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September 21, 2022

The Honorable Richard Neal
Chairman
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the Medicare Rights Center, thank you for your bipartisan work to remove barriers to mental health and substance use disorder (SUD) treatment for people with Medicare.

The Medicare Rights Center is a national, nonprofit organization that works to ensure access to affordable and equitable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to nearly three million people with Medicare, family caregivers, and health care professionals.

Based on this experience, and as research demonstrates, we know that access to behavioral health care is a significant, ongoing challenge for many Medicare beneficiaries.¹ Approximately 1.7 million have a diagnosed SUD² and one in four have a mental health condition.³ But 93% of Medicare enrollees age 65 and older with an SUD do not receive treatment,⁴ nor do an estimated one in three with mental health needs.⁵ Financial challenges, lack of coverage, and a shortage of providers are often cited as reasons why.⁶

¹ Deborah Steinberg, *et al.*, "Medicare's Discriminatory Coverage Policies For Substance Use Disorders," *Health Affairs* (June 22, 2021), <https://www.healthaffairs.org/doi/10.1377/forefront.20210616.166523/>.

² William J. Parish, *et al.*, "Substance Use Disorders Among Medicare Beneficiaries: Prevalence, Mental and Physical Comorbidities, and Treatment Barriers," *American Journal of Preventive Medicine* (August 2022), <https://pubmed.ncbi.nlm.nih.gov/35331570/>.

³ Beth McGinty, "Medicare's Mental Health Coverage: How COVID-19 Highlights Gaps and Opportunities for Improvement," *The Commonwealth Fund* (July 9, 2020), <https://www.commonwealthfund.org/publications/issue-briefs/2020/jul/medicare-mental-health-coverage-covid-19-gaps-opportunities>.

⁴ William J. Parish, *et al.*, "Substance Use Disorders Among Medicare Beneficiaries: Prevalence, Mental and Physical Comorbidities, and Treatment Barriers," *American Journal of Preventive Medicine* (August 2022), <https://pubmed.ncbi.nlm.nih.gov/35331570/>.

⁵ Munira Z. Gunja, *et al.*, "Comparing Older Adults' Mental Health Needs and Access to Treatment in the U.S. and Other High-Income Countries," *The Commonwealth Fund* (January 21, 2022), <https://www.commonwealthfund.org/publications/issue-briefs/2022/jan/comparing-older-adults-mental-health-needs-and-access-treatment>.

⁶ See, e.g., William J. Parish, *et al.*, "Substance Use Disorders Among Medicare Beneficiaries: Prevalence, Mental and Physical Comorbidities, and Treatment Barriers," *American Journal of Preventive Medicine* (August 2022), <https://pubmed.ncbi.nlm.nih.gov/35331570/>; Lisa O'Malley, "Addressing the Lack of Black Mental Health Professionals," *Insight into Diversity* (November 17, 2021), <https://www.insightintodiversity.com/addressing-the-lack-of-black-mental-health-professionals/>.

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Immediate action is needed to address these and other systemic problems in ways that will ease access, strengthen coverage, and modernize services for people with Medicare. Several of the bills to be considered at the Markup of Worker and Family Support and Health Legislation would advance these goals. We especially applaud the provisions to:

- Collect additional data on psychiatric hospitals and psychiatric units, in part to inform future policymaking.
- Amend the definition of partial hospitalization services to establish coverage of intensive outpatient (IOP) services under Medicare.
- Clarify that coverage of IOP is not dependent on a physician certifying the patient would otherwise need inpatient treatment.
- Include Federally Qualified Health Centers and Rural Health Clinics as settings where IOP can be furnished.
- Authorize coverage of Marriage and Family Therapists and Mental Health Counselors as Medicare providers.
- Require the U.S. Department of Health and Human Services to conduct outreach to providers on general behavioral health integration as well as to providers and beneficiaries on billing and eligibility for opioid treatment program services, and to submit reports to Congress.

We also welcome the proposals before the Committee to bolster coverage, data collection, and transparency in other forms of insurance. The health care system is interdependent; meaningful improvements to private and group insurance would strengthen the health, financial stability, and well-being of millions who are not yet eligible for Medicare, likely lessening their own and program costs.

Thank you for your leadership. We look forward to working together to make high quality mental health and SUD services more available, accessible, and affordable.

Sincerely,

A handwritten signature in cursive script that reads "Fred Riccardi".

Fred Riccardi
President
Medicare Rights Center