

VIA Online Submission: MentalHealthCare@Finance.Senate.Gov

November 1, 2021

The Honorable Ron Wyden
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
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Washington, DC 20510

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

SCAN Health Plan¹ appreciates the opportunity to submit comments on the Senate Finance Committee's (SFC) Request for Information (RFI) on addressing unmet mental health needs. We applaud the Senate Finance Committee for seeking bipartisan solutions to addressing this issue and look forward to working together as the Committee continues this vital work. The following provides SCAN's responses to specific questions in the RFI.

Improving access to mental health services is an important step in improving care outcomes and reducing health inequities. This is especially true for the Medicare population. A July 2020 Commonwealth Fund study found that about one in four Medicare beneficiaries have a mental illness, with the prevalence of severe mental illness being the highest among dual-eligible Medicare-Medicaid beneficiaries.² Studies have also shown that mental and physical conditions frequently co-occur, and comorbidity often worsens both mental and physical health outcomes.³ In addition, the COVID-19 pandemic has continued to negatively impact mental health and created new barriers for people who may have already been suffering from mental illness and substance use disorders. Therefore, it is important for policymakers to enact policies that facilitate beneficiaries' access to high-quality mental health and substance use care in addition to high-quality medical care.

SCAN recommends the term "mental health and substance use" instead of "behavioral health." The term behavioral is often a catch-all term for substance use and mental health-related issues. It implies that individuals can ease their health issues by changing their behavior, therefore inferring that these conditions are primarily a matter of will or self-control. According to a 2016 National Academies of Sciences study, the belief that illness is a result of an individual's behavior increases stigma and

¹ SCAN Health Plan, is one of the nation's foremost not-for-profit Medicare Advantage plans, serving more than 220,000 members in California. SCAN provides high quality health care to its members, earning a 4.5 Star Rating on a five-point scale from the Centers for Medicare & Medicaid Services in each of the last five years and named one of the best insurance companies for MA in California by *U.S. News and World Report* for the fifth straight year. More information is available at <https://www.scanhealthplan.com/>

² Beth McGinty, [Medicare's Mental Health Coverage: How COVID-19 Highlights Gaps and Opportunities for Improvement](https://doi.org/10.26099/sp60-3p16) (Commonwealth Fund, July 2020). <https://doi.org/10.26099/sp60-3p16>

³ Stephen J. Bartels and John A. Naslund, ["The Underside of the Silver Tsunami — Older Adults and Mental Health Care."](#) *New England Journal of Medicine* 368, no. 6 (Feb. 7, 2013): 493–96

influences attitudes about the value and appropriateness of treatment and support services.⁴ Utilizing the term “mental health and substance use” accurately represents the complexities of these conditions, removes stigma, and encompasses a broad range of public health interventions.

SCAN offers the following recommendations to address unmet mental health needs of Medicare-eligible beneficiaries:

Strengthening Workforce

What policies would encourage greater behavioral health care provider participation in these federal programs?

According to the National Center for Health Workforce Analysis, mental health care providers such as psychiatrists, clinical and counseling psychologists, mental health social workers, and other specialty mental health professionals will be in short supply relative to patient need through 2025.⁵ Additionally, the Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) estimates that the number of providers meets only 26.9 percent of the national need.⁶ To address growing workforce shortages and encourage greater provider participation in federal programs, SCAN urges Congress to expand Medicare-eligible providers to include mental health professionals and craft incentive programs that encourage professionals to enter specific fields.

SCAN recommends that Congress expand eligible Medicare providers by recognizing mental health counselors, marriage and family therapists, and certified peer support specialists/ counselors as covered Medicare providers to address the gaps in care and services for traditional Medicare and dual-eligible beneficiaries. Reimbursing services furnished by these specialized professionals will also allow more robust mental health provider networks for Medicare Advantage (MA) beneficiaries. Additionally, we urge Congress to develop national standards for the training, certification, billing, and reimbursement of peer counselors. Peer counselors are positioned to prevent acute crises and support long-term recovery, especially for patients in underserved populations and patients in rural areas.⁷ Creating pathways for standardization and reimbursement will allow these providers to further integrate into traditional care settings.

Lastly, SCAN encourages Congress to bolster provider participation in federal programs by taking the following actions:

- Promote and reward the study of therapeutic fields, psychiatry, psychology, social work, marriage and family therapy, and peer counselling.
- Tie incentives to geographical placements to meet quotas in underserved demographics, rural, and remote populations.

⁴ Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): National Academies Press (US); 2016 Aug 3. 2, Understanding Stigma of Mental and Substance Use Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK384923/>

⁵ National Center for Health Workforce Analysis, *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013–2025* (U.S. Department of Health and Human Services, Nov. 2016)

⁶ Henry J. Kaiser Family Foundation, *State Health Facts: Mental Health Care Professional Shortage Areas (HPSAs)*. Timeframe: as of Sept. 30, 2019, n.d

⁷ *Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders*. Chapman, Susan A. et al. American Journal of Preventive Medicine, Volume 54, Issue 6, S267 - S274

- Encourage diversity in the mental health and substance use workforce with respect to age, race, language, gender identity, veteran status, disability, and lived experiences (e.g., people who have experienced mental illness or substance use disorders).

What barriers, particularly with respect to the physician and non-physician workforce prevent patients from accessing needed behavioral health care services?

The stigmatization of mental and substance use disorders is one of the most significant barriers preventing patients from accessing needed care and services. This stigma prevents patients from seeking treatment and feeling safe to bring up these concerns with their physician. Stigma towards mental health and substance use disorders is also reinforced by providers who feel they need specialized training in managing these disorders to address these issues in their patient population. It also prevents them from engaging in necessary health screening discussions and discussing preventative tools and treatment with patients. This has led to a culture of avoidance in which our approach to addressing mental and substance use care and treatment is built around high acuity, high cost, crisis-driven responses to care and treatment when there is much that can be done further upstream. Physicians and non-physicians can and should be confronting this stigma head on, and prioritizing prevention and treatment at the low-acuity phases of mental health and substance use disorders by helping patients recognize, prevent, and manage mental health and substance use issues before a crisis arises. From reactive to preventative, a shift in focus also requires further education and training that builds on overall patient health and well-being, along with awareness campaigns that shift us from a culture of avoidance to a culture of engagement.

According to a recent study, mental illness-related stigma among providers is often caused by negative attitudes towards persons with mental illness, lack of awareness and unconscious bias, and lack of skills and training.⁸ SCAN recommends that Congress address the impact of mental health stigma by passing legislation that encourages medical schools to place greater emphasis on mental health training and substance use disorder treatment including harm reduction and recovery models of care and educational efforts targeting medical students who do not intend to specialize in these areas.

What policies would most effectively increase diversity in the behavioral health care workforce?

Studies have consistently shown that Medicare beneficiaries who are racial and ethnic minorities face persistent health disparities, including disparities in multiple patient-reported outcomes that have long been used as quality indicators – from experiences with care to functional health status.⁹ By 2050, 39 percent of the older population (65 years of age and older) is projected to be a minority, up from 21 percent in 2012.¹⁰ Therefore, Congress must take action to address diversity in the mental health care workforce. Congress can take steps to increase diversity by passing legislation that creates incentive programs that reward, subsidize, or assist physician and non-physician providers from diverse backgrounds and with diverse lived experiences. Incentive programs should also reward, subsidize, or waive fees for the study of therapeutics fields, such as psychiatry, psychology, social work, marriage and family therapy, peer counseling, and other areas in which more diversity is needed to reflect the various communities.

⁸ Knaak S, Mantler E, Szeto A. [Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions](https://doi.org/10.1177/0840470416679413). *Healthcare Management Forum*. 2017;30(2):111-116. doi:10.1177/0840470416679413

⁹ Agency for Healthcare Research and Quality, 2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy. Rockville, MD, 2016, <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr15/2015nhqdr.pdf>

¹⁰ Colby, Sandra L., and Jennifer M. Ortman. (2015, March). "Projections of the Size and Composition of the U.S. Population: 2014 to 2060." <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>

SCAN also recommends that Congress pass legislation that encourages that health care providers, including those providing mental health and substance use treatment, undergo additional, routine training on systemic racism so that providers serving racially and ethnically diverse populations can better understand and work together to heal the complexity of the structures of institutional racism, the intersections that systemic racism has with trauma, mental illness and substance use disorders and the impacts these issues have on generations of people in our community.

Are there payment or other system deficiencies that contribute to a lack of access to care coordination or communication between behavioral health professionals and other providers in the health care system?

Payment systems should be designed to incentivize mental health and substance use treatment professionals to deliver whole-person care that addresses the full spectrum of a patient’s health care needs. The current quality measurement framework is fragmented and inequitable. A recent National Committee for Quality Assurance (NCQA) study found that out of 1,400 quality measures and metrics, only 35 measures were “behavioral health” quality measures. Of these 35 measures, the majority were process and administrative measures, leaving outcome measures that would determine whether patients achieved treatment goals are underrepresented by contrast.¹¹ SCAN recommends that Congress encourage the adoption of sufficient quality measures that identify population goals, choose evidence-based tools and strategies to achieve these goals, and align payment policies to support and sustain these efforts.

In addition, SCAN requests that Congress reevaluate the way specific codes incentivize engagement in preventative care. For example, codes related to screening for mental health disorders (ex. G8431 – Screening for clinical depression is documented as positive, and a follow-up plan is documented, and G8510 – Screening for clinical depression is documented as negative, and a follow-up plan is not required) should be added to the Medicare Physician Fee Schedule. Adding these codes, and others that capture services offered by health professionals, to the Medicare Physician Fee Schedule would serve as a greater incentive for these providers to engage in preventative mental health care.

Increasing Integration, Coordination, and Access to Care

What programs, policies, data, or technology are needed to improve access to care across the continuum of behavioral health services?

Improving care across the continuum of mental health and substance use health services is an important step to addressing unmet needs in this area. Policymakers can achieve this by building upon existing HHS efforts to standardize data collection and reporting on race, ethnicity, language, sexual orientation, gender identity, disability, and other sociodemographic data will help ensure a better understanding of beneficiaries’ identities, which will help inform appropriate care and interventions. Data standardization will also help facilitate data aggregation, reporting, and interoperable sharing, which will help identify and address disparities.

¹¹ “Behavioral Health Quality Framework: A Roadmap ... - Ncqa.org.” Behavioral Health Quality Framework, National Committee for Quality Assurance, https://www.ncqa.org/wp-content/uploads/2021/07/20210701_Behavioral_Health_Quality_Framework_NCQA_White_Paper.pdf.

Data collection is also incredibly important to identifying and addressing patient needs. This is especially true for underserved populations. For example, a key component of how SCAN identifies members' health needs is through our Health Risk Assessments (HRA). All SCAN members receive a HRA, which gathers data on: 1) Health Behavior and Status, 2) Demographics, and 3) Social Determinants of Health (SDOH). It includes several questions on SDOH and basic needs, such as housing, language and literacy, medical needs, food, transportation, social connectedness, and isolation. Since 2018, approximately 80,000 of SCAN members have completed a HRA, which is about a 35 percent response rate. For SCAN's SNP members, the HRA completion rate is 80 percent. After collecting members' SDOH data, we stratify the information based on clinical risk and unmet social needs. This allows us to direct people to appropriate programs that meet their individual, unique health needs across the continuum of care. Without these data, identifying and addressing member needs, and therefore improving health outcomes, would be much more difficult.

Lastly, SCAN recommends that Congress advance policies that promote the interoperability of electronic systems to optimize the use of care coordination and improve patient health outcomes. Interoperability allows for seamless and timely transfers of information, enabling patients, health plans, providers, and other members of a patient's care team to develop comprehensive care plans. Making improvements to encourage the use of interoperable electronic systems would remove data sharing barriers and increase the utilization and effectiveness of care coordination.

Expanding Telehealth

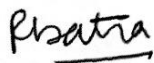
Should Congress make permanent the COVID-19 flexibilities for providing telehealth services for behavioral health care? If so, which services, specifically? What safeguards should be included for beneficiaries and taxpayers?

SCAN appreciates the additional telehealth flexibilities put in place during the ongoing COVID19 public health emergency, such as waiving originating site requirements for telehealth services under Medicare, as well as allowing reimbursement of more video-enabled telehealth and audio-only telehealth services.

SCAN recommends that Congress pass the bipartisan legislation, the *Ensuring Parity in MA for Audio Only-Telehealth Act* (S. 150). This legislation will ensure Medicare beneficiaries continue to have access to high-value care and supplemental benefits provided by MA, as well as reduce health disparities due to unequal access to health technology and video telehealth platforms. The legislation would also ensure audio-only telehealth continues to be an effective source of health care for Medicare beneficiaries and supports the providers caring for them throughout the COVID-19 public health emergency.

Thank you for the opportunity to provide comments and for your commitment to addressing unmet mental health and substance use treatment needs. We look forward to working with SFC on this effort and others that improve the health of older adults.

Sincerely,



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