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Through our exceptional
health care services,
we reveal the healing
presence of God.

November 8, 2021

The Honorable Ron Wyden
Chairman, Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member, Senate Committee on Finance
239 Dirksen Senate Office Building
Washington, D.C. 20510

Submitted electronically: mentalhealthcare@finance.senate.gov

Dear Chairman Wyden and Ranking Member Crapo:

Thank you for affording the health care industry the opportunity to provide our input regarding ways to improve access to mental and behavioral health services for all Americans. As a multi-state health system and a market leader in behavioral health services, I am thankful for this opportunity to share what SSM Health is currently doing and suggestions for improvement.

For background purposes, SSM Health is the sixth largest Catholic health system in the United States. Our organization's nearly 40,000 employees and 10,000 providers are committed to providing exceptional health care services and revealing God's healing presence to everyone they serve. With care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin, SSM Health is one of the largest employers in every community it serves. Aside from the hospitals and clinics across four states, SSM Health has Dean Health Plan, which has over 450,000 covered lives and Navitus Health Solutions, a national pharmacy benefit manager that operates in all fifty states.

In terms of behavioral health services, SSM Health provides a wide range of services through the continuum of care through inpatient, ambulatory and community settings. In all the communities SSM serves there continues to be growth in demand for these services. Through our system's fourteen community health needs assessments, mental health and/or substance abuse has been identified as a primary need to address. Based on national statistics, nearly all of the states where SSM Health operates are at or above the national average for the rates of suicide and opioid death. These numbers represent the need for greater investment in services.

With respect to behavioral health services in America, we know the current pandemic has played a significant role of increasing the incidence of behavioral health and substance abuse conditions. Yet, even though the COVID-19 pandemic has had a significant impact, it has only shone brighter light on the issues that have always been present. Today, and even before COVID-19, we have seen barriers to access. There has been a shortage in providers, insurance coverage—both in government and commercial pay—has excluded coverage, and though we are making progress on the stigma, it persists. Finally, the cost to provide care for people with behavioral health and substance abuse continue to be more than double the cost from a per member per month standpoint than people without behavioral health and substance abuse conditions.

I have included a listing of some of the programs SSM Health provides and suggestions for better and more sustainable access to behavioral health services.

Strengthening Our Workforce

To care for our most vulnerable today and into the future, we need to have the tools in place to protect and enhance our existing workforce. In conjunction with the workforce today, we cannot wait to aggressively build the pipeline of workers for the future.

Existing workforce

As a health care community, there are steps we can take to maximize our existing workforce.

- **Workforce protections.** Over the course of years, we have witnessed a rise in the amount of violence inflicted within our walls. The violence has been committed by patients, families and visitors and has taken a toll on our frontline staff. Though there the crimes are a local and state matter, we believe there is an opportunity to build a more resilient workforce through grants and training programs.
- **License portability.** SSM Health coordinates the Interstate Healthcare Collaborative, which is a group of likeminded integrated health systems and state health associations who are committed to expanding the number of states who take part in interstate licensure compacts. As an integrated state operating in four states, we understand the importance of license portability from state to state in all medical disciplines. The COVID-19 pandemic and the shortage of workers placed a spotlight on this issue.

We believe that license compacts for physicians, nurses, advance practice nurse, physician assistants, emergency medical services, and especially psychology will allow for staff to move across state lines more easily. More importantly, the promotion of state by state compacts will also allow for a larger pool of employees to provide telehealth services. Though we believe the Federal Bureau of Investigation (FBI) and the state of Oklahoma have come to an agreement on how the compacts and federal criminal background checks will interact, we see other states not being able to issue license compacts due to a background check issue with the FBI. We firmly believe in

ensuring all providers are properly vetted before practicing; however, we hope the states and federal government can work together to allow more states to originate a compact license.

- **Passage of the TREAT Act.** The Temporary Reciprocity to Ensure Access to Treatment (TREAT Act), if passed, would allow for immediate license portability during a future pandemic. By incorporating this bill into law, it would reduce the wait time for states to enact emergency orders and allow for immediate access to care for the people who need it most.

Workforce pipeline

Prior to COVID-19, behavioral health care was experiencing a shortage in the number of qualified workers in the field and in the pipeline. With the increased need for behavioral health services, coupled with the increasing shortage of workers, the system of care in our country has reached a *tipping point*. Compacts and portability will help maximize existing workers and provide a layer of coverage in shortage areas.

A long-term strategic plan to fill and expand the provider pipeline is needed. Physicians, psychologist, nurses and other treatment professionals take years to be educated. We must start now to step into our schools and begin preparing our next generation of care providers at all levels of the care continuum.

We believe there needs to be:

- Emphasis at the high school and college level to promote health care related careers and provides tool kits to schools to partner with health care organizations and colleges and universities to develop or strengthen relationships. In developing these programs, we need to emphasis underserved areas, both rural and urban.
- More slots need to be opened through the Graduate Medical Education program with a specific emphasis on training behavioral health providers. An emphasis should be provided to areas across the country that are seeing a significant access need for behavioral health services.
- A more expansive definition of shortage areas to not just focus on rural areas, but in urban settings as well. Just like our rural partners, attracting and retaining providers in urban and safety net locations can be challenging. By expanding the tools available to recruit will only help reduce the coverage gaps in behavioral health.
- There needs to be a more in-depth review of tuition forgiveness for healthcare providers, such as in the field of behavioral health to incentivize more students entering the field.

- In addition to needed professions such as psychiatry and nursing, we need to begin to build the next generation of workers who can navigate for individuals with behavioral health needs. These navigators need to be trained to assist not only in a care coordination role, but to also assist connecting individuals with programs to alleviate any social determinants health barriers that get in the way of their success.

Increasing Integration, Coordination and Access to Care

Hospitals and health systems cannot solve the challenges of behavioral health alone. Community based solutions that move as far upstream to the root cause as possible are going to make the most difference and provide the best outcomes. To address root cause issues, hospitals and health system must work with community partners—both traditional and non-traditional.

SSM Health, through collaboration with many stakeholders has been able to provide community integration, coordination among stakeholders and access to care for many. Here are some examples of our work.

Behavioral Health Urgent Care

Behavioral Health Urgent Care at SSM Health is the St. Louis region's first and only urgent care/walk-in clinic dedicated to mental health. The clinic treats both adults and children in urgent need of care for mental health crises. This service provides immediate access to behavioral health care without the often long and costly wait for Emergency Room care to address non-emergent issues.

The Behavioral Health Urgent Care Center is a one-of-a-kind collaboration with multiple community partners, bringing together the clinical expertise of SSM Health's trusted behavioral health team and the comprehensive support of local mental health resources. Our community partners include Behavioral Health Network, Behavioral Health Response, Queen of Peace Center, BJC Behavioral Health, Independence Center, Hopewell Center, Preferred Family Healthcare, Compass Health, NAMI, Places for People, Provident Behavioral Health, Missouri Care/Anthem and MHA Eastern Region.

Since its opening, the SSM Health Behavioral Health Urgent Care has significantly improved access in the St. Louis Region for mental health services.

The WISH Center

The WISH (Women and Infant Substance Help) Center provides comprehensive, high-risk maternity care for people who are affected by opioid dependency. The program, housed at SSM Health St. Mary's-St. Louis, uses MAT therapy (Medication Assisted Treatment). This is a

comprehensive care model to treat persons with opioid use disorder. These medications alleviate the withdrawal symptoms from opioids and help curb drug cravings. The goal is to start expectant mothers on MAT therapy as early as possible to minimize pregnancy complications and reduce the length of hospital stay for newborns.

The program depends on coordination across many different disciplines. The OB physicians specialize in addiction medicine and complex pregnancies. Nurse practitioners, pharmacists, social workers, substance use counselors are also available during regular appointments.

When it is time to for delivery, our highly trained labor, postpartum, and pediatric team designed for the specific needs of opioid exposed moms and babies, are focused on keeping mom and baby together. Labor and postpartum pain is managed, families are supported in learning soothing techniques to become experts on their own babies, and the length of stay is minimized, all in a warm, accepting, and stigma-free environment.

After delivery, care is continued in the AfterCare Program when the risk of relapse is greatest. This includes partnering with outside organizations for such things as job skills, housing, life skills and parenting to help moms maintain their sobriety.

Long-Acting Injectable (LAI) Clinics

The Long-Acting Injection Clinic (LAI) at SSM Health DePaul Hospital in St. Louis (MO) and SSM Health St. Joseph Wentzville (MO) is an alternative treatment option for people who are having trouble consistently taking their daily or regular antipsychotic medicine in the form of tablets, capsules or liquids. The LAI Clinic can help safely administer a patient's antipsychotic medicine in the form of a single injection, which steadily releases medication into the body over the course of several weeks.

Patients interested in entering the LAI program need an active prescription from a prescribing psychiatrist or an initial appointment with an in-house psychiatrist to begin.

LAIs can help individuals stay on track with a medicine plan. If someone is having trouble sticking to a plan, a lot of things may happen. One problem could be needing to stay in a hospital until the illness is better. Other problems may include trouble with family and friends or other relationships.

When comparing LAIs to pill medications, LAIs may lower the chances of someone going to the hospital. LAIs allow for a steady level of medicine in the blood. These steady levels help lower the chance of side effects. The LAIs may also help improve quality of life and long-term outcomes.

The three programs listed above are examples of where we are providing key programming to those in need. For programs like those to grow and expand, we need:

- The payment for urgent care services needs to be higher. Providing care through the urgent care setting can, and will, prevent much more intensive services through and emergency room.
- We need to protect the 340B program, which has been instrumental in our investment in the long acting injectable clinics.
- We also need to have care coordinators who can help patients who are utilizing these services. These care coordinators can work hand in hand with providers and social workers and put the patient on track for success. Right now, care coordination isn't always an option due to reimbursement. We believe if reimbursement were provided, better outcomes for patients with behavioral health needs could be better managed.

Ensuring Parity

Many states across the country have adopted mental health parity legislation. Even though there are laws in place to provide access and coverage, we believe a more standardize criteria for medical necessity which will allow more consistency across states and from payer to payer.

Expanding Telehealth

Telehealth is an important tool in providing either video or telephone only services to individuals who need behavioral health services. We know that not every patient or every case would benefit from telehealth related services; however, being able to use these services will reduce the backlog and allow for providers from across state lines to provide the necessary level of services for people in need.

The pandemic has shown telehealth services will be embraced by patients of all age levels. Though the number of services has more normalized as our economy has become to open back up, the numbers are still higher than prior to the pandemic. We believe services will only expand.

Therefore, we ask:

- To make the telehealth services provided through the public health emergency permanent.
- Patient initiated telephone only services be paid for through Medicare.
- We continue to look at other providers who may be able to provide telehealth and/or phone only services and receive some level of reimbursement for the services they provide.

Improving Access for Children and Young People

We believe the need for pediatric mental health services will only grow over the coming years both from an inpatient and outpatient perspective. As a healthcare industry, the more we can invest in providing behavioral health access the more successful we will be in reducing the intensity of services in the future. Our approach includes diverse areas under the umbrella of behavioral health services including: mental health, substance abuse and spectrum disorders.

Throughout the pandemic, we have seen a crisis of need for child and adolescent behavioral health services. We believe this trend is only going to continue. We believe more support for our nation's children's hospitals will help to offset the needs, especially in underserved areas. We support the efforts by the Children's Hospital Association through their *Strengthening Kids' Mental Health Now* which focuses on:

- Providing financial relief to pediatric health care entities to help deal with the increased surge in children through the pandemic.
- Improve access through more care coordination across the continuum of care. This initiative would fund programs such as community health workers behavioral health urgent care programs.
- Expand capacity in pediatric behavioral health services by investing in more sites of care (facilities and telehealth), investing in the pediatric behavioral health workforce and a loan forgiveness program.

Thank you for the opportunity to comment on behavioral health in America, as well as the ability to provide you with examples for programs we believe work. As a significant provider of behavioral health services, we are committed to working with members of both parties and both houses to find long-term solutions the challenges we have before us. Please let us know if we can be of assistance to you.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Laura Kaiser".

Laura S. Kaiser, FACHE
President and Chief Executive Officer