

February 15, 2018

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Re: Request for Policy Recommendations for the Opioid Crisis in Medicare and Medicaid

Dear Chairman Hatch and Ranking Member Wyden,

The National Board for Certified Counselors, the American Association for Marriage and Family Therapy, the American Mental Health Counselors Association, the National Council for Behavioral Health, the American Counseling Association, the California Association of Marriage and Family Therapists, and the Association for Behavioral Health and Wellness appreciate the opportunity to provide recommendations to the Senate Finance Committee regarding the opioid crisis in the Medicare and Medicaid programs. We are writing to urge the Committee to adopt S. 1879, The Seniors Mental Health Access Improvement Act, co-sponsored by Senators John Barrasso and Debbie Stabenow. This legislation would increase access to the addiction workforce to address the opioid crisis. S. 1879 authorizes mental health counselors and marriage and family therapists to serve as providers of addiction and mental health services under the Medicare program.

Mental health counselors (MHC) and marriage and family therapists (MFT) are trained and licensed to provide substance abuse and mental health services. They must obtain a master's or doctoral degree in a mental health discipline, complete two years of post-graduate clinical supervision, and pass a national examination in order to obtain a license to practice. There are over 200,000 licensed mental health counselors and marriage and family therapists in the United States, comprising over 40% of the independent practice behavioral health workforce.

Recent studies show the opioid crisis is a Medicare issue. A July 2017 Inspector General's report found that 500,000 Medicare recipients participating in Part D took powerful medications in amounts that strongly suggest prescription opioid addiction. The hospitalization rate among seniors related to opioid overuse *has quintupled* from 1993 to 2012, according to the [Agency for Healthcare Research and Quality](#). In thirteen states, the rate of opioid-related hospitalizations is highest among those 65 and older. Moreover, Medicare and Medicaid each paid for one-third of all opioid related hospitalizations in 2012, with that rate growing at 9% annually from 1993-2012.

MHCs and MFTs are trained and licensed to provide substance abuse treatment to the elderly and disabled. These professionals obtain academic training and clinical supervision in the delivery of addiction services. The Surgeon General's 2016 report on addictions specifically identified Medicare's restriction on health professionals as a barrier to delivery of substance abuse treatment services:

“However, Medicare, and in some states Medicaid, restricts “billable” health care professionals to physicians (including psychiatrists), nurse practitioners and clinical nurse specialists, physician’s assistants, clinical psychologists, clinical social workers, and certain other specified practitioners, and does not include as billable the multiple other licensed and certified professionals who are trained to provide services for substance use disorders.”

The 21st Century CURES Act created the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). Its membership includes representatives from eight federal departments that support programs related to serious mental illness and non-federal members with expertise across the healthcare sector. In its initial December 2017 report to Congress, ISMICC recommends that Congress ‘Maximize the Capacity of the Behavioral Health Workforce.’ The report identifies the exclusion of MHCs and MFTs as eligible Medicare providers as a barrier to services and recommends the barrier be removed.

The exclusion of MHCs and MFTs from Medicare impacts the Medicaid program. In most states, MHCs and MFTs are authorized Medicaid providers. However, MHCs and MFTs are not able treat Medicare-Medicaid “dual eligibles.” Dual eligibles are required by federal law to have Medicare as their primary insurance provider, leaving Medicaid as secondary. Therefore, in order for Medicaid to pay for MHC or MFT services, providers must secure a denial of coverage letter from the Medicare program. However, Medicare will not provide the letter because these professions are not Medicare-eligible. Consequently, Medicaid beneficiaries seeking addiction treatment are limited in their provider pool because of Medicare’s restriction.

It is also clear that many Medicare and Medicaid beneficiaries don’t have access to addictions providers, particularly those living in rural and underserved areas. Fully 50% of rural counties in the United States have no practicing psychiatrists, psychologists, or clinical social workers. More than 110 million people live in mental health professional shortage areas. However, the Rural Health Research Center showed there are twice as many of MHCs and MFTs in rural counties as social workers, six times the number of psychologists, and thirteen times the psychiatrists.

Our organizations believe that recognition of mental health counselors and marriage and family therapists by the Medicare program will decrease opioid abuse and reduce costs by increasing community-based care. We appreciate the opportunity to contribute to the Senate Finance Committee policy recommendations for the opioid crisis. Thank you for your consideration and your leadership on this important issue.

Sincerely,

National Board for Certified Counselors
American Association for Marriage and Family Therapy
California Association of Marriage and Family Therapists
American Mental Health Counselors Association
National Council for Behavioral Health
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