March 4, 2022

The Honorable [First Name] [Last Name]

United States Senate

Washington, D.C. 20510

Dear [Title] [Last Name],

The Medicare Mental Health Workforce Coalition - a group of national and state organizations collectively representing hundreds of thousands of mental health and addiction disorder providers, clients, patients, and other stakeholders committed to strengthening Medicare beneficiaries’ access to mental and behavioral health care - is writing to thank you for your past leadership on the *Mental Health Access Improvement Act* (S. 828/H.R. 432)and to request that you cosponsor the bill again this Congress.

It is crucially important to the strength and resilience of our families, communities, and nation that Americans of all ages have access to mental health services, including those covered by Medicare. Before the COVID-19 pandemic, approximately one in four Medicare beneficiaries suffered from a mental illness.[[1]](#footnote-1) Now, close to half of older adults (ages 65 and older) report that stress related to coronavirus has had a negative impact on their mental health, up from 31 percent in May 2020.[[2]](#footnote-2) Despite the growing toll of mental illness and substance use disorders, Medicare beneficiaries have less access to mental health and addiction disorder providers than enrollees in virtually all other health plans, including TRICARE, the Veterans Administration, Medicaid, the Children’s Health Insurance Program, and most Medicare Advantage, commercial, and employer plans, because licensed professional mental health counselors (LPCs) and licensed professional marriage and family therapists (LMFTs) are not eligible to participate in the Medicare program. The *Mental Health Access Improvement Act* would close the gap in federal law that prevents LPCs and LMFTs from being Medicare providers.

LPCs and LMFTs comprise an estimated 40 percent of all master’s level mental health practitioners nationwide. Passage of this legislation would immediately allow 225,000 additional licensed mental health professionals to be reimbursed for providing services to Medicare beneficiaries, substantially mitigating the current behavioral health workforce shortage. Access to these practitioners would have a profound impact on all Medicare beneficiaries, particularly those who live in rural areas. Currently, 60 percent of mental health professionals who work in rural areas are counselors not covered by Medicare.[[3]](#footnote-3)

Beyond strengthening the mental health workforce, the *Mental Health Access Improvement Act* would provide long-term cost savings to the Medicare program. In 2019, the reimbursement rate for a single day of inpatient psychiatric hospitalization was equivalent to approximately twelve 45-minute counseling sessions.[[4]](#footnote-4) Allowing LPCs and LMFTs, who are reimbursed at a lower rate than most other mental health providers, to provide services to Medicare beneficiaries would lower costs by allowing mental health and substance use disorders to be addressed before more costly interventions are required. Additionally, mental and physical health comorbidities often compound, worsening physical health outcomes. Thus, increased identification and treatment of behavioral health conditions among Medicare beneficiaries would reduce utilization of non-mental health services and cut costs to the program overall.[[5]](#footnote-5)

The Medicare Mental Health Workforce Coalition thanks you for your past leadership on this important legislation and requests your continued commitment to strengthening the behavioral health workforce to better meet the mental health needs of Medicare beneficiaries. We ask that you cosponsor H.R. 432/S. 828 in the current Congress.

Sincerely,

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

Centerstone

Center for Medicare Advocacy

The Michael J. Fox Foundation for Parkinson’s Research

National Association for Rural Mental Health

National Association of County Behavioral Health and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

1. Koma, W., et al., “One in Four Older Adults Report Anxiety or Depression Amid the COVID-19 Pandemic,” Kaiser Family Foundation (October 9, 2020) (Kaiser, Older Adults, 2020). [↑](#footnote-ref-1)
2. Kaiser, Older Adults, 2020. [↑](#footnote-ref-2)
3. Fullen, M. C., Brossoie, N., Dolbin-MacNab, M. L., Lawson, G., & Wiley, J. D. (2020). The impact of the Medicare mental health coverage gap on rural mental health care access. Journal of Rural Mental Health, 44(4), 243–251. http://www.doi.org/10.1037/rmh0000161 [↑](#footnote-ref-3)
4. Fullen, M. C., Lawson, G., & Sharma, J. (2020). Analyzing the impact of the Medicare coverage gap on counseling professionals: Results of a national study. Journal of Counseling & Development, 98(2), 207–219. https://www.doi.org/10.1002/jcad.12315 [↑](#footnote-ref-4)
5. J. Figueroa, J. Phelan, J. Orav, et al., “Association of Mental Health Disorders With Health Care Spending in the Medicare Population,” JAMA (March 19, 2020) [↑](#footnote-ref-5)