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# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

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September 21, 2021

To Members of the Behavioral Health Care Community and Other Interested Parties:

Far too often, individuals across the country struggle to access timely, quality mental health care and substance use disorder services (i.e. behavioral health care), and the COVID-19 pandemic has exacerbated unmet behavioral health care needs. Prior to the pandemic, an estimated one in five adults (51.5 million) in the U.S. were living with a mental illness, ranging from mild to severe.<sup>1</sup> Since the pandemic began, the rate of anxiety and/or depression symptoms in adults has nearly quadrupled.<sup>2</sup> These growing needs have posed substantial challenges for America's mental health care system, with more than 55 percent of adults diagnosed with mental illness and almost 60 percent of children diagnosed with major depression going untreated in 2020.<sup>3</sup>

In recent months, the U.S. Senate Committee on Finance has initiated a bipartisan process to examine behavioral health care needs and to assess the factors contributing to gaps in care. The Health Subcommittee and the full Committee both held hearings to analyze system inadequacies and identify potential policy solutions. We recently sent a letter to all Committee members asking for data-driven policy proposals designed to improve access to behavioral health care services for individuals enrolled in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) marketplaces.

Today, we seek input from stakeholders across the health care continuum to help us better understand how Congress can address these challenges. We request information from both the public and the private sectors on legislative proposals that will improve access to health care services for Americans with mental health and substance use disorders.

We are particularly interested in evidence-based solutions and ideas to enhance behavioral health care in the following areas: a) strengthening the workforce; b) increasing integration, coordination, and access to care; c) ensuring parity between behavioral and physical health care; d) furthering the use of telehealth; and e) improving access to behavioral health care for children and young people. We are also seeking input on improving reimbursement mechanisms and financing behavioral health care enhancements. We ask that interested parties respond to the following questions related to these priorities with respect to Medicare, Medicaid, CHIP, and the ACA marketplaces:

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<sup>1</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

<sup>2</sup> [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC\\_Behavioral-Health-Integration-report\\_R01.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC_Behavioral-Health-Integration-report_R01.pdf)

<sup>3</sup> [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC\\_Behavioral-Health-Integration-report\\_R01.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC_Behavioral-Health-Integration-report_R01.pdf)

## **Strengthening Workforce**

- What policies would encourage greater behavioral health care provider participation in these federal programs?
- What barriers, particularly with respect to the physician and non-physician workforce, prevent patients from accessing needed behavioral health care services?
- What policies would most effectively increase diversity in the behavioral health care workforce?
- What federal policies would best incentivize behavioral health care providers to train and practice in rural and other underserved areas?
- Are there payment or other system deficiencies that contribute to a lack of access to care coordination or communication between behavioral health professionals and other providers in the health care system?
- Which characteristics of proven programs have most effectively encouraged individuals to pursue education and careers in behavioral health care?
- Should federal licensing and scope of practice requirements be modified to reduce barriers for behavioral health care workers seeking to participate in federal health care programs? If so, how?
- What public policies would most effectively reduce burnout among behavioral health practitioners?

## **Increasing Integration, Coordination, and Access to Care**

- What are the best practices for integrating behavioral health with primary care? What federal payment policies would best support care integration?
- What programs, policies, data, or technology are needed to improve access to care across the continuum of behavioral health services?
- What programs, policies, data, or technology are needed to improve patient transitions between levels of care and providers?
- What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?
- How can crisis intervention models, like CAHOOTS, help connect people to a more coordinated and accessible system of care as well as wraparound services?
- How can providers and health plans help connect people to key non-clinical services and supports that maintain or enhance behavioral health?

## **Ensuring Parity**

- How can Congress improve oversight and enforcement of mental health parity laws that apply to private plans offering coverage under the federal health programs? How can we better understand and collect data on shortfalls in compliance with parity law?
- How can Congress ensure that plans comply with the standard set by *Wit v. United Behavioral Health*? Are there other payer practices that restrict access to care, and how can Congress address them?
- Are there structural barriers, such as the size of the provider network, travel time to a provider, and time to an appointment, that impede access to the behavioral health care system?

- To what extent do payment rates or other payment practices (e.g. timeliness of claims payment to providers) contribute to challenges in mental health care parity in practice?
- How could Congress improve mental health parity in Medicaid and Medicare? How would extending mental health parity principles to traditional Medicare and Medicaid fee-for-service programs impact access to care and patient health?

### **Expanding Telehealth**

- How do the quality and cost-effectiveness of telehealth for behavioral health care services compare to in-person care, including with respect to care continuity?
- How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?
- How has the expanded scope of Medicare coverage of telehealth for behavioral health services during the COVID-19 pandemic impacted access to care?
- How should audio-only forms of telehealth for mental and behavioral health services be covered and paid for under Medicare, relative to audio-visual forms of telehealth for the same services?
- Are there specific mental health and behavioral health services for which the visual component of a telehealth visit is particularly important, and for which an audio-only visit would not be appropriate? For which specific mental and behavioral health services is there no clinically meaningful difference between audio-visual and audio-only formats of telehealth? How does the level of severity of a mental illness impact the appropriateness of a telehealth visit?
- How should Medicare pay for the practice expense portion of Medicare's telehealth payment for mental and behavioral health services? Should the practice expense resources needed for telehealth forms of these services be independently measured, or should Medicare rely on the practice expense values used for in-person forms of Medicare payment for the services?
- Should Congress make permanent the COVID-19 flexibilities for providing telehealth services for behavioral health care (in addition to flexibilities already provided on a permanent basis in the SUPPORT for Patients and Communities Act and the Consolidated Appropriations Act, 2021)? If so, which services, specifically? What safeguards should be included for beneficiaries and taxpayers?
- What legislative strategies could be used to ensure that care provided via telehealth is high-quality and cost-effective?
- What barriers exist to accessing telehealth services, especially with respect to availability and use of technology required to provide or receive such services?

### **Improving Access for Children and Young People**

- How should shortages of providers specializing in children's behavioral health care be addressed?
- How can peer support specialists, community health workers, and non-clinical professionals and paraprofessionals play a role in improving children's behavioral health?
- Are there different considerations for care integration for children's health needs compared to adults' health needs?
- How can federal programs support access to behavioral health care for vulnerable youth populations, such as individuals involved in the child welfare system and the juvenile justice system?

- What key factors should be considered with respect to implementing and expanding telehealth services for the pediatric population?

Our goal is to develop a bipartisan legislative package before the end of the year addressing many of the behavioral health care challenges currently faced by millions of Americans.

Please submit your responses to [mentalhealthcare@finance.senate.gov](mailto:mentalhealthcare@finance.senate.gov) by November 1, 2021. Should we have questions about your proposal, our staff will reach out to you directly.

We believe that every American must be able to access high-quality behavioral health care when they need it. Thank you in advance for your thoughtful policy proposals in support of this goal.

Sincerely,



Ron Wyden  
Chairman  
Committee on Finance



Mike Crapo  
Ranking Member  
Committee on Finance