



November 29, 2019

The Honorable Richard Neal
Chairman
Committee on Ways and Means
United States House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
United States House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

RE: RURAL AND UNDERSERVED COMMUNITIES HEALTH TASK FORCE REQUEST FOR INFORMATION

Dear Chairman Neal & Ranking Member Brady,

On behalf of the American Mental Health Counselors Association (AMHCA), we are writing to thank you for the opportunity to provide feedback on ways to better address health needs in underserved rural and urban communities. **In particular, we would like to respond to question number seven:**

Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

For Medicare beneficiaries with mental health and substance use disorders living in rural and underserved urban areas, the mental health workforce shortage is a huge barrier to care. In fact, 80% of rural counties do not have a single psychiatrist. More than 300,000 Medicare beneficiaries are admitted in inpatient psychiatric facilities every year as a result of poorly treated, or completely uncontrolled schizophrenia, bipolar disorder, clinical depression and Alzheimer's disease. Nearly 90% of Medicare inpatient psychiatric hospital patients had an emergency room visit, and nearly half had an acute care hospital stay. This is much higher than the rates of national emergency room and acute care use among all Medicare fee for service beneficiaries, which were 30 and 21 percent, respectively.

Licensed Mental Health Counselors (LMHCs) and Marriage and Family Therapists (MFTs) make up the majority of the mental health providers in these rural and underserved urban areas. However, these providers cannot currently provide services to Medicare beneficiaries. While psychiatrists, psychologists, and social workers are eligible to receive reimbursement and participate in new delivery systems under Medicare, they by and large, do not make up the rural and underserved urban area mental health workforce – nor do they all accept Medicare beneficiaries. Inclusion of LMHCs and MFTs in Medicare would allow the largest mental

health provider groups in the country to provide these sorely needed services to individuals in the most underserved communities.

Conclusion

In order to best address the mental health and substance use services needs of the most underserved communities, **we urge you to pass legislation introduced by Congressman Mike Thompson (D-CA-5) and Congressman John Katko (R-NY-24) that allows LMHCs and MFTs to provide services to Medicare beneficiaries (The Mental Health Access Improvement Act, HR 945).**

Thank you for your willingness to consider our views.

Sincerely,

Joel Miller
Executive Director and CEO
American Mental Health Counselors Association