

AMERICAN COUNSELING

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Re:

**Improve Access to Mental Health and Substance Use Disorder Services:
The Mental Health Access Improvement Act of 2021**

6101 Stevenson Avenue, Suite 600

ph 703-823-9800

fax 703-823-0252

fax 703-823-0252

The COVID-19 pandemic has exacerbated the mental health crisis in the United States, with older and disabled individuals disparately impacted by social isolation, loneliness, anxiety, and bereavement. In July 2020, close to half of older adults (ages 65 and older) reported that worry and stress related to coronavirus had a negative impact on their mental health, up from 31% in May, according to a Kaiser Family

counseling professionals are eligible for placement through the National Health Service Corps under the Public Health Service Act.⁷ Although the Medicare program recognizes the importance of behavioral health counseling for beneficiaries, these services remain only available from psychiatrists, psychologists, psychiatric nurse specialists, and licensed clinical social workers (LCSWs), despite the fact that LPCs are comparable to LCSWs and psychiatric nurse specialists.⁸

Unfortunately, the coverage gap for individuals relying on Medicare for their health care coverage means:

- Limited access to less costly treatment options;
- Lack of continuity of therapy when individuals age into Medicare or become Medicare-eligible due to permanent disability;
- Barriers to integration of physical and mental health care;
- For dual eligibles and veterans with Medicare, lack of access to coordinated benefits because LPCs are not recognized as Medicare providers; and
- For those living in rural areas of the country with few or no available Medicare providers, foregoing or discontinuing therapy altogether.

The Mental Health Access Improvement Act of 2021 (S. 828), led by Committee members Senators Barrasso and Stabenow, would close the gap in federal law that prevents LPCs from being Medicare providers. The legislation would give Medicare beneficiaries immediate access to over 225,000 additional licensed mental health professionals and help close the widening treatment gap.

As outlined below in response to the related questions posed by the Committee in its RFI, the measure meets many of the important policy goals the Committee has identified.

Related RFI Questions

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

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?

	Licensed Clinical Social Worker ¹²	Licensed Mental Health Counselor
Current Medicare Provider:	Yes	No
Education:	Doctoral Degree in social work	Doctoral Degree in mental health counseling or a related field
Experience:	Two years of post-graduate supervised clinical social work experience	Two years of post-graduate supervised mental health counselor practice
Licensure requirement:	Licensed or certified to practice as a clinical social worker by the State in which the services are performed	Licensed or certified as a mental health counselor within the State of practice

LPCs are also an integral part of the current mental health system nationwide -- *except in the Medicare program*. As Medicare enrollment has increased over the past three decades, the proportion of counselors to other mental health provider professionals has substantially increased. These mental health counseling professionals now comprise over 40% of the

associated with early mortality, disability, and impairments in psychosocial functioning.¹⁴ LPCs who frequently practice in multi-disciplinary settings, are well-positioned to play a key role in collaborative care models designed to improve medical and mental health outcomes and functioning.¹⁵

With respect to SUD, as the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized, those who currently work most frequently with older individuals (e.g., primary care physicians, assisted living and nursing home staff, emergency department staff, inpatient hospital staff, and caregiver/family members) are not routinely trained to recognize or effectively address serious mental illnesses (SMIs).¹⁶ LPCs who are trained in treatment and prevention of mental health and routinely coordinate care with medical providers and other health care professionals, can bring much needed skills and integrative care experience to the delivery of coordinated, person-centered care. These integrated approaches are vital to improving health outcomes for older and disabled individuals and reducing the overall burden of mental and physical disease.

It is important to note that older adults can be particularly vulnerable to the negative effects of substances such as alcohol and prescription drugs. Individuals with cognitive impairments such as dementia may have more difficulty using alcohol or prescription drugs safely, and are at greater risk of falls and accidents, as well as adverse effects from drug interactions. As SAMHSA has noted, most providers and professionals lack specialized training in geriatric substance misuse, and most family members and caregivers do not know how to recognize and respond to these issues in older family members.¹⁷ When providers are able to adapt interventions to the physical, cognitive, and psychosocial needs prevalent for their older clients, these interventions are more likely to be effective.¹⁸

One of the entry-level specialty areas for counselors seeking licensure is addiction counseling, involving course work that focuses on the neurological, behavioral, psychological, physical, and

¹⁴ For example, the American Mental Health Counselors Association (AMHCA), a Coalition member, offers training and certification in geriatric counseling. See AMHCA, [Clinical Mental Health Counseling Specialist in Geriatric Counseling](#). Ensuring that LPCs and MFTs can be reimbursed as Medicare providers would encourage more counseling professionals to seek out such additional expertise.

social effects of psychoactive substances and addictive disorders on the user and significant others, screening and diagnosis, cultural factors relevant to addiction and addictive behavior, and

There can be serious consequences to forgoing treatment or undertreating mental health

February 2021, the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5%, and the percentage of those reporting an unmet mental health care need increased from 9.2% to 11.7%. Increases were largest among adults aged 18–29 years and those with less than a high

(https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_w)

A *Time* magazine article posits there has been an increase in tele-behavioral health services during the pandemic based on the results of the TIME/Harris Poll national survey, as displayed in the image below:

ACA members and counseling practitioners and educators, Drs. Daniel and Jennifer Williamson, shared the following testimonial regarding the importance of tele-behavioral health:

technology assistance in mental health. Our students have worked with people from varying communities, and we recognize that tele-mental health services continue to be a necessity for so many in need. Agencies, like Georgia Hope who provides services in rural Georgia, provide access to mental health counseling in underserved areas. While our initial professional opinion was to limit reimbursement and regulatory support to services provided via synchronous, HIPAA-compliant video, we have recognized that many families living in the most impoverished conditions are often without access to mental health services or internet access. During the height of the initial pandemic quarantine, our student interns were working with agencies that provided crisis stabilization to those with severe mental health diagnoses. Telephonic communications, while not our first choice, is often a lifeline for clients in crisis. When serving clients suffering in poverty and with mental health issues, we have a professional, ethical, and moral obligation to meet th

What barriers exist to accessing telehealth services, especially with respect to availability and use of technology required to provide or receive such services?

Barriers that exist include regulatory burdens for providers who practice across state lines, which licensure compacts, including the [Counseling Compact](#), and PsyPact are seeking to resolve. Congressman Neguse is working to provide grant funding to states who chose to enter such compacts. This would provide an incentive to states who struggle with public health funds while allowing states the autonomy to determine how to navigate these licensure concerns.

Additionally, clients often face barriers such as broadband and reliable internet connection. Ensuring access to reliable broadband and internet services would be foundational to any effective telehealth program.

Conclusion

Policy experts have steadily recommended including LPCs in the Medicare program. For example, in 2017, the Interdepartmental Serious Mental Illness Coordinating Committee urged

professionals, such as ³⁵ Likewise, in 2020, the Commonwealth Fund recommended that policymakers close the remaining gap in Medicare by allowing reimbursement for mental health services by the more than 140,000 LPCs in the United States.³⁶ Similarly, in 2021, a Bipartisan Policy Center Task Force recommended that

Congress expand the mental health provider categories covered under Medicare, thereby addressing shortages in rural areas while lowering federal reimbursement barriers to integrating primary and mental health care.³⁷

Based on the foregoing, we