November 15, 2021

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

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

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the National League for Nursing (NLN), the oldest nursing organization in the United States, I am pleased to offer these comments in response to your September 21, 2021 request for input from stakeholders on meeting the challenges of the nation's mental and behavioral health needs. Representing more than 1,200 nursing schools, 40,000 members, and 25 regional constituent leagues, the NLN is dedicated to providing teaching resources and faculty development opportunities to assist them to educate and clinically prepare our nation's nurses, including those providing care for our veterans and their families. The League promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

The NLN and its members are grateful to you and your colleagues for your intention to address the growing crises in mental health and substance use disorders, fueled by the ongoing coronavirus pandemic. Facing alarming increases in emotional strain, alcohol and drug abuse, and suicides, our nation clearly needs to increase its investment in mental health and addiction services. We are also extremely concerned about the unfolding impacts of the pandemic on the nursing workforce – we believe no other health care discipline has been so significantly affected by this public health emergency. Pandemic conditions have fundamentally altered the norms of health care delivery and many of our nursing colleagues are overwhelmed, exhausted, and burned out, exacerbating already severe nursing shortages in many areas.

With thanks for the Finance Committee's recognition of the urgency of this crisis and the need for a strong federal response to address it, the NLN is happy to share these thoughts on the policy areas you have outlined as priorities.

Strengthening the Behavioral Healthcare Workforce:

Medicaid is the nation's largest insurer of mental health and substance use treatment for both adults and children, but many beneficiaries face long waitlists for mental and behavioral health services and may spend long periods of time in emergency rooms awaiting treatment. The NLN urges you to consider legislation such as the "Medicaid Bump Act" (S. 1727/H.R. 3450) to encourage states to expand their Medicaid coverage of mental health and substance use treatment services by increasing the Federal Assistance Percentage (FMAP) matching rate for behavioral health services to 90 percent, increasing reimbursement rates for those services and supporting the mental health care workforce and states' ability to recruit and retain nurses, advanced practice registered nurses (APRNs) and other providers.

Given the growing shortage of practitioners specializing in mental and behavioral health to care for infants, children, adolescents, and young adults, the Committee should increase investments to support the recruitment, training, mentorship, retention, and professional development of a diverse clinical and non-clinical pediatric workforce. Specifically, the NLN encourages you to direct resources to expand mental health training for advanced practice registered nurses (APRNs). Psychiatric Mental Health Nurse Practitioners and Pediatric Mental Health Specialists are two graduate-level training opportunities that can prepare APRNs to enter mental health practice in three years or less. APRNs certified in primary care can be equipped to provide more integrated mental health services compared to more costly and less accessible specialty care.

Workforce investments should also include new incentives and opportunities to practice in rural and underserved areas. Low payment rates to providers for the provision of behavioral health services contributes significantly to the workforce shortage. We believe the Committee should explore options to increase payment rates for mental and behavioral health care.

Care Integration, Coordination, and Access:

In order to improve care integration, coordination, and access, the NLN supports nationwide expansion of the pilot Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program as provided by the bipartisan "Excellence in Mental Health and Addiction Treatment Expansion Act of 2021" (S. 2069/H.R. 4323). These clinics current provide a comprehensive array of services needed to improve access, stabilize patients in crisis, and provide essential treatment for those with the most serious, complex mental illnesses and substance use disorders.

We also support policies to ensure that individuals in the criminal justice system have the opportunity to enroll in Medicaid prior to their release and transition back to their communities, as provided by the bipartisan "Medicaid Reentry Act of 2021" (S. 285/H.R. 955). To meet the needs of a growing number of adults, young adults, adolescents, and even younger children in crisis, we also support the provisions of the "Crisis Assistance Helping Out On The Streets (CAHOOTS) Act" (S. 764/H.R. 1914) to provide enhanced Medicaid and state planning grants for mobile crisis services to increase access to crisis resources and support effective responses for individuals in acute distress. We are also grateful for the initial investment in mobile behavioral health crisis response provided by Congress as part of the American Rescue Plan Act, and we urge you to provide additional enhanced federal Medicaid funding to expand community-based mobile behavioral health response to individuals experiencing a mental health or substance use disorder crisis.

In order to address crisis response in a more comprehensive manner, we support the bipartisan "Behavioral Health Crisis Services Expansion Act" (S. 1902), offering resources to support the development and maintenance of crisis services across the country and directing the Department of Health and Human Services to establish standards for a crisis continuum of care from crisis call centers and urgent walk-in care to short-term crisis residential care. We also encourage the Committee to invest in comprehensive, community-based mental health services for children, adolescents, and adults, and modify Medicaid's exclusion of care in "Institutions for Mental Disease" (IMDs) to lift restrictions on short-term, acute psychiatric residential care for pediatric and adult populations.

Addressing Mental Health Needs of Frontline Providers

As stated earlier, the ongoing demands and stress of the COVID-19 pandemic has resulted in many nurses and other frontline providers experiencing their own mental health crisis. The NLN strongly urges the Committee to consider providing specific funding to implement and scale evidence-based mental health programs to serve the nursing workforce. Innovative programs have been developed by professional organizations and state governments, but a lack of adequate funding is a barrier to widespread adoption of these or similar models. Funding for evidence-based "train-the-trainer" programs also holds the prospect of significantly expanding support for the frontline health care workforce.

The NLN also urges the Committee to consider policy options to prioritize the retention of the nursing workforce. We believe those options should include mental health programs as described above, removal of barriers to practice that increase frustration and turnover, expanded educational loan forgiveness and other financial incentives to enable nurse and other providers to enter into and remain in practice.

Ensuring Parity Throughout Safety Net & Other Federal Health Programs

We recommend extending mental health and substance use treatment parity – currently required for most of the commercial market and to some Medicaid plans – to Medicare, Medicaid, and TRICARE. More than 60 million older adults and individuals with disabilities enrolled in Medicare have limited coverage for mental health and substance use disorder services, as do 20 million enrollees in traditional Medicaid and 10 million enrollees in TRICARE. Further, parity protections have yet to be extended to individuals enrolled in health coverage administered directly by states. We urge you to consider extending the full rights and benefits of the federal Mental Health Parity and Addiction Equity Act to Medicare, Medicaid, and TRICARE, including Medicare Advantage plans. As part of that extension of protections, we also encourage you to include provisions of the "Parity Implementation Assistance Act" (S. 1962/H.R. 3753), providing $25 million in annual grant funding to states for five years to ensure that health plans are complying with the Parity Act. Those compliance requirements should also apply to Medicaid managed care plans.

Furthering the Use of Telehealth Beyond the Pandemic

The NLN applauds the enactment of provisions in last year's Consolidated Appropriations Act authorizing tele-mental health coverage in Medicare after the expiration of the current public health emergency, as well as the recent issuance of regulations by the Centers for Medicare and Medicaid Services (CMS) allowing Medicare coverage of telehealth care from patients' homes and maintaining the ability of patients to receive mental health and substance use treatment services using audio-only modalities. As CMS acknowledged, the ability to provide services through audio-only telehealth has allowed providers to reach more patients and improve beneficiary access in areas experiencing behavioral health provider shortages or that lack sufficient broadband coverage (including in urban underserved areas).

However, the current statutory restriction on tele-mental health access through in-person requirements undercuts the flexibility and access afforded by this technology, even under the relaxed timeline of 12 months included in recent regulations. We believe that access to care for older adults, individuals with disabilities and others with transportation, mobility and geographic challenges will be compromised if these in-person requirements are retained. The Committee should consider removing the statutory requirement that Medicare beneficiaries be seen in person within six months of being treated for a tele-mental health services, as provided by the bipartisan "Telemental Health Care Access Act" (S. 2061/H.R. 4058). We also recommend that tele-mental health services, whether provided through video-enabled or audio-only technologies, be expanded beyond the diagnosis, management, and treatment of mental health conditions to include health behavior services.

It is also important for the Committee to consider providing payment for telehealth mental and behavioral health services, including audio-only services, at the same non-facility rate as in-person services. For nurses and other providers whose patients rely heavily on telehealth services, returning payment for these services to their pre-pandemic reimbursement levels would be a costly reduction given the significant investments required for providers to offer and maintain telehealth services. Such a payment reduction could discourage many providers from continuing to offer telehealth services, jeopardizing many patients' access to mental and behavioral health services.

Improving Access to Coverage and Care for New Mothers

We also encourage the Committee to consider including the bipartisan "Helping Medicaid Offer Maternity Services Act of 2021" (H.R. 3345), referred to as the "Helping MOMS Act," to permanently ensure that all pregnant women on Medicaid and CHIP retain their health coverage during the critical first year postpartum. Stabilizing access to Medicaid and CHIP for new mothers addresses serious health inequities in maternal health and provides critical access to care and services, including services for mental health and substance use disorder treatment. Mental health conditions contribute significantly to maternal mortality rates with suicide as one of the leading causes of death in the first year following pregnancy. Given Medicaid's role in covering nearly half of all births in the nation and 65 percent of births to Black mothers, stabilizing coverage for new mothers would help ensure access to vital mental health and substance use disorder treatment services and address health disparities during this vulnerable time in new mothers' lives.

Again, we thank you for your leadership in exploring policies to enhance access to coverage and care for people with mental health conditions and substance use disorders. The NLN and its members are eager to work with you to advance these policies to improve access to life-saving mental and behavioral health services for all Americans.

Sincerely,

Beverly Malone, PhD, RN, FAAN
Chief Executive Officer