nbcc
NATIONAL BOARD FOR CERTIFIED COUNSELORS.
Washington Office
14631 Lee Hwy, Suite 212
Centreville, VA 20121 USA
TEL: 703-739-6208
WEB: nbcc.org/govtaffairs
EMAIL: govtaffairs@nbcc.org

The Honorable Danny Davis
2159 Rayburn House Office Building
Washington, DC 20515-1307

The Honorable Jodey Arrington
1029 Longworth House Office Building
Washington, DC 20515

The Honorable Terri Sewell
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Brad Wenstrup
2419 Rayburn House Office Building
Washington, DC 20515

Dear Members of the House Ways and Means Rural and Underserved Communities Task Force,

The National Board for Certified Counselors (NBCC) appreciates the opportunity to submit comments to the House Ways and Means Rural and Underserved Communities Task Force. NBCC is the national credentialing organization for the counseling profession, representing over 66,000 National Certified Counselors in the United States. NBCC also develops and administers the examinations for licensure of mental health counselors in all 50 states, Puerto Rico, and the District of Columbia.

In its RFI, the Task Force has recognized the shortage of behavioral health providers as one of its priority issues. As demand for mental health and substance abuse services has soared in rural areas, the supply of providers in these areas has been flat. We are offering a solution that would open up access to providers who are already in these areas but whom millions of Americans are unable to see. NBCC urges the Task Force to consider the inclusion of mental health counselors (MHCs) and marriage and family therapists (MFTs) in the Medicare program as part of its rural health agenda. These two professions make up 40% of the licensed behavioral health workforce in the United States. They are required to obtain a minimum of a master's degree, perform two years of postgraduate clinical supervised experience, and pass a national exam to practice independently. These requirements mirror those of current Medicare mental health providers, such as licensed clinical social workers. Additionally, MHCs and MFTs are covered by all other insurance sources, including private payers, Medicaid, TRICARE, and many others.

As of 2019, over 77 million people in the United States live in Mental Health Professional Shortage Areas, as defined by the Health Resources and Services Administration.[1] Fifty percent of rural counties in America have no practicing psychiatrists, psychologists, or social workers.[2] Research shows that MHCs and MFTs are much more likely to be in these rural areas than any other practitioner. There are twice as many MHCs and MFTs in rural counties as social workers, six times the number of psychologists, and 13 times the number of psychiatrists.[3] Nearly a quarter of Medicare beneficiaries currently live in rural areas, and the lack of access to mental health providers is leaving them with nowhere to turn for treatment.[4]

[1] *Designated Health Professional Shortage Areas Statistics, Third Quarter of Fiscal Year 2019, Designated HPSA Quarterly Summary*, Bureau of Health Workforce, HRSA, U.S. Department of Health & Human Services, June 30, 2019.
[2] *Workforce Issues: Integrating Substance Use Services into Primary Care*, SAMHSA-HRSA Center for Integrated Health Solutions, Office of National Drug Control Policy, August 2011.
[3] *Supply and Distribution of the Behavioral Health Workforce in Rural America*, Rural Health Research Center, Data Brief #160, September 2016.
[4] A Data Book: Health Care Spending and the Medicare Program, MEDPAC, June 2017.

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Mental health issues are on the rise in the United States, and although improved treatment methods and early diagnosis are improving outcomes, there are millions of Americans who are not receiving any care. Medicare in particular has seen a dramatic increase in the number of beneficiaries presenting with mental health diagnoses. According to the Institute of Medicine, 14%–20% of older adults have one or more mental health conditions.[5] It is clear that Medicare has been unable to handle these increases, as less than 40% of older adults with mental and/or substance use disorders get treatment.[6] As the baby boomer generation continues to move toward retirement, Medicare will continue to see increases in mental health conditions among its beneficiaries. The program is woefully unprepared to handle such an increase and is clearly in need of more eligible providers. Together, MHCs and MFTs comprise over 225,000 licensed professionals that are ready to fill these treatment gaps.

The ongoing opioid crisis is also a major concern, as it has impacted rural America particularly hard. The inadequate coverage of substance use disorder providers by Medicare has only served to fuel this public health disaster. A July 2017 Inspector General's report found that 500,000 Medicare Part D recipients received high amounts of opioids, and almost 90,000 were deemed at serious risk of opioid misuse or overdose.[7] From 1993–2012, Medicare covered one-third of all opioid-related hospitalizations in the United States, making the program the largest single payer for such hospitalizations.[8] These statistics show that not only are Medicare beneficiaries at a high risk for opioid misuse and addiction, they are not receiving adequate treatment and, as a result, overdose and end up in the hospital. If these patients had access to MHCs and MFTs, they could have received outpatient psychotherapy services for their addiction and avoided a trip to the hospital, which is the most expensive and inefficient setting for substance use disorder and mental health treatment.

MHCs and MFTs are licensed to provide the same psychotherapy services that are covered under Medicare Part B in all 50 states in a variety of settings. It is clear that Medicare has an insufficient network of mental health providers, and as a result, beneficiaries are suffering from conditions that are very treatable. MHCs and MFTs are much more likely to be located in rural areas than any other mental health provider, and allowing them to bill Medicare for their services would open access to millions of Americans in these areas.

S. 286/H.R. 945, The Mental Health Access Improvement Act, is legislation that is currently being considered in Congress. This legislation would add MHCs and MFTs to the list of eligible Medicare providers. NBCC encourages the Task Force to consider making S. 286/H.R. 945 and the inclusion of MHCs and MFTs in the Medicare program a part of its rural health agenda.

Thank you for your consideration of this important rural health issue.

If you have any questions, please contact Jacob Jackson, Manager, Government Affairs at 703-739-6207 or jjackson@nbcc.org.

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[5] Institute of Medicine. *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* Washington, DC: The National Academies Press, 2012.
[6] Philip S. Wang et al., "Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication," *Archives of General Psychiatry*, 62, no. 6 (2005).
[7] *Opioids in Medicare Part D: Concerns About Extreme Use and Questionable Prescribing*, U.S. Department of Health & Human Services, Office of the Inspector General, July 2017.
[8] Pamela Owens et al., "Hospital Inpatient Utilization Related to Opioid Overuse Among Adults, 1993–2012." Rockville, MD: Agency for Healthcare Research and Quality.

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Sincerely,

Kylie Dotson-Blake
Interim President & CEO
National Board for Certified Counselors

Jacob Jackson
Manager, Government Affairs
National Board for Certified Counselors

The map below shows all of the counties in the United States, color-coded by access to mental health professionals. The legend shows where MHCs and MFTs provide the majority of mental health services in a particular county (yellow and red counties). Medicare beneficiaries in those counties cannot currently access these providers.