



A Passionate Voice for Compassionate Care

MENTAL AND BEHAVIORAL HEALTH SERVICES

THE ISSUE

Access to mental and behavioral health services is a serious issue in the U.S. health care system. Even as the nation has taken great strides over the past several years to expand coverage and drastically reduce the number of uninsured, access to mental health services and substance use disorder (SUD) treatments continues to lag behind. According to the National Alliance on Mental Illness, one in five adults—and one in five children aged 13-18—experiences mental illness in the U.S. in any given year. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 40.3 million people aged 12 or older had an SUD in the past year

The mental and behavioral health care system in the U.S. needs better integration and care coordination, especially given the current opioid epidemic. A severe lack of resources, both in financing and access to care, leaves too many behind during times of crisis. Patients suffering from one, or several, conditions often slip through the cracks of a health care system that separates physical and mental care instead of treating individuals with a coordinated and holistic approach. This problem is exacerbated by public and private insurance programs and billing systems, which all too often do not provide easy access to mental health and substance use disorder services or make paying for treatment needlessly complex.

Additionally, threats to the Medicaid program would further undermine mental health and substance use disorder services. Medicaid supports a full continuum of care that spans addiction prevention, treatment and recovery support services. However, maintaining these services relies on adequate state and federal funding for Medicaid as well as avoiding harmful structural changes to the program.

MINISTRY TRADITION

Catholic health providers are inspired by the social teachings of the Church, which affirm that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. We also 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. This commitment is why the Catholic health ministry strongly supports efforts to increase access to these services and ensure that they become fully integrated into our health care system.

CHA'S POSITION AND ACTIVITIES

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. CHA welcomed the efforts undertaken by the Senate Finance Committee in the previous Congress to address these challenges through a series

of legislative proposals, and we will encourage the 118th Congress to take up these measures in future legislation. We recommend adoption 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. Require coverage for post-partum depression screening in private insurance, Medicare, Medicaid and CHIP
3. 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 in Medicare

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 adults 30 days prior to release

Strengthening the Workforce

1. Provide standardized reimbursement structures for other professionals involved in patients' holistic care and social needs including social and community health workers
2. 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

3. 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