



November 15, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

Thank you for the opportunity to provide input on how to improve health care services for Americans with mental health and substance use disorders. Trinity Health is committed to protecting and expanding access to high-value behavioral health services. Please find our response to your request for information on the challenges and opportunities for Congress to address unmet behavioral health needs below.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 25 states. Trinity Health includes 89 hospitals, as well as 131 continuing care locations that include PACE programs, senior living facilities, and home care and hospice services.

Based in Livonia, Michigan with annual operating revenues of \$20.2 billion, the organization returns \$1.2 billion to its communities annually in the form of charity care and other community benefit programs.

Trinity Health employs 115,000 colleagues, including 6,800 employed physicians and clinicians. Committed to those who are poor and underserved in its communities, Trinity Health is known for its focus on the country's aging population. As a single, unified ministry, the organization is the innovator of Senior Emergency Departments, the largest not-for-profit provider of home health care services—ranked by number of visits—in the nation as well as the nation's leading provider of PACE (Program of All Inclusive Care for the Elderly) based on the number of available programs.

COVID-19 and the resulting physical and economic anxiety and social isolation have exacerbated what was already a major strain on the delivery of behavioral health services across the nation. Addressing this crisis requires breaking down barriers to care, such as workforce shortages and lack of reimbursement, ensuring that access to care across the continuum can be better supported.

These recommendations and responses are informed by work across our health system that aims to address the clinical, and in many cases, social needs of those we serve as we strive to be a transforming and healing presence in our communities. Additionally, you can find a full list of our behavioral health policy recommendations on our [website](#). We appreciate the opportunity to offer these responses and welcome the chance to continue to serve as a resource for the committee.

Strengthening Workforce

Health care workforce shortages in our country are not new; however, over the last several years shortages have increased due to accelerating turnover, a dearth of educators, and an aging workforce.

Health care workforce challenges have only been exacerbated by COVID-19. Front-line health care workers are worn-out and burned-out. Increased numbers of providers have left the workforce since the beginning of the pandemic. Trinity Health is currently challenged to fill more than 14,000 total vacancies

across our system including 4,000 registered nurse (RN) vacancies. Front-line workers are also struggling with work-life balance, resilience and pandemic fatigue. The entire workforce is again challenged as the nation endures continued surges.

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

Trinity Health encourages Congress to pass the bipartisan Mental Health Access Improvement Act of 2021 (S. 828/H.R. 432) which would require Medicare to cover medically necessary behavioral health services provided by licensed mental health counselors and marriage and family therapists, who comprise 40% of the mental health workforce.

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

Inadequate and inconsistent reimbursement rates for behavioral health continue to be the top challenge identified by providers across Trinity Health and have forced our health system, in some cases, to transition away from providing services as it was not financially sustainable. We encourage Congress to ensure adequate reimbursement across all payers to all providers (e.g. community health workers, social workers) and eliminate Medicare and Medicaid billing restrictions related to behavioral health services.

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

The high student loan burden due to higher education, including medical and nursing school, can be a deterrent to students from entering health care professions. Trinity Health encourages Congress to provide funding for educational loan forgiveness and repayment for health care workers across the care continuum including behavioral health. This will serve as a tool for both recruitment and retention of a diverse health care workforce.

What federal policies would best incentivize behavioral health care providers to train and practice in rural and other underserved areas?

As discussed in the question above, Trinity Health encourages Congress to provide funding for educational loan forgiveness and repayment for behavioral health providers, including those who agree to practice in rural or underserved area.

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?

A lack of data sharing between providers makes it difficult to coordinate care around patient needs. Trinity Health thanks Congress for the changes to the 42 CFR Part 2 regulations that govern the sharing of substance use disorder treatment records included in the CARES Act that will enhance delivery of coordinated, comprehensive care. We encourage Congress to provide oversight as the Substance Abuse and Mental Health Services Administration (SAMHSA) promulgates rules to address these changes.

Should federal licensing and scope of practice requirements be modified to reduce barriers for behavioral health care workers seeking to participate in federal health care programs? If so, how?

Trinity Health recommends Congress consider policies to reduce licensing and scope of practice barriers that:

- Support efforts to facilitate health care worker movement across states, including expedited licensure review and expansion of licensure compacts.
- Allow psychiatrists, psychologists, social workers, nurses, care coordinators, CHWs and peer support specialists to practice in collaborative, team-based environments according to their highest level of education, training and licensure.

What public policies would most effectively reduce burnout among behavioral health providers?

Meeting public health emergency staffing needs is proving to be a challenge like none other. In response to the potential for pandemic-related post-traumatic stress (PTS)/post-traumatic stress disorder (PTSD) among colleagues, in June 2020, Trinity Health launched a system-wide Colleague Care Program (CCP). CCP Teams ensure that all colleagues—particularly those working in high stress—are supported through a variety of onsite, supportive and comfort services designed to alleviate some of the emotional and physiological stressors that could negatively impact caregivers. The program includes Resiliency Rounding: a real-time human connection to colleagues in high-volume, demanding areas either in person, virtually or telephonically.

Trinity Health is pleased with the funding for violence prevention programs included in the Build Back Better Act. Workplace violence is another contributor to the stress and burnout experienced by our colleagues. We encourage Congress to support workplace violence prevention and response initiatives.

Trinity Health recommends Congress provide funding for research and demonstration programs related to clinician wellbeing including through passage of the Dr. Lorna Breen Health Care Provider Protection Act (S. 610/H.R. 1667).

Increasing Integration, Coordination and Access to Care

Trinity Health is pursuing innovative efforts to create a health system that seamlessly cares for all an individual's needs and is focused on serving hard-to-reach populations. This includes delivering physical and behavioral health as well as linking to community-based services in an integrated manner where providers are accountable for patient outcomes while delivering people-centered care.

What are the best practices for integrating behavioral health with primary care? What federal payment policies would best support care integration?

Collaborative, team-based care between behavioral health and primary care providers (PCP) is critical to delivering high-quality, integrated care. More than 80 randomized controlled trials demonstrate collaborative care models improve outcomes in depression and other physical health conditions such as diabetes and cardiovascular disease.

A behavioral health specialist assists the PCP in treating patients with depression and anxiety in the PCP office. They review patients weekly with a consulting psychiatrist, and work with the patient and PCP to implement medication recommendations (if needed), delivering evidenced based behavioral interventions. A number of Trinity Health sites in Michigan are successfully implementing this model and seeing improved health outcomes and patient/provider satisfaction.

Trinity Health recommends Congress consider policies to support care integration including:

- Support increased behavioral health training for PCPs.
- Fund new and existing clinical care models that use a multi-disciplinary team.
- Provide financial incentives, such as upfront care coordination fees, and align quality incentives in clinically integrated networks and across all payers to facilitate integrated care and reduce administrative burden.
- Encourage states and payers to eliminate restrictions on same-day billing for more than one service per day, a barrier to integrated care.

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

While Medicare does include treatment services for behavioral health, coverage and reimbursement can be limited. Medicare currently does not cover crisis services (crisis stabilization unit, behavioral health urgent care). Additionally, Medicare beneficiaries can have difficulty accessing detox services for alcohol use disorder. Trinity Health recommends Congress expand coverage and access to these services.

During the fiscal year 2018-2020 cycles, 93% of community health needs assessments (CHNAs) in Trinity Health communities identified behavioral health as a top need. Trinity Health recommends federal funding

streams encourage public health, health care and payers to work together on conducting CHNAs. We encourage Congress and the Centers for Medicare and Medicaid (CMS) to incentivize health systems to engage in community collaboration that is done in line with CHNAs. We also recommend that CMS consider the role of hospitals in conducting CHNAs that would support behavioral health interventions and initiatives.

Additional recommendations to improve access to care across the continuum of behavioral health services include:

- Support access to integrated electronic medical records across providers and settings to enhance delivery of coordinated, comprehensive care.
- Ensure HIT standards and regulations support changes in payment and delivery systems, are aligned with care delivery needs in alternative payment models (APMs) and facilitate the management of population health.
- Provide individuals who are involved with the criminal justice system, many who live with behavioral health conditions, the opportunity to enroll in Medicaid prior to their release and transition back to their communities through passage of the bipartisan Medicaid Reentry Act of 2021 (S. 285/H.R. 955).

What programs, policies, data, or technology are needed to improve patient transitions between levels of care and providers?

Trinity Health's hospitals continue to struggle with access to beds for the most acute psychiatric patients. Patients are staying for months awaiting crisis residential beds due to layers of bureaucracy and lengthy approval processes.

The lack of placement options for individuals with challenging behaviors results in long hospital stays. Patients with challenging behaviors are often placed in observation level status in emergency departments or on medical units in the hospital. They are unable to be discharged due to lack of safe placement. Psychiatric hospitals often refuse to accept these patients because they are too ill.

If we truly believe in parity, behavioral health patients should not be held in emergency departments for days, waiting for an inpatient bed. Trinity Health support efforts to modify Medicaid's exclusion of care in "Institutions for Mental Disease" to lift restrictions on short-term, acute psychiatric residential care for children and adult populations.

However, more inpatient beds is not the only answer to this challenge. Trinity Health encourages Congress to invest in comprehensive, community-based mental health services for children, adolescents and adults.

What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?

Trinity Health is committed to reducing health inequities and eliminating health disparities. This is not possible without first knowing which populations are disproportionately impacted. Therefore, the need to collect race, ethnicity, preferred language, gender and other critical demographics is essential when we are delivering health care and the social supports necessary to achieve health equity. Collecting standardized and accurate information on identified demographic variables is important to address behavioral health.

Trinity Health has the following recommendations to ensure equitable access to behavioral health services:

- Provide reimbursement for community health worker (CHW) and peer support specialist education, outreach and mentoring to address social and health needs.
- Expand access to broadband to all Americans with priority for those in medically underserved communities, including rural and tribal communities, to ensure access to telehealth.
- Establish grants for cultural and linguistic competency training in medical residency programs and in-service training for behavioral health professionals.

How can providers and health plans help connect people to key non-clinical services and supports that maintain or enhance behavioral health?

The health care delivery infrastructure has not yet evolved to meaningfully meet patient social needs. While it is widely recognized that addressing patient social needs is necessary to enhance behavioral health, the prevailing infrastructure and distribution of resources in health care delivery systems—largely driven by fee-for-service reimbursement models and outmoded organizational culture—has not yet evolved to meaningfully integrate patient social needs into care delivery.

Professionals who can bill for services such as physicians, advanced practice providers, nurses, physical therapists and the like, are not adequately trained to identify and address patients' social needs, nor would it be top-of-license practice for them to do so.

The work of professionals who are skilled in this area such as Social Workers and CHWs is not billable in most cases. This means that health systems must either pay for these services out of overhead, find grant or donor funds to support the work when possible, or simply forgo the work all together. This is challenging for non-profit health systems like Trinity Health that are dealing with already thin margins. Creating standardized reimbursement structures and elevating the unique professional roles of Social Workers and CHWs would make it possible for health care to truly meet patient social needs in collaboration with their community partners.

To support connecting people to non-clinical services, Trinity Health is standardizing annual social needs screening for all patients and building Community Health Worker Hubs in each of our local health systems. These hubs are staffed by trained and certified CHWs, collaborating with both clinical care teams and local community-based organizations (CBOs) to receive referrals of patients with positive social needs screenings and use our Community Resource Directory to work to meet these needs. In Spring 2020, Trinity Health launched the Community Resource Directory—powered by Aunt Bertha—an online portal for colleagues, patients and community members to anonymously search for free or reduced-cost social services.

To address these challenges, we offer the following approaches for consideration:

- Support community care teams, crisis intervention teams, and high-utilizer programs that include services for social needs such as housing, food and social isolation.
- Test new models to support community health transformation by creating linkages between health systems, providers and community-based services, and encourage care coordination to optimize access and delivery of wrap-around support services.

Ensuring Parity

How can Congress improve oversight and enforcement of mental health parity laws that apply to private plans offering coverage under the federal health programs? How can we better understand and collect data on shortfalls in compliance with parity law?

Trinity Health is encouraged by provisions in the Build Back Better Act to empower the Department of Labor to investigate and fine insurers offering federally regulated health plans if they violate the Mental Health Parity and Addiction Equity Act. We support efforts to enforce parity for behavioral health services to ensure all needs are met equitably.

Expanding Telehealth

How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?

Telehealth flexibility provided during the COVID-19 pandemic has created a new standard for care and is a critical component for how we provide high quality, patient-centered care moving forward. Providers and staff can provide care at the right time and in the place that meets patient needs,

including for mental health. In addition, allowing health care professionals to practice at the top of their licenses through telehealth may be a critical tool to help address long standing health care workforce challenges.

Trinity Health appreciates the telehealth flexibilities provided by both Congress and the U.S. Department of Health and Human Services during the COVID-19 public health emergency. Given the importance of access to mental health services, Trinity Health urges Congress to make these changes permanent including allowing audio only services where deemed appropriate by the provider and/or in instances where a patient cannot have an audio/visual telehealth appointment.

Further, we urge Congress to remove in person requirements for telehealth as this would create barriers to treatment. If retained, mental health access for older adults, individuals with disabilities, and individuals with scheduling, geographic and transportation issues will be challenged.

In addition, clinical licensure should also be easily transferrable across state lines to allow for a greater number of providers to participate in the workforce who otherwise would be unable to. This is especially relevant as telehealth for behavioral health has grown during the pandemic along with overall patient satisfaction with seeing providers virtually.

Improving Access for Children and Young People

As Trinity Health works to improve the health of patients and communities, improving health outcomes for mothers and babies is essential. Maternal health disparities can be reduced by addressing behavioral health needs and providing social supports to encourage continuity of care before, during and after pregnancy.

Trinity Health has the following recommendations to improve access to behavioral health services for new mothers and children:

- Permanently extend postpartum coverage for women enrolled in Medicaid for 12 months; expand coverage for behavioral health services to postpartum women through Section 1115 waivers or Centers for Medicare and Medicaid Innovation (CMMI) demonstrations.
- Provide opportunities for uninsured individuals in Medicaid non-expansion states to enroll in affordable health insurance through the marketplaces.
- Permanently extend funding for the Children's Health Insurance Program (CHIP).

Trinity Health is committed to improving access to behavioral health services. We look forward to serving as a resource to the committee as you craft a bipartisan legislative package. Please contact me or Maggie Randolph, Director of Public Policy and Analysis, at Margaret.Randolph@trinity-health.org with questions.

Sincerely,



Michael A. Slubowski, FACHE, FACMPE
President and Chief Executive Officer
Trinity Health