

November 10, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Re: ANA Response to Solicitation of Policy Proposals to Address Unmet Mental Health Needs

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the 4.3 million registered nurses (RNs) in the United States, the American Nurses Association (ANA) is pleased to respond to the Senate Finance Committee's September 21, 2021 request for information on legislative proposals that will improve behavioral health care in the United States. Thank you for your leadership and recognition of the need to make critical policy advancements in this area.

Strengthening Workforce

As the Committee looks at strengthening the behavioral health workforce, we urge you to recognize the vital role of nurses in providing care to patients throughout the lifespan. As the nation confronts a nursing workforce shortage, the Committee must do its part to ensure that we have a strong and stable nursing workforce for the future. To that end, investments in the Title VIII Nursing Workforce Development Programs are essential to ensuring nurses and nursing students have the resources to tackle our nation's health care needs, remain on the frontlines of the COVID-19 pandemic, and are prepared for the public health challenges of the future. Funding for Title VIII has become even more crucial during the pandemic, as these programs enable patients to have high-quality nursing care in community health centers, hospitals, long-term care facilities, local and state health departments, schools, workplaces, and patient home care settings.

Further, expanding the minority health care workforce would be a meaningful step to improve access and health care in African American and other population groups with histories of limited access to culturally competent mental health care. We know that positive patient experience and trust in health care providers can be powerful drivers of optimal health outcomes. The National Sample Survey of RNs recently reported an increase in the minority nursing workforce between 2008 and 2018¹. While this is encouraging, there is a long way to go. Increased funding for minority nursing education is an important first step in developing a workforce that is more reflective of patient populations.

Robust funding and expansion of the Minority Fellowship Program (MFP) is another critical area that needs to be addressed. The program is currently administered by the Substance Abuse and

¹ <https://bhw.hrsa.gov/data-research/access-data-tools/national-sample-survey-registered-nurses>

Mental Health Services Administration (SAMHSA). The program provides scholarships to minority mental health and addiction professionals in nursing, but also in the fields of psychiatry, psychology, social work, marriage and family therapy, counseling, and addictions. The program's mission is to increase the number of culturally competent behavioral health professionals who provide mental health and substance use disorders services to underserved populations.

Targeting Resources for the Health Care Workforce

The American Nurses Foundation released findings from a recent mental health and wellness survey of more than 9,500 nurses². As the pandemic reaches the two-year mark, nurses report they are still experiencing negative impacts of COVID-19 on their mental health and well-being, and the adverse side effects have increased significantly throughout the last year. The toll the pandemic has had on nurses and other frontline workers cannot be overstated.

According to the survey, over 34% of nurses rated their emotional health as not, or not at all, emotionally healthy. Most nurses surveyed said they have felt stressed (75%), frustrated (69%), and overwhelmed (62%). Close to half (42%) of nurse respondents answered “yes” when asked if they have had an extremely stressful, disturbing, or traumatic experience due to COVID-19.

ANA's 2020 Position Statement, Promoting Nurses' Mental Health, calls upon policymakers, as well as health care leaders and institutions, to “recognize and address nurses' unique mental health needs and implement strategies to ensure these needs are met under all conditions, including during disasters and public health emergencies.”³

ANA commends the U.S. Senate for passing S. 610, the *Dr. Lorna Breen Health Care Provider Protection Act*. This critical legislation would aim to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals. ANA urges the Committee to continue to look for additional methods to ensure that nurses and other health care professionals have access to mental health services to alleviate the stress and burnout that so many are experiencing.

Increasing Integration, Coordination, and Access to Care

ANA supports S. 646, the *Stabilize Medicaid and CHIP Coverage Act of 2021*, which would provide 12 months of continuous enrollment for Americans who are eligible for Medicaid and CHIP. By providing stable coverage and promoting continuity of care, the legislation will reduce bureaucratic-induced coverage churn while relieving an excessive burden on providers, hospitals, and health plans that conduct screening and eligibility determination.

² <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/pulse-on-the-nations-nurses-covid-19-survey-series-mental-health-and-wellness-survey-3-september-2021/>

³ <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/nurses-mental-health/>

Ensuring Parity

ANA supports holding health insurers and plan sponsors accountable if they offer health plans that violate the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Act). Legislation has been introduced in the House of Representatives (H.R. 1364, the Parity Enforcement Act of 2021) to provide the Department of Labor (DOL) with this critical enforcement tool.

As written, the Federal Parity Act is unable to protect the millions of people who obtain health insurance through their employer. The DOL only requires employers to reimburse employees after parity violations occur in self-funded insurance plans. DOL is prohibited from taking actions against the insurance company that would otherwise be in violation of the Federal Parity Act, leaving them with no enforcement mechanism to protect employees participating in these plans. This bipartisan legislation will provide new authority for DOL to ensure employer sponsored insurance plans are complying with the same parity rules as non-employer sponsored plans. ANA encourages the Senate Finance Committee to also explore policy options to ensure compliance with the Federal Parity Act.

Additionally, ANA continues to advocate for provider nondiscrimination protections. In December 2020, Congress passed the *No Surprises Act* as part of the *Consolidated Appropriations Act of 2021* [Public Law No: 116-260]. A provision was included in this legislation, long supported by ANA, that prohibits discrimination against certain providers from participating in insurance networks or reimbursing certain providers lower rates than their physician colleagues for the same services. These protections include critical mental health and substance use disorder services.

Previously, a provider nondiscrimination provision was included in the Patient Protection and Affordable Care Act (ACA) and technically went into effect in January of 2014. Like the *No Surprises Act*, the ACA provision prohibited health plans from discriminating against certain licensed health care providers based solely on their licensure. However, to this day, the federal agencies have not codified this provision through notice and comment rulemaking to ensure discrimination does not occur. Because this provision was never implemented, we see plans routinely discriminate against advanced practice registered nurses (APRNs). This is especially concerning as this discrimination results in reduced access and choice for patients seeking mental health care services. Implementing nondiscrimination regulations removes structural barriers to accessing care, such as the adequacy of provider networks, travel time to providers, and availability of appointments. ANA encourages the Senate Finance Committee to ensure these protections against provider discrimination are implemented in all legislation before the Committee.

Expanding Telehealth

The use and proliferation of technology in the health care delivery system continues to evolve and expand. Technological advances greatly influence how RNs practice and can provide a better work environment for nurses if designed with a nurse's workflow in mind. Importantly, this greater use of technology helps to reduce errors, eliminate redundancy, and provides important

timely information to deliver better care to patients. Moreover, RNs work in a variety of specialties and health care settings—including in rural, urban, and underserved areas. In some underserved areas, for many patients, they are the sole and trusted provider in a community.

Nurses are highly trained and well-educated in the use of telehealth technologies. Nurses provide timely, quality care, and remote monitoring using telehealth tools that help overcome some of the burdens associated with remote geographic locations or appointment shortage areas.

The opportunities that telehealth technologies provide are limitless, and the COVID-19 pandemic has further shown the potential for expanded access to care. Current barriers in the health care delivery system, such as diversity of geographic regions, social determinants of health, and challenges to accessing quality care, impact individual and population health. However, technology increases patients' access to diverse providers across the country, meeting the needs and preferences of patients and their families. This allows for the realignment of resources across the country to reduce barriers to quality care in every community.

ANA supports S. 1512, the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021* and encourages the Senate Finance Committee to advance this legislation as a critical means of expanding access to mental and behavioral health care.

Conclusion

ANA is committed to advancing the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving quality of health for all.

Thank you for giving nurses this opportunity to provide the Senate Finance Committee with input on policies to improve behavioral health care in the United States. If you have questions, please contact Ingrida Lusi, Vice President of Policy and Government Affairs, at (301) 628-5081 or Ingrid.Lusi@ana.org.

Sincerely,



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cc: Ernest Grant, PhD, RN, FAAN, ANA President
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