

October 29, 2021

Ron Wyden and Mike Crapo  
Chairman and Ranking Member  
Senate Committee on Finance

We appreciate the opportunity to respond to your Committee's request to receive bi-partisan feedback to support your review of our collective ability to provide timely, quality mental health care and substance abuse disorder services to patients in need on a national basis.

Based in Wisconsin since 1907, Rogers Behavioral Health is a private, not-for-profit provider of behavioral health services and is nationally recognized for its specialized psychiatry and addiction services. Anchored by the main campus in Oconomowoc, Wisconsin, Rogers offers evidence-based treatment for adults, children, and adolescents with depression and other mood disorders, eating disorders, addiction, obsessive-compulsive and anxiety disorders, and post-traumatic stress disorder.

In Southeast Wisconsin, Rogers operates three inpatient behavioral health hospitals and 15 residential programs with 290 beds. Eight outpatient centers in Wisconsin offer day-long treatment in Brown Deer, Oconomowoc, West Allis, Kenosha, Madison, Appleton, and Sheboygan, the latter of which also offers an onsite supportive living option. Other regional locations are in Skokie and Hinsdale, Illinois, Nashville, Atlanta, Tampa, Miami, Minneapolis, St. Paul, Philadelphia, San Diego, San Francisco, Los Angeles, and Seattle.

The System also includes Rogers InHealth with the goal of eliminating stigma related to mental health and addiction challenges, as well as Ladish Co. Foundation Center, home to Rogers Research Center, the Rogers Foundation, and the Ronald McDonald Family Room®. You can read about Rogers' clinical approach, outcomes, and multi-specialty medical staff at [rogersbh.org/why-choose-us](http://rogersbh.org/why-choose-us). Learn more at [rogersbh.org](http://rogersbh.org) and Rogers Facts.

Based on our depth of experience and expertise in this field, we believe we can provide you with useful feedback for your inquiry on important mental health and addiction issues. Below is a general summary of some of our four biggest challenges in the areas you are reviewing:

#### **Medicare reimbursement and participation standards**

The biggest barrier to Medicare patients accessing needed behavioral health care services is reimbursement to providers. Currently the Medicare billing structure for outpatient day treatment programs is extremely challenging and prohibitive to program participation. Reimbursement rates do not begin to cover the costs for providing these treatments, and the excessive length of time to receive reimbursement for services exacerbates the situation. Inadequate reimbursement also makes it difficult for those providers who do accept Medicare to be able to retain top talent in this critical staffing shortage, as many quality providers inevitably choose to join other providers that do not accept Medicare.



Additionally, Medicare does not currently provide coverage for residential behavioral health treatment. There is a tremendous need in the community and the fact that it is not covered in the current benefit model is problematic for patients who would benefit from this level of care. In the vast majority of cases, those that meet medical necessity for residential care are people with disabilities. Medicare patients are the most likely to need residential services, making the lack of coverage problematic for vulnerable populations.

One more step that would be helpful in attracting and retaining providers willing to participate in these programs would be to update Federal certificate of participation standards related to behavioral health programs to reduce the variance in provider interpretation.

Finally, inadequate payment rates and the timeliness of payments significantly restrict a provider's growth potential and their ability to provide additional services. When providers cannot anticipate a routine and timely payment system for services rendered, it hampers their ability to rent or purchase additional space and hire more employees as part of efforts to expand.

### **Healthcare workforce shortage**

A formidable challenge for us is the shortage of behavioral health care professionals, particularly those specializing in child and adolescent treatment, ultimately limits access to care. There is also a shortage of direct patient care roles, such as certified nursing assistants (CNAs) or entry level roles with a similar educational background. Any programs that can be created to promote early learning and training in those roles, even beginning in a high school which tracks to an associate degree program would be valuable.

An opportunity exists to alleviate administrative burden by providing states with Federal licensing reciprocity standards, which would benefit all communities where mental health services are needed. Federal licensing reciprocity standards should apply to all licensed mental health professions. This would allow providers to treat patients across the country and go where needed either in-person or virtually, to address staffing shortages and see that the patients receive the care they need.

Furthermore, it would be advantageous to allow for more bachelor-level mental health professionals to provide psychotherapy in all 50 states with proper training and supervision. These reciprocity standards should include both in-person and telehealth treatment programs, so providers do not need to individually apply to each state to obtain licensure. A universal standard for uniform licensure for any health provider would allow professionals to practice in any state, and clearly defined scope of practice parameters that do not vary state to state would simplify the process and address the current challenges for providers in needing to obtain separate licensure in every state where they treat patients. This standard could be applied to in person treatment but is even more relevant for telehealth treatment.

An additional solution to increasing the supply of healthcare workers especially in rural and underserved areas is to expand student loan forgiveness for individuals working in those



communities, regardless of employer. This would also aid in improving the diversity of applicants to the field.

To further address the shortage of providers, we recommend eliminating travel time and distance limitations from a qualified provider. Additionally, to ease transportation barriers for patients, we need better ways to connect individuals to reliable companies.

### **Expanding Telehealth**

The expanded scope of Medicare coverage of telehealth for behavioral health services during the COVID-19 pandemic greatly increased the ability of additional professionals to provide services in and across state lines without the need for additional licensure. Rogers mental health professionals have been able to provide life-saving services to those in need with mental health and substance abuse disorders. This was extremely helpful to rural and other underserved populations, and expanded use of telehealth will go a long way in ensuring equitable access to and quality of care for minority populations and geographically underserved communities.

Because telehealth facilitates better access to treatment at the outpatient level of care, it can prevent more costly inpatient hospitalization and can save lives. When telehealth is an option, rates of participation in treatment increase. Congress can expand telehealth without exacerbating disparities in access to behavioral healthcare by allowing telephonic telehealth services across all states and levels of care. Creating Federal Telehealth standards to include allowing everyone equal access to care regardless of location or state would be a game changer in improving access. Furthermore, reimbursing telehealth services across all states at the same rates as in-person services will level the field from state to state.

In addition, Medicare coverage of audio-only forms of telehealth for mental and behavioral health services should be covered at the same level as in-person services without regard to the provider or patients' location. Repealing or amending the Ryan-Haight act to allow telehealth visits without first requiring an in-person visit to establish a provider relationship would also be helpful in increasing patient access to treatment.

### **Improving access and quality care for children and adolescents**

Given the shortage of those specializing in children's behavioral health, it is imperative to provide higher reimbursement rates for those that serve children. Other solutions to overcoming barriers include offering transportation options for partial day treatment programs as well as increased collaboration with schools. Vulnerable child and adolescent populations have unique challenges. Anything that can be done to reduce barriers to family involvement in treatment would be helpful. Participation of families is critical to positive outcomes.



Additionally, a review of approved medications is called for. Policies should be revised to support *all* medications that are being suggested by psychiatrists. Not all highly effective medications are approved due to cost even when it is the best medication option for the child.

Thank you again for soliciting this input. If you are interested in more detailed feedback or better understanding suggested solutions, please let us know and we would be happy to discuss these critical issues with you. You may contact us through our General Counsel, Dawn Krautkramer at 414-217-6271 at [dawn.krautkramer@rogersbh.org](mailto:dawn.krautkramer@rogersbh.org)

Sincerely,



Patrick Hammer  
President and CEO

