Medicare Access Coalition

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• NCBH • ABHW

Medicare Coverage of Mental Health Counselors and Marriage and Family Therapists

Summary

Medicare beneficiaries should have access to mental health counselors and marriage and family therapists (MFTs).

Highlights

- The House and Senate have twice passed legislation recognizing mental health counselors and MFTs as Medicare providers since 2003, but never consecutively.
- Mental health counselors and MFTs are both licensed in all 50 states to provide independent mental health services and should not be unavailable to the elderly once they turn 65 years old.
- Mental health counselors and MFTs are prevalent in rural areas and can expand access to many Medicare beneficiaries who don't currently have a mental health professional available to them.

Status

Medicare is the largest health care program in the country, covering over 49 million Americans. The elderly and disabled in the Medicare program are often at the highest risk for mental health problems such as depression and suicide. Despite the high rates of mental disorders, many Medicare beneficiaries do not have access to a mental health professional because of their remote locations and the shortage of mental health providers.

Medicare presently recognizes psychiatrists, psychologists, clinical social workers and psychiatric nurses to provide covered mental health services. Mental health counselors and MFTs have equivalent education and training to clinical social workers, but are not eligible to serve Medicare beneficiaries. Recognition of mental health counselors and MFTs would increase the pool of eligible mental health professionals by over 200,000 licensed practitioners.

Mental health counselors and MFTs are well qualified to provide covered mental health benefits. Mental health counselors and MFTs must obtain a master's or doctoral degree in counseling, two years postgraduate supervised experience, and pass a national exam to obtain a license to practice independently. All fifty states license mental health counselors and MFTs to diagnose and treat mental and emotional disorders. Many federal programs already recognize mental health counselors and MFTs, including the National Health Service Corps, the Department of Veterans Affairs, and TRICARE.

Both chambers of Congress have supported Medicare recognition of counselors and MFTs. The U.S. Senate passed legislation in 2003 (S. 1) and 2005(S. 1932), and the House passed legislation in 2007 (HR. 3162) and 2009 (H.R. 3962). Eight bills from the 111th Congress included language to accomplish this goal. The five year estimated cost of 100 million dollars is negligible in the context of Medicare expenditures and does not reflect any cost offset savings.

Medicare beneficiaries need more mental health services, particularly in rural and underserved areas. Mental health counselors and MFTs are trained to serve these populations and are geographically accessible. The time has come to give all Medicare beneficiaries access to a qualified professional by recognizing counselors and MFTs in the Medicare program.

Recommendation

Congress should pass legislation recognizing mental health counselors and MFTs as covered Medicare providers.

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Medicare and Mental Health

Medicare beneficiaries have serious mental health challenges. The elderly experience mental disorders that are not part of normal aging, including anxiety, severe cognitive impairment, and mood disorders. The rate of suicide is highest among older adults compared to any other age group – and the suicide rate for persons 85 years and older is the highest of all – twice the overall national rate. Access to a mental health professional is one of the primary impediments to good behavioral health care.

Need for MHC and MFT Medicare Recognition

- **Elderly Mental Health Problems** – Several recent reports have indicated that limited access to mental health services is a serious problem in the Medicare program. According to a recent Surgeon General's report, 37% of seniors display symptoms of depression in a primary care environment.

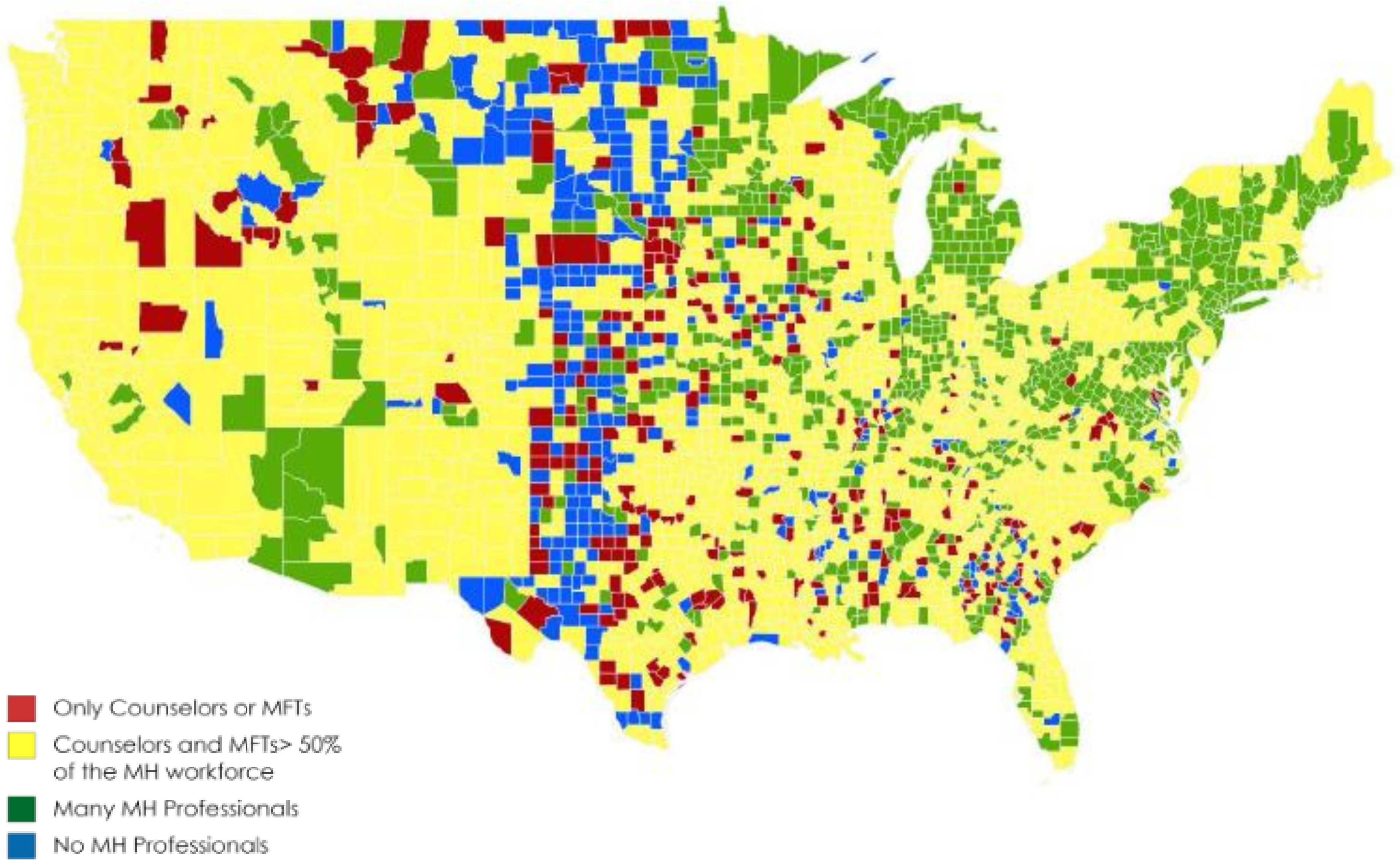
- **Comparable Education** – The covered mental health professionals recognized by Medicare presently include psychiatrists, psychologists, mental health clinical nurse specialists, and clinical social workers. MHCs and MFTs are not listed as Medicare-covered providers despite the fact that both groups have education, training, and practice rights equivalent to or greater than existing covered providers.

- **Lack of Access** – Approximately 77 million people live in 3,000 mental health professional shortage areas. Fully 50 % of rural counties in America have no practicing psychiatrists, psychologists, or social workers. Research shows that MHCs and MFTs are located in many rural and underserved areas that do not have any of the current Medicare providers.

- **Medicare Inefficiency** – Inpatient psychiatric hospital utilization by elderly Medicare recipients is extraordinarily high when compared to psychiatric hospitalization rates for patients covered by Medicaid, VA, TRICARE, and private health insurers. One third of these expensive inpatient placements are caused by clinical depression and addiction disorders which can be treated for much lower costs when detected early through the outpatient mental health services of MHCs and MFTs. Studies conducted by CMS show Medicare is spending on average $9,000 per inpatient mental health claimant and only $400 per outpatient mental health claimant. Medicare's greater ratio of spending on inpatient mental health versus outpatient mental health is the inverse of mental health purchases exercised by other insurers, including Medicaid and private insurers.

- **Costs** – The addition of MHCs and MFTs should save money over time. The CBO cost is $100 million over five years/$400 million over ten years, but these do not include any cost offsets. Our proposal proposes to pay MHCs and MFTs only 75% of the psychologist's rate for mental health services, thereby saving money when the lower cost provider is accessed. This legislation would not change the Medicare mental health benefit or modify the MHC or MFT scope of practice, but instead allow seniors access to the high quality "medically necessary" mental health care services of MHCs and MFTs.

Medicare Mental Health Providers by County



* Map data comes from the National Provider Identification data file

WWAMI RURAL HEALTH RESEARCH CENTER

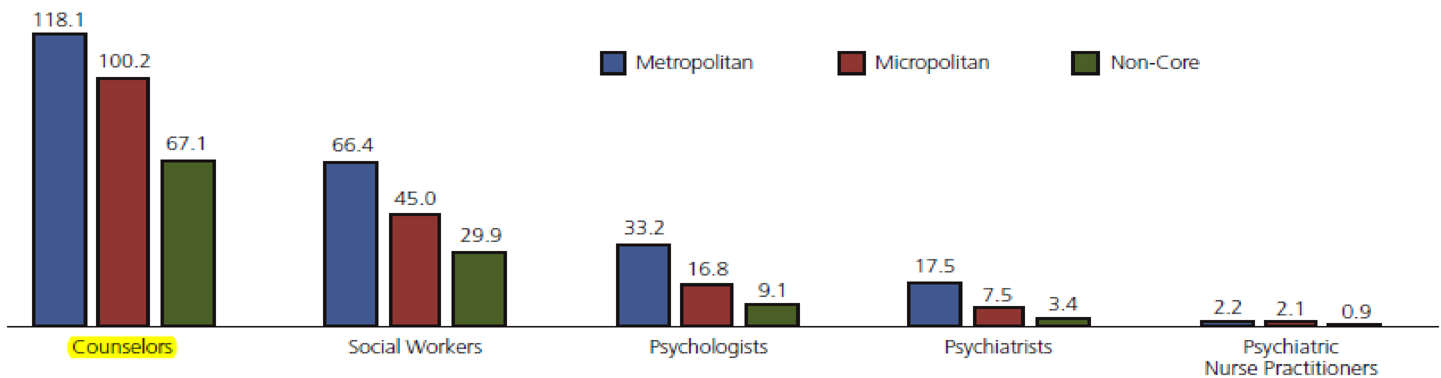
RHRC Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Data Brief #160 • September 2016

Supply and Distribution of the Behavioral Health Workforce in Rural America

Over 15 million rural Americans face some kind of behavioral health issue—substance abuse, mental illness, or medical-psychiatric co-morbid conditions.[1] While a variety of professionals that can provide care for a broad range of behavioral health issues are usually available in urban areas, residents of rural areas often face shortages of behavioral health providers. In addition, primary care providers often play a much larger role in behavioral health care delivery than they do in urban settings, requiring integration of primary care and behavioral health services.[2]

Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category.



Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013, and the 2014 Claritas U.S. population data.

Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category.

	Psychiatrists Provider/100,000 Pop (Count)	Psychologists Provider/100,000 Pop (Count)	Social Workers Provider/100,000 Pop (Count)	Psychiatric Nurse Practitioners Provider/100,000 Pop (Count)	Counselors Provider/100,000 Pop (Count)
U.S.	15.6 (50,232)	30.0 (96,307)	61.5 (197,813)	2.1 (6,772)	112.1 (360,217)
Metropolitan	17.5 (47,530)	33.2 (89,985)	66.4 (179,831)	2.2 (6,014)	118.1 (320,116)
Non-Metro	5.8 (2,702)	13.7 (6,322)	38.9 (17,982)	1.6 (758)	86.7 (40,101)
Micropolitan	7.5 (2,064)	16.8 (4,604)	45.0 (12,336)	2.1 (580)	100.2 (27,457)
Non-core	3.4 (638)	9.1 (1,718)	29.9 (5,646)	0.9 (178)	67.1 (12,644)

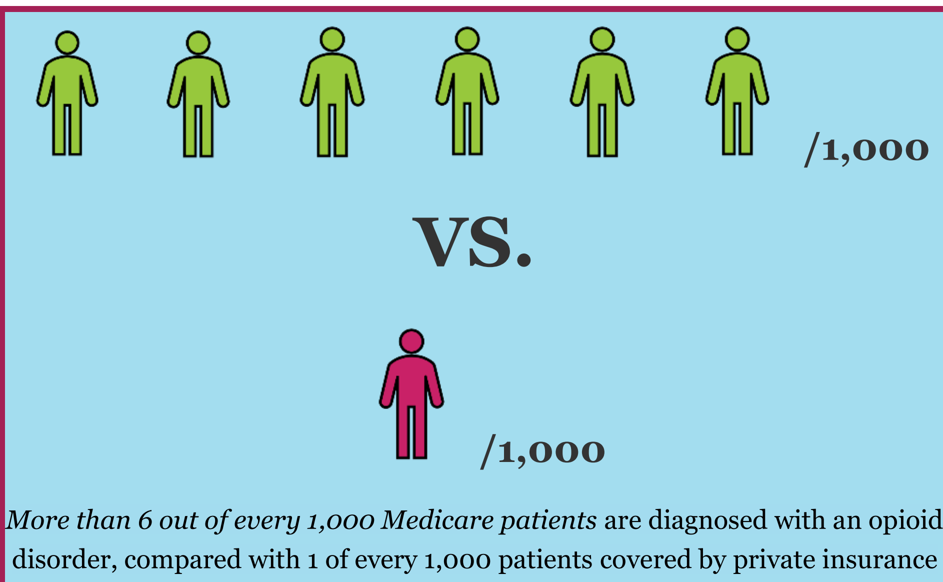
Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013, and the 2014 Claritas U.S. population data.

THE FACTS:

ADDRESSING THE OPIOID AND BEHAVIORAL HEALTH CRISIS

Currently, Medicare beneficiaries do not have access to mental health counselors (MHCs) or marriage and family therapists (MFTs). This lack of access to mental health professionals contributes to the national substance abuse crisis.

Passing S.1879 and H.R.3032 will significantly increase the number of behavioral health professionals equipped to manage substance use, especially in rural areas, by adding MHCs and MFTs to the list of Medicare providers.



More than 6 out of every 1,000 Medicare patients are diagnosed with an opioid disorder, compared with 1 of every 1,000 patients covered by private insurance

At least half of all U.S. opioid overdose deaths involve a prescription opioid

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Upwards of 500,000 people on Medicare Part D are addicted to prescription opioids

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Roughly 21-29% of patients prescribed opioids for chronic pain misuse them

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Nearly half of all opioid overdose deaths involve a prescription opioid

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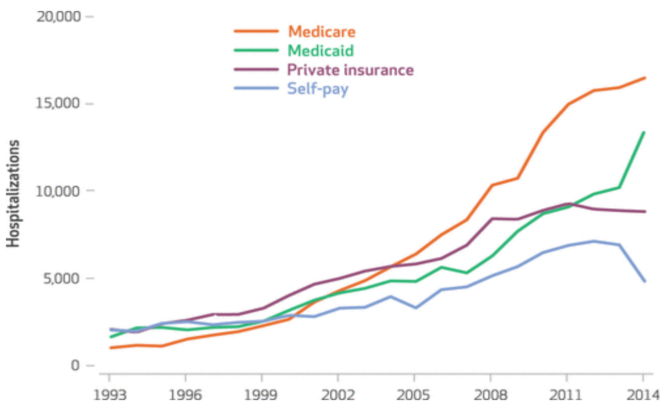
730,000 Seniors on Medicare are at risk for opioid addiction

STUDIES ESTIMATE THAT BY 2020, AS MANY AS 5.7 MILLION ADULTS AGE 50 AND OLDER WILL HAVE A SUBSTANCE USE DISORDER.

The under-utilization of the mental health workforce has consistently contributed to the lack of access to behavioral health services across the nation.

Hospitalizations in the U.S. for opioid and heroin poisoning by payer, 1993-2014



High Cost of Opioid Treatment in Medicare

- The total Medicare cost of treating and stabilizing patients after an overdose is $6.4 billion
- Medicare is the largest single-payer for opioid overdose hospitalizations
- After 2000, hospital charges per opioid-driven hospitalization increased $73 per hospitalization per year
- Adding MHCs & MFTs to Medicare is a cost-effective solution to fighting the opioid crisis

Passing the Seniors Mental Health Access Improvement Act will directly increase the number of eligible mental health professionals by at least 200,000 licensed practitioners

ENSURE THAT AMERICAN SENIORS GET THE MENTAL HEALTH SERVICES THEY DESPERATELY NEED BY SUPPORTING S.1879 AND H.R.3032.

References

National Institute on Drug Abuse. (2018). *Opioid Overdose Crisis*. Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

Song, Z. (2017). Mortality Quadrupled Among Opioid-Driven Hospitalizations, Notably Within Lower-Income And Disabled White Populations. Health Affairs, 36(12). https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0689

Substance Abuse and Mental Health Services Administration. (2017). *SAMHSA Shares Latest Behavioral Health Data, Including Opioid Misuse*. Retrieved from https://newsletter.samhsa.gov/2017/10/12/samhsa-new-data-mental-health-substance-use-including-opioids/

U.S. Department of Health and Human Services. (2017). *About the Epidemic: The U.S. Opioid Epidemic*. Retrieved from https://www.hhs.gov/opioids/about-the-epidemic/index.html

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AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION

The only organization working exclusively for the mental health counseling profession

Interdepartmental Serious Mental Illness Coordinating Committee

The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers

Chapter 1: The Current Needs of Americans With Serious Mental Illnesses and Serious Emotional Disturbances

Also, there are categories of mental health service providers, including licensed professional counselors and marriage and family therapists, whose services are not eligible for reimbursement by Medicare (CMS, 2015).

Full Recommendations

d. Remove exclusions that disallow payment to certain qualified mental health professionals, such as marriage and family therapists and licensed professional counselors, within Medicare and other federal health benefit programs.

FACING ADDICTION IN AMERICA

The Surgeon General's Report on Alcohol, Drugs, and Health

2016

U.S. Department of Health & Human Services

As of June 2016, more than three-quarters of United States counties had severe shortages of psychiatrists and other types of health care professionals needed to treat mental health and substance use disorders. The scarcity of providers who can provide culturally competent services for minority populations and the high turnover rate, both noted in SAMHSA's 2013 Report to Congress[307] and other studies, exacerbate the workforce shortage. The opioid epidemic has made the shortage of these types of health care professionals an even larger problem.

However, Medicare, and in some states Medicaid, restricts "billable" health care professionals to physicians (including psychiatrists), nurse practitioners and clinical nurse specialists, physician's assistants, clinical psychologists, clinical social workers, and certain other specified practitioners, and does not include as billable the multiple other licensed and certified professionals who are trained to provide services for substance use disorders.

Improving the Quality of Health Care for Mental and Substance Use Conditions also discussed the shortage of skills both in specialty substance use disorder programs and in the general health care system.[32] Of special concern was the inadequacy of substance use education as part of medical school training: Only 8 percent of medical schools had a separate required course = on addiction medicine and 36 percent had an elective course; on average, the residency curriculum for psychiatrists included only 8 hours on substance use disorders. Schools of social work and psychology also provided little, and sometimes no, mandatory education on substance use-related problems.

Public Law 115-141

March 23, 2018

115th Congress

1. SHORT TITLE

This Act may be cited as the “Consolidated Appropriations Act, 2018”.

DIVISION H-DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2018

Mental Health Providers-The agreement is aware that Medicare beneficiaries have limited access to substance use disorder and mental health services, particularly in rural and underserved areas. The agreement notes concern about the shortage of eligible mental health providers for the Medicare population and supports efforts to explore the expansion of the mental and behavioral health workforce.

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Medicare Standards for Licensed Mental Health Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists

Social Security Act §1861(hh)(1) sets out the education, experience, and licensure requirements for mental health professionals' participation in Medicare. Clinical social workers are recognized as Medicare providers, but mental health counselors and marriage and family therapists are not. The text below is taken directly from Social Security Act §1861(hh)(1) for social workers and the legislation adding mental health counselors and marriage and family therapists to the law.

	Licensed Clinical Social Worker	**Licensed Mental Health Counselor**	**Licensed Marriage and Family Therapist**
Current Medicare Provider:	Yes	No	No
Education:	Possesses a master's or doctoral degree in social work	Possesses a master's or doctoral degree in mental health counseling or a related field	Possesses a master's or doctoral degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law
Experience:	Two years of post-graduate supervised clinical social work experience	Two years of post-graduate supervised mental health counselor practice	Two years of post-graduate clinical supervised experience in marriage and family therapy
Licensure Requirement:	Licensed or certified to practice as a clinical social worker by the State in which the services are performed	Licensed or certified as a mental health counselor within the State of practice	Licensed or certified as a marriage and family therapist within the State of practice
State Licensed Providers:	193,000	144,500	62,300

Table 4. Estimate of the Effects on Direct Spending and Revenues of Divisions B, C, and D and Sections 111, 115, and 346 of H.R. 3962, the Affordable Health Care for America Act, Incorporating the Manager's Amendment Offered by Representative Dingell

By Fiscal Year, in Billions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-2014	2010-2019
									0	0	*	*
With Limited English Proficiency	0	*	*	*	*	*	0	0	0	0	*	*
									0	0	0	0
									0	0	0	0
									0	0	0.9	0.9
Drugs and Other Renal Dialysis Provisions	0	*	*	*	*	*	*	*	*	*	*	-0.1
									3	0.3	0.7	2.0
Enrollment Penalty for TRICARE Beneficiaries	*	*	*	*	*	*	*	*	*	*	*	*
Gains From Sale of Primary Residence in Computing Part B Income-Related Premium	*	*	*	*	*	*	*	*	*	*	*	*
									*	*	*	*
									7	-0.8	-0.2	-2.6
									0	0	1.5	1.8
									6	0.7	1.8	4.7
									*	*	*	*
Preventive Services	0.1	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.4	0.4	1.0	2.7
									0	0	0	0
Under the Medicare Skilled Nursing Facility Prospective Payment System and Consolidated Payment	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health Counselor Services	*	*	*	*	*	*	0.1	0.1	0.1	0.1	0.1	0.4
Add-On	*	*	*	0	0	0	0	0	0	0	0.1	0.1
									3	0.4	0.2	1.5
Federally Qualified Health Centers	*	*	*	*	*	*	*	*	*	*	0.1	0.1
									0	0	*	*
									*	*	*	*

AAMFT Journal of Marital & Family Therapy

Journal of Marital and Family Therapy
doi: 10.1111/j.1752-0606.2009.00170.x
July 2011, Vol. 37, No. 3, 273–289

INDIVIDUAL VERSUS FAMILY PSYCHOTHERAPY IN MANAGED CARE: COMPARING THE COSTS OF TREATMENT BY THE MENTAL HEALTH PROFESSIONS

D. Russell Crane and Scott H. Payne
Brigham Young University

In an effort to understand how psychotherapy is practiced in the "real world," outpatient claims data were examined to determine the cost of individual and family therapy provided by marital and family therapists, master's nurses, master's social workers, medical doctors, psychologists, or professional counselors. Claims for 490,000 unique persons over 4 years were obtained from CIGNA. Family therapy proved to be substantially more cost-effective than individual or "mixed" psychotherapy. Physicians provided care in the fewest sessions, marital and family therapists had the highest success (86.6%) and lowest recidivism rates (13.4%), and professional counselors were the least costly. Outcomes were overwhelmingly successful, with 85% of patients requiring only one episode of care.

Table 2
Number of Sessions, Outcomes, and Cost of the First Episode of Care (EoC) by Profession

Profession	Total cases in first EoC	Total cases in second EoC	*M* of sessions in first EoC	% Success	% Recidivism	Average cost first EoC[a] ($)	Estimated cost-effectiveness[a] ($)	Cost-effectiveness rank
MDs	6,408	928	4.23* (8.71)	85.5	14.5	317.10 (769.46)	363.08 (881.03)	2
MFTs	35,609	4,785	6.95* (8.51)	86.6	13.4*	314.97 (445.41)	357.20 (505.09)	2
MSWs	175,437	27,480	7.26* (9.15)	84.3	15.7*	327.36 (467.67)	378.75 (541.09)	2
Nurses	5,192	736	6.25 (8.78)	85.8	14.2*	345.10* (508.56)	394.10* (580.77)	5
Professional counselors	103,730	14,976	6.34 (7.92)	85.6	14.4	279.19* (393.43)	319.39* (450.09)	1
Psychologists	163,273	25,857	7.13* (9.31)	84.2	15.8*	398.58* (557.19)	461.55* (645.22)	6
Overall	489,649	74,762	6.95 (8.91)	84.7	15.3	392.18 (491.56)	340.05 (567.29)	

Note. Values given in parentheses are *SD*. MDs, medical doctors; MSWs, master's social workers; MFTs, marital and family therapists.
[a]Estimates controlling for differences in regional and gender- and diagnosis-related costs.
$^{*}p < .000$.

Table 4
Cost and Outcome of the First Episode of Care (EoC) by Individual Versus Family Versus Mixed Therapy

Therapy type	Cases in first EoC	Cases in second EoC	*M* of sessions in first EoC	Cost of first EoC ($)	% Success	% Recidivism	Cost-effectiveness ($)
Individual therapy	365,986	54,583	6.80* (8.91)	333.63 (498.63)	85.1	14.9*	384.85 (575.47)
Family therapy	68,331	10,531	4.44* (5.01)	216.30 (270.79)	84.6	15.4*	249.11 (312.05)
Mixed therapy	55,332	9,648	11.04* (11.04)	535.38 (588.08)	82.6	17.6*	617.32 (678.81)
Industry average			6.95	340.0 (491.56)	84.7	15.3	392.18 (567.29)

Note. Values given in parentheses are *SD*.
$^{*}p < .000$.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH ACCESS IMPROVEMENT ACT OF 2017 (H.R. 3032)

In June 2017, Representatives John Katko (R-NY) and Mike Thompson (D-CA), introduced the Mental Health Access Improvement Act of 2017 (H.R. 3032). This legislation would allow marriage and family therapists (MFTs) and licensed mental health counselors to directly bill Medicare for their services. Currently, these professionals are not eligible Medicare providers, despite the important role they play in delivering treatment, recovery and prevention services to seniors and people with disabilities, particularly in underserved, rural areas with a mental health workforce shortage. This simple change would immediately increase patients' access to needed care in their communities. Additionally, the National Council and Hill Day Partners support adding language that would ensure patients' access to counselors who are trained, credentialed and licensed to provide addiction treatment.

WHY DO WE NEED THE MENTAL HEALTH ACCESS IMPROVEMENT ACT?

Older Americans have high rates of mental illness and suicide, yet have lower rates of treatment than others. Individuals age 65 and older have the highest rates of mental health-related hospitalizations and a suicide rate that exceeds the rest of the population. Yet, they are the least likely to receive mental health services, with only one in five receiving needed therapy. Allowing additional providers to serve Medicare enrollees with behavioral health disorders offers a remedy for this lack of access to care.

MFTs and counselors practice in areas without access to other Medicare-covered professionals. With 77 percent of U.S. counties experiencing a severe shortage of behavioral health professionals, over 80 million Americans live in areas that lack sufficient providers. According to the Substance Abuse and Mental Health Services Administration, fully half of all U.S. counties have no practicing psychiatrists, psychologists or social workers. Many of these rural and underserved areas without any current Medicare providers do have practicing MFTs and/or mental health counselors, including counselors who have been trained and licensed to provide addiction services.

BOTTOM LINE

Expanding Medicare providers relieves the behavioral health workforce shortage

REQUEST FOR REPRESENTATIVES

Cosponsor the Mental Health Access Improvement Act of 2017 (H.R.3032)

REQUEST FOR SENATORS

Please cosponsor this legislation when it is introduced

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Expanding the workforce pool would expand patients' access to treatment. Allowing qualified, previously ineligible providers to directly bill Medicare for their services would immediately alleviate the strain on our nation's mental health and addiction workforce serving Medicare enrollees, adding an estimated 200,000 mental health providers to the Medicare network. This legislation would not change the Medicare mental health benefit or modify states' scope of practice laws, but would instead allow Medicare enrollees access to medically necessary covered services provided by mental health and addiction professionals who are properly trained and licensed to deliver such services.

Counselors and MFTs have equivalent training and licensure standards to providers already included within Medicare. MFTs and licensed mental health counselors must obtain a master's or doctoral degree, two years' post-graduate supervised experience and pass a national exam to obtain a state license, requirements comparable to those placed on Medicare-covered clinical social workers. Counselors and MFTs are trained in addictions and can go through additional training to become certified as addiction specialists. All 50 states license these professionals and their services are covered by other federal programs like TRICARE and the Veterans Administration.

Congress has long supported this change. Legislation to include MFTs and mental health counselors in Medicare has won bipartisan support over eight past Congresses and was passed in either the full House or Senate on four separate occasions.

MENTAL HEALTH ACCESS IMPROVEMENT ACT COSPONSORS

AS OF 9.19.17

H.R.3032

AZ: Ruben Gallego (D-07)
CA: Alan Lowenthal (D-47)
CA: Anna Eshoo (D-18)
CA: Grace Napolitano (D-32)
CA: Judy Chu (D-27)
CA: Julia Brownley (D-26)
CA: Mike Thompson (D-05)
Lead Sponsor
CA: Pete Aguilar (D-31)
CA: Ted Lieu (D-33)
CA: Zoe Lofgren (D-19)
CO: Scott Tipton (R-03)
IA: David Young (R-03)
MD: Jamie Raskin (D-08)
MO: Lacy Clay (D-01)
NE: Jeff Fortenberry (R-01)
NV: Ruben Kihuen (D-04)
NY: Daniel Donovan (R-11)
NY: Elise Stefanik (R-21)
NY: John Faso (R-19)
NY: John Katko (R-24)
Lead Sponsor
OH: Joyce Beatty (D-03)
OR: Earl Blumenauer (D-03)
OR: Peter DeFazio (D-04)
VA: Barbara Comstock (R-10)

CBO Score: The Congressional Budget Office has not yet scored this legislation.

Table 93. Mental health and substance abuse treatment providers, by discipline and state: number, United States, 2008, 2009, and 2011

[Data are based on association membership and certification data]

State	Child and adolescent psychiatrists, 2009[1]	Psychiatrists, 2009[1]	Psychologists, 2011[2]	Clinical social workers, 2011[2]	Psychiatric nurses, 2008[3]	Substance abuse counselors, 2011[2]	Counselors, 2011[2,4]	Marriage and family therapists, 2011[2]
United States	**6,398**	**33,727**	**95,545**	**193,038**	**13,701**	**48,080**	**144,567**	**62,316**
Alabama	65	306	440	1,390	24	31	1,624	65
Alaska	10	73	207	561	36	21	538	87
Arizona	104	512	2,010	1,487	112	669	2,405	974
Arkansas	35	198	503	1235	149	549	1,447	118
California	770	4,874	12,325	16,484	1,583	2,396	4,426	38,010
Colorado	146	542	2,178	3,770	211	2,944	7,834	574
Connecticut	147	702	1,655	4,809	348	929	1,804	974
Delaware	20	84	557	664	59	323	524	137
District of Columbia	46	237	523	1,232	20	376	540	68
Florida	255	1,603	4,145	8,956	1,596	61	10,340	2,069
Georgia	129	791	1,966	2,795	163	76	4,055	675
Hawaii	59	206	430	399	135	67	471	243
Idaho	20	80	169	1,587	129	66	949	213
Illinois	210	1,275	4,102	9,715	177	3,842	8,362	233
Indiana	83	396	1,002	4,344	126	200	1,752	839
Iowa	38	199	485	1,521	211	51	773	149
Kansas	60	237	1,312	1,822	60	87	1,072	575
Kentucky	68	321	1,078	1,445	432	591	1,457	499
Louisiana	54	360	424	2,858	195	78	2,380	631
Maine	48	206	405	2,479	257	716	1,048	81
Maryland	238	1,069	2,287	6,285	211	2,455	3,002	271
Massachusetts	300	1,628	5,007	11,401	496	169	5,783	622
Michigan	178	941	4,401	11,666	440	95	5,061	538
Minnesota	96	487	3,252	4,280	457	1,906	1,203	1,412
Mississippi	31	176	235	883	204	326	990	284

(continued)

Table 93. Mental health and substance abuse treatment providers, by discipline and state: number, United States, 2008, 2009, and 2011 *(continued)*

State	Child and adolescent psychiatrists, 2009[1]	Psychiatrists, 2009[1]	Psychologists, 2011[2]	Clinical social workers, 2011[2]	Psychiatric nurses, 2008[3]	Substance abuse counselors, 2011[2]	Counselors, 2011[2,4]	Marriage and family therapists, 2011[2]
Missouri	92	513	1,555	4,099	65	28	3,570	170
Montana	18	78	136	220	0	448	611	38
Nebraska	32	135	400	911	163	818	3,240	87
Nevada	26	161	430	853	82	1,147	602	439
New Hampshire	29	142	553	561	227	286	804	104
New Jersey	228	1,196	3,070	8,848	226	1,498	2,875	504
New Mexico	44	226	908	2,034	101	952	4,168	322
New York	730	4,177	10,102	29,676	558	1,990	6,434	637
North Carolina	191	922	2,238	3,986	150	2,040	2,212	585
North Dakota	19	68	173	456	81	305	309	34
Ohio	219	997	3,116	7,060	739	4,044	7,125	65
Oklahoma	38	269	381	1,242	0	1,780	4,008	394
Oregon	80	424	884	2,125	136	393	2,607	527
Pennsylvania	307	1,652	5,337	4,755	1,295	251	4,554	439
Rhode Island	35	186	573	1,721	131	80	296	423
South Carolina	111	381	457	1,241	84	726	2,100	222
South Dakota	16	57	129	330	13	16	404	596
Tennessee	86	507	1,766	2,097	572	423	1,788	422
Texas	393	1,584	6,260	3,824	536	6,051	14,703	2,896
Utah	44	183	572	2,097	0	398	1,061	472
Vermont	23	133	356	935	13	70	417	164
Virginia	178	876	1,575	3,705	59	1,516	2,751	862
Washington	108	670	2,085	3,187	429	2,758	5,179	1,264
West Virginia	18	138	480	648	85	32	948	16
Wisconsin	118	503	847	1,976	104	915	1,381	237
Wyoming	5	46	64	383	20	91	580	56

See notes on page 194.

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March 7, 2018

The Honorable John Katko
U.S. House of Representatives
1620 Longworth House Office Building
Washington, DC 20515

The Honorable Mike Thompson
U.S. House of Representatives
231 Cannon House Office Building
Washington, DC 20515

Dear Representative Katko and Representative Thompson:

AARP, with its nearly 38 million members in all 50 States, the District of Columbia, and the U.S. territories, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

AARP is pleased to endorse the bipartisan *Seniors Mental Health Access Improvement Act* (H.R. 3032). Your legislation would provide for coverage of mental health counselor and marriage and family therapist services under Medicare Part B. Increasing access to mental health services is especially important as mental and behavioral health issues are becoming an increasing problem for older Americans – a problem that will only escalate further as the population ages.

Nearly one in five older adults in this country has one or more mental health or substance abuse conditions. This population is inadequately served by our health care system. AARP supports expanding the list of covered providers who can deliver these needed services and adequate reimbursement for mental health and substance abuse services. H.R. 3032 will improve older Americans' access to licensed mental health professionals.

AARP appreciates your bipartisan leadership to help improve mental health services for seniors. We look forward to working with you on this and other issues important to older Americans. If you have any questions, please feel free to contact me, or have your staff contact Andrew Scholnick of our Government Affairs staff at 202-434-3770 or ascholnick@aarp.org.

Sincerely,

Joyce A. Rogers

Joyce A. Rogers
Senior Vice President
Government Affairs

Alabama | Alaska | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | District of Columbia | Florida | Georgia | Hawaii | Idaho | Illinois | Indiana
Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada
New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota | Ohio | Oklahoma | Oregon | Pennsylvania | Puerto Rico
Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands | Virginia | Washington | West Virginia | Wisconsin | Wyoming

115TH CONGRESS
1ST SESSION

H. R. 3032

To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES
JUNE 23, 2017

Mr. KATKO (for himself and Mr. THOMPSON of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Mental Health Access Improvement Act of 2017”.

SEC. 2. COVERAGE OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES UNDER PART B OF THE MEDICARE PROGRAM.

(a) COVERAGE OF SERVICES.—

(1) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (FF), by striking “and” after the semicolon at the end;

(B) in subparagraph (GG), by inserting “and” after the semicolon at the end; and

(C) by adding at the end the following new subparagraph:

"(HH) marriage and family therapist services (as defined in subsection (jjj)(1)) and mental health counselor services (as defined in subsection (jjj)(3));".

(2) DEFINITIONS.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

"(jjj) MARRIAGE AND FAMILY THERAPIST SERVICES; MARRIAGE AND FAMILY THERAPIST; MENTAL HEALTH COUNSELOR SERVICES; MENTAL HEALTH COUNSELOR.—(1) The term 'marriage and family therapist services' means services performed by a marriage and family therapist (as defined in paragraph (2)) for the diagnosis and treatment of mental illnesses, which the marriage and family therapist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

"(2) The term 'marriage and family therapist' means an individual who—

"(A) possesses a master's or doctoral degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law;

"(B) after obtaining such degree has performed at least 2 years of clinical supervised experience in marriage and family therapy; and

"(C) in the case of an individual performing services in a State that provides for licensure or certification of marriage and family therapists, is licensed or certified as a marriage and family therapist in such State.

"(3) The term 'mental health counselor services' means services performed by a mental health counselor (as defined in paragraph (4)) for the diagnosis and treatment of mental illnesses which the mental health counselor is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as incident to a physician's professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

"(4) The term 'mental health counselor' means an individual who—

"(A) possesses a master's or doctor's degree in mental health counseling or a related field;

"(B) after obtaining such a degree has performed at least 2 years of supervised mental health counselor practice; and

"(C) in the case of an individual performing services in a State that provides for licensure or certification of mental health counselors or professional counselors, is licensed or certified as a mental health counselor or professional counselor in such State.".

(3) PROVISION FOR PAYMENT UNDER PART B.—Section 1832(a)(2)(B) of the Social Security Act (42 U.S.C. 1395k(a)(2)(B)) is amended by adding at the end the following new clause:

"(v) marriage and family therapist services (as defined in section 1861(jjj)(1)) and mental health counselor services (as defined in section 1861(jjj)(3));".

(4) AMOUNT OF PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395*l*(a)(1)) is amended—

(A) by striking "and (BB)" and inserting "(BB)"; and

(B) by inserting before the semicolon at the end the following: ", and (CC) with respect to marriage and family therapist services and mental health counselor services under section 1861(s)(2)(HH), the amounts paid shall be 80 percent of the lesser of the actual charge for the services or 75 percent of the amount determined for payment of a psychologist under subparagraph (L)".

(5) EXCLUSION OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES FROM SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM.—Section 1888(e)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting "marriage and family therapist services (as defined in section 1861(jjj)(1)), mental health counselor services (as defined in section 1861(jjj)(3))," after "qualified psychologist services,".

(6) INCLUSION OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS AS PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Section 1842(b)(18)(C) of the Social Security Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clauses:

"(vii) A marriage and family therapist (as defined in section 1861(jjj)(2)).

"(viii) A mental health counselor (as defined in section 1861(jjj)(4)).".

(b) COVERAGE OF CERTAIN MENTAL HEALTH SERVICES PROVIDED IN CERTAIN SETTINGS.—

(1) RURAL HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS.—Section 1861(aa)(1)(B) of the Social Security Act (42 U.S.C.

1395x(aa)(1)(B)) is amended by striking “or by a clinical social worker (as defined in subsection (hh)(1))” and inserting “, by a clinical social worker (as defined in subsection (hh)(1)), by a marriage and family therapist (as defined in subsection (jjj)(2)), or by a mental health counselor (as defined in subsection (jjj)(4))”.

(2) HOSPICE PROGRAMS.—Section 1861(dd)(2)(B)(i)(III) of the Social Security Act (42 U.S.C. 1395x(dd)(2)(B)(i)(III)) is amended by inserting “, marriage and family therapist, or mental health counselor” after “social worker”.

(c) AUTHORIZATION OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS TO DEVELOP DISCHARGE PLANS FOR POST-HOSPITAL SERVICES.—Section 1861(ee)(2)(G) of the Social Security Act (42 U.S.C. 1395x(ee)(2)(G)) is amended by inserting “, including a marriage and family therapist and a mental health counselor who meets qualification standards established by the Secretary” before the period at the end.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to services furnished on or after January 1, 2018.