



*A Passionate Voice for Compassionate Care*

June 23, 2022

U.S. Senate  
Committee on Finance  
Washington, DC

Dear Senator:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, service providers and organizations, I am writing to thank you and your colleagues for the essential work you have been doing to craft comprehensive mental health legislation and to offer our health ministry's recommended policy proposals for inclusion in the bill.

Catholic health care providers recognize that supportive and readily available mental health services and substance use disorder treatments are essential facets of holistic, person-centered and effective health care. The first principle in our *Vision for U.S. Health Care* affirms our call to pay special attention to those most likely to lack access to health care, many of whom are in desperate need of mental health and substance abuse services. CHA supports efforts in Congress to encourage better integration and care coordination between physical and mental care and promote evidence-based care, as well as better financing and resources for the full continuum of care including mental health. As the Senate Finance Committee drafts legislation to address these issues, we recommend inclusion of the following policy proposals:

**Improving access to behavioral health care for children and families**

1. Provide permanent funding for the Children's Health Insurance Program (CHIP)
2. Ensure 12 months of post-partum coverage for new mothers in Medicaid and CHIP
3. Require coverage for post-partum depression screening in private insurance, Medicare, Medicaid and CHIP for 12 months
4. Provide resources for school-based mental and behavioral health services and mental wellness programs for children
5. Coverage for family services related to child/adolescent mental health care, to encourage the involvement of all family members in treatment plans

**Furthering the use of telehealth**

1. Elimination of the six-month in-person visit requirement for mental telehealth services
2. Ensure equal payment for telehealth services and expand reimbursement to allow for a variety of modes to provide care including telephone, virtual and text-based services
3. Permanent continuation of Medicare telehealth pandemic flexibilities including waivers of originating site and distant site rules without restricting them to rural areas
4. Relaxation of the federal prohibition on prescribing controlled substances without at least one in-person medical evaluation

### **Ensuring parity between behavioral and physical health care**

1. Removal of the remaining Medicaid IMD exclusion and the Medicare 190-day psychiatric inpatient lifetime limits for acute care. Any subsequent dollar savings to states must be spent on behavioral health services.
2. Ensure coverage among all Medicaid programs for mental health services and primary care services furnished on the same day
3. Promotion of multi-disciplinary care models including increased behavioral health training for primary care physicians
4. Enforcement of existing parity laws including lifetime limits on coverage and development of standard medical criteria for levels of care and treatment for mental and behavioral health
5. Establish penalties for health plans not in compliance with parity laws

### **Increasing integration, coordination and access to care**

1. Reimbursement for mental health providers at a rate that incentivizes them to participate in all health programs including Medicare and Medicaid
2. Provide reimbursement in Medicare for psychiatric rehabilitation, peer support services and assertive community treatment
3. Allow inpatient psychiatric facilities to have access to electronic health record incentive payments in the same manner as other inpatient facilities
4. Increase access to community mental health services by expanding the Certified Community Behavioral Health Clinic Demonstration Program to allow all states to participate
5. Provide Medicaid coverage to eligible incarcerated individuals 30 days prior to release

### **Strengthening the Workforce**

1. Expand reimbursement to cover medically necessary behavioral health services provided by licensed mental health counselors and marriage and family therapists
2. Provide standardized reimbursement structures for other professionals involved in patients' holistic care and social needs including social and community health workers
3. Reduce barriers to the education and training of mental health professionals including enhanced loan forgiveness programs and incentives for those who train or practice in mental and behavioral health services
4. Funding for dual-track education programs for primary and mental health care providers and increased mental health and substance use disorder training for all graduate medical/nursing education programs

Thank you again for your efforts to meet the challenges of creating a better mental health system in our nation. We are encouraged by the bipartisan policy work that already has been done and look forward to working with you as the legislation continues to take shape. If you have any questions, please do not hesitate to reach out to me or a member of CHA's advocacy staff.

Sincerely,



Sr. Mary Haddad, RSM  
President and CEO