AAMFT
American Association for Marriage and Family Therapy

November 26, 2019

The Honorable Danny Davis
The Honorable Terri Sewell
The Honorable Brad Wenstrup
The Honorable Jodey Arrington
Co-Chairs
Rural and Underserved Communities Health Task Force
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

RE: Response to Request for Information

Dear Representatives Davis, Sewell, Wenstrup, and Arrington.

The American Association for Marriage and Family Therapy (AAMFT) would like to thank you and other members of the Ways and Means Committee for creating the Rural and Underserved Communities Health Task Force, and for serving on this Task Force. As the national association representing the professional interests of more than 62,000 licensed marriage and family therapists (LMFTs) who provide individual, family and group psychotherapy services throughout the United States, AAMFT appreciates this opportunity to provide comments in response to the recent Request for Information pertaining to input on priority topics that affect health status and outcomes for those living in rural and underserved communities.

AAMFT completely agrees with the Committee's focus on addressing healthcare outcomes within rural and underserved communities. Healthcare in rural and underserved areas suffers disproportionately compared to healthcare in metropolitan areas in several measures, with one of the greatest disparities being the significant shortage of healthcare providers serving in rural and underserved communities. In this correspondence, we want to bring to your attention one specific barrier under the Medicare program that disproportionately impacts rural and underserved communities pertaining to behavioral healthcare services, and address how Congress may eliminate this barrier to care.

Behavioral Healthcare Provider Shortages

Throughout the United States, there is a shortage of behavioral health providers. In rural and underserved communities, the shortages are far greater than in the rest of the country. Approximately 112 million Americans live in a Mental Healthcare Professional Shortage Area. According to the Rural Health Information Hub, the most significant reason rural Americans do not receive mental health services is the lack of mental health providers.[1]

[1] Rural Health Information Hub. Rural Mental Health. [Webpage]. Retrieved November 25, 2019 from https://www.ruralhealthinfo.org/topics/mental-health#statistics.

There are many reasons for the dire shortage of behavioral health providers in rural and underserved areas, including low reimbursement rates, lower volume of patients, uninsured or underinsured patients who cannot afford treatment, and high student debt that leads mental health providers to practice in higher income locations. We would like to address an additional reason that contributes to the shortage of eligible behavioral health providers, which is the fact that Medicare does not recognize 40% of the behavioral health workforce as Medicare-eligible providers.

Medicare Barriers

Marriage and family therapists are licensed to provide mental health and substance use services in all 50 states and the District of Columbia. Throughout the United States, LMFTs, as well as licensed mental health counselors (LMHCs), are well-recognized as independent providers of behavioral health services. LMFTs are one of the five core mental health disciplines recognized by the federal government under the Public Health Service Act, and are recognized as providers by the Department of Veterans Affairs. Like psychiatrists, psychologists and clinical social workers, both LMFTs and LMHCs are recognized as eligible providers by Medicaid plans, as well as private health plans. Although LMFTs and LMHCs provide mental health and substance use services that are covered by Medicare, LMFTs and LMHCs are not recognized as eligible providers in Medicare due to the absence of LMFTs and LMHCs as listed Medicare providers under federal law.

Including LMHCs and LMFTs as Medicare providers will allow Medicare beneficiaries access to a greater number of behavioral health providers. Combined, LMFTs and LMHCs make up 40% of the licensed mental health professional workforce. LMFTs and LMHCs are also more likely than other behavioral health providers to work in rural areas. A comprehensive study of the distribution of mental health professionals in rural counties found that LMFTs and LMHCs are more prevalent in rural counties than other providers from the other mental health professions currently recognized by Medicare.[2] Approximately 55% of all counties in the U.S., all of which are rural, have no access to the mental health professions currently recognized as Medicare-eligible providers (psychiatrists, psychologists or clinical social workers).[3] Another study found that found that 94% of rural counties did not have a single licensed psychologist.[4] Including LMFTs and LMHCs as eligible providers will provide Medicare beneficiaries living in rural and underserved counties with access to a greater number of covered providers.

The current restrictions on the utilization of LMFTs and LMHCs as Medicare providers also impacts the overall shortage of behavioral health providers available to rural residents. Medicare enrollees make up a larger percentage of the rural population than in metropolitan areas. In order to maintain an economically viable practice, it is more important for behavioral health providers in rural locales to provide services to Medicare beneficiaries than it is in metropolitan areas with a larger percentage of residents with private insurance. In other words, it is more difficult for a behavioral health provider not recognized as a Medicare provider to maintain a practice in rural areas due to restrictions on treating Medicare enrollees. Current Medicare law provides a disincentive for LMFTs and LMHCs to practice in locales with a larger percentage of Medicare enrollees.

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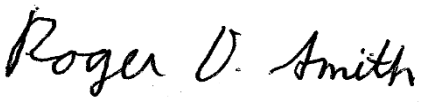
[2] Ellis AR, Konrad TR, Thomas KC, Morrissey JP. (2009). County-level estimates of mental health professional supply in the United States. *Psychiatric Services* 60(10):1315-1322.
[3] Substance Abuse and Mental Health Services Administration. (2013). *Report to Congress on the nation's substance abuse and mental health workforce issues*.
[4] American Psychological Association. (2016). County-Level Analysis of U.S. Licensed Psychologists and Health Indicators. Washington, DC: Author.

Solution

AAMFT and many other organizations are advocating for bipartisan and bicameral legislation in Congress, the Mental Health Access Improvement Act, H.R. 945 and S. 286, that would add LMFTs and LMHCs as Medicare-eligible providers. H.R. 945 is sponsored by Representative Mike Thompson, and is cosponsored by 98 Members. We believe the enactment of this priority legislation will expand the behavioral health workforce in rural and underserved areas and result in a significant increase in the total number of Medicare-eligible mental health and substance use providers who can treat Medicare beneficiaries.

Thank you for your consideration of these comments. AAMFT appreciates all of the efforts of the Ways and Means Committee to address the healthcare crisis within rural and underserved communities. Please feel free to contact me at rsmith@aamft.org if you have any questions or need any additional information.

Sincerely,



Roger D. Smith
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