (May 24, 2021), https://khn.org/news/article/no-cancel-culture-how-telehealth-is-making-it-easier-to-keep-that-therapy-session/.
[7] *Overview on In-Person Requirements*, American Telemedicine Association (June 14, 2021), https://www.americantelemed.org/wp-content/uploads/2021/06/ATA-Overview-of-In-Person-Requirements-1.pdf.

with SUDs by employing telemedicine. Remove the DEA X-waiver required for practitioners before prescribing buprenorphine.

- Facilitate the implementation of the 9-8-8 Suicide Prevention Hotline and expand funding and programs for suicide prevention. In addition, support an evidence-based continuum of crisis care for individuals experiencing a mental health or SUD crisis.

HLC appreciates your work on improving mental health outcomes for patients and looks forward to working with you on future solutions. Please contact Tina Grande at 202-449-3433 or tgrande@hlc.org with any questions.

Sincerely,

Mary R. Grealy
President