



October 18, 2022

The Honorable Ron Wyden
Chairman
Senate Finance Committee

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee

Dear Chairman Wyden, Ranking Member Crapo, and members of the Senate Finance Committee,

The National Rural Health Association (NRHA) encourages the Committee, and Congress as a whole, to take action to strengthen the behavioral health infrastructure throughout America, particularly in rural communities. NRHA has been pleased with the direction taken in recent draft legislative proposals released by the Senate Finance Committee, as well as a recent markup of legislative proposals that took place in the House Ways and Means Committee, to improve the behavioral health workforce and access to these important services. NRHA urges Congress to take swift action to finalize proposals on behavioral health so that rural communities get the resources they need to address this growing issue.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including community hospitals, critical access hospitals, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

In November 2021, NRHA responded to the [Senate Finance Committee request for information on the behavioral health needs across the nation](#). Within the letter, NRHA outlined the unique challenges that face rural patients, providers, and communities when it comes to accessing and providing behavioral health services. NRHA is pleased to see several of the provisions discussed in our 2021 letter included in the Senate Finance Committee discussion drafts released, as well as included in the recent House Ways and Means Committee markup. **NRHA urges Congress to address these behavioral health needs facing rural communities before the end of the 117th Congress.**

Rural America suffers from long-standing shortages of behavioral health services, the challenges of long travel distances to obtain treatment, and the impact of stigma and cultural/societal attitudes on efforts to ensure access to the full range of behavioral health services in rural areas.¹ The prevalence of mental illness is similar between rural and urban populations, but the availability, accessibility, and affordability of mental health services differ greatly. Rural residents often travel long distances to receive care due to chronic shortages of mental health professionals and struggle to afford the cost of health insurance and cost of out-of-pocket care for mental health services.² Further, there is a higher risk of suicide in rural areas, with increased prevalence of suicide in the most rural counties compared to urban (18.9 vs. 13.2 per 100,000 people), and a 50% increase in the rate of suicide in rural areas compared to a 31% increase in urban from 1999 to 2019.³ Moreover, substance misuse and substance use disorders (SUD) are disproportionately prevalent in rural areas, with similarly limited resources for prevention, treatment and recovery for individuals suffering from SUD in rural communities.⁴

¹ <https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf>

² <https://www.ruralhealthinfo.org/topics/mental-health>

³ <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

⁴ <https://www.ruralhealthinfo.org/topics/substance-use>

Strengthening the workforce

Nearly 60 percent of Mental Health Professional Shortage Areas (MHPSA) are in rural areas, with some rural states being almost entirely comprised of MHPSAs.⁵ To address worsening mental health in rural areas, communities must first employ a mental health care workforce that can diagnose, treat, and support rural patients. **Congress must take action to improve behavioral health care in rural America** by addressing longstanding workforce challenges through strategies such as allowing mental health professionals to work at the top of their licensure, enhancing access to effective SUD treatments, and increasing the utilization of telehealth in rural areas.

Federal policy action can help reduce behavioral health care workforce shortages in rural communities. **It is critical that Congress broaden the list of eligible professionals that can be reimbursed under the Medicare program.** Since 1989, Medicare has covered psychiatrists, psychologists, and clinical social workers, but it does not allow mental health counselors (MHC) or Marriage and Family Therapists (MFT) to bill Medicare directly, even though they have education, training, and practice rights equivalent to existing covered providers.⁶ Recently, the Centers for Medicare and Medicaid Services (CMS) proposed to allow MHCs and MFTs to practice under general, rather than direct, supervision as auxiliary personnel in the calendar year 2023 Physician Fee Schedule proposed rule. This affords MHCs and MFTs slightly more flexibility as the physician does not need to be immediately available or directly present, but the services must still be performed under the physician's overall direction and control. **To fully remove this burden, legislative action must be taken to broaden the Medicare program's existing authority to reimburse for the full costs of services provided by all licensed or credentialed, trained mental health workers trained at a master's degree or higher.** To do this, NRHA was pleased to see the Senate Finance Committee's draft legislation to improve the behavioral health workforce, and the House Ways and Means Committee's recent behavioral health markup, include text identical to that of [S.828/H.R.432](#), the *Mental Health Access Improvement Act*. The proposed text, in found in both proposals, would expand reimbursement under Medicare Part B to include licensed MFT and MHCs, allowing them to bill for services directly. Further, this proposal would allow MHCs and MFTs to be reimbursed for services at rural health clinics (RHC) and federally qualified health centers (FQHC). Broadening the scope of behavioral health providers eligible for reimbursement under Medicare will increase access to care, particularly in rural communities. NRHA urges this language be included in a year-end legislative package.

Included in the Senate Finance Committee's draft behavioral health workforce legislative text is a proposal to create 400 new Medicare Graduate Medical Education (GME) residency positions in psychiatry and psychiatry subspecialties. **NRHA commends the Committee for including this provision as this was an idea we urged the Committee to explore in our 2021 letter.** Establishing behavioral health specific residency slots within the Medicare GME program and including language providing a percentage of these slots to be established in rural communities is needed, but it must be done correctly. Simply allocating a percentage to rural areas is well intended, but the slots can still be attributed to urban academic institutions that serve rural communities on a limited basis. Because these academic institutions are often urban centric by nature, the needs of the rural community aren't often met. **To address the issue with GME distribution, NRHA urges the Committee to incorporate into this proposal**

⁵ [https://www.ruralhealth.us/getmedia/b7940651-4292-40d3-82d0-36bd21db5892/BCD_HPSA_SCR50_Qtr_Smry-\(4\).aspx](https://www.ruralhealth.us/getmedia/b7940651-4292-40d3-82d0-36bd21db5892/BCD_HPSA_SCR50_Qtr_Smry-(4).aspx)

⁶ <https://www.counseling.org/government-affairs/federal-issues/medicare-reimbursement>

language included in [S. 1893/H.R. 8505](#), the *Rural Physician Workforce Production Act*. Including language from the *Rural Physician Workforce Production Act* would provide needed rural friendly changes to Medicare GME policy. These provisions will enhance rural hospitals' ability to pay for residency training by establishing a new payment system, entitled the 'Elective Rural Sustainability Per Resident Payment'. Further, the text would give critical access hospitals (CAH) and sole community hospitals (SCH) the ability to receive GME payments as a participating site. The current Finance Committee legislative proposal doesn't address the longstanding issue with Medicare GME policy: rural is often not adequately represented. Adding new psychiatric, and psychiatric subspecialty, residency slots, alongside changes to the overall program incorporated in the *Rural Physician Workforce Production Act* would best improve access to care in rural communities.

Rural areas have been particularly hard hit by SUDs, including misuse of alcohol, opioids, and methamphetamine. **To address the lack of treatment options in rural communities, Congress must improve the availability of medication-assistance treatment (MAT) prescribers and mental health professionals in rural areas.** To do so, NRHA is supportive of [S. 445/H.R. 1384](#), the *Mainstreaming Addiction Treatment (MAT) Act*, to remove barriers that prevent treatment for SUD. The MAT Act would increase access to buprenorphine, and other similar drugs, which has proven to cut the risk of overdose death in half and reduce fentanyl use by preventing painful withdrawal symptoms. NRHA believes that passage of this legislation will help integrate substance use treatment into primary care practices, emergency departments, behavioral health care practices, and other health care settings. Providing communities with all tools possible to combat the growing SUD crisis facing rural communities is needed as more than 108,000 Americans lost their life in 2021 to SUD.

While it is critical to support communities and individuals who are already suffering from SUDs through legislation such as the *MAT Act*, it is also important to give providers the ability to prevent addiction from beginning unnecessarily. One way in which to do that is to allow for non-opioid treatments in managing pain. NRHA is supportive of [S. 586/H.R. 3259](#), the *NOPAIN Act*, to establish payments for certain non-opioid treatments under Medicare. While the *MAT Act* is critical in helping treat SUD, NRHA believes it is critical for Congress to prevent SUD from beginning, if possible. **By providing options for treatment that are non-opioid by nature, NRHA believes we can prevent more individuals from unnecessary addiction at the onset, reducing the need for treatment later.**

Further, paraprofessionals and emerging professionals such as Behavioral Health Aides, Community Health Workers (CHW), and Peer Support Specialists working as care coordinators, case managers, and support persons can also help to create a more robust mental health infrastructure and reduce stigma in rural communities. **Congress should encourage the use of peer recovery and CHWs by creating training programs and payment policies to encourage their integration into behavioral health teams.**⁷ NRHA is supportive of legislative proposals, such as [S. 2144/H.R. 2767](#), the *PEERS Act*, to allow peer support specialists to participate in behavioral health services with the supervision of a physician under Medicare. Enhancing access to peer support professionals, and other paraprofessionals, is critical to improving the behavioral health workforce in rural areas.

⁷ <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/cps.jsp>

Increasing integration, coordination, and access to care

To curb the worsening mental health epidemic in rural America, it is critical for Congress to equip all providers with tools necessary to provide behavioral health services in rural communities. Historically, RHCs have not provided a significant level of behavioral health services in rural communities due to resource and workforce limitations. To address this and equip a large rural provider designation with the ability to deliver behavioral health services, President Biden requested \$10 million in his Fiscal Year (FY) 2023 budget request to Congress to create the RHC Behavioral Health Initiative. The RHC Behavioral Health Initiative would allow the Federal Office of Rural Health Policy the ability to distribute funding to RHCs to build out behavioral health services at RHCs and fund an adequate workforce. Further, in the President's request, President Biden echoed NRHA's request and urged the modernization of Medicare's mental health benefit by allowing RHCs to bill for MHC and MFT services. **NRHA was pleased to see that in both the House and Senate FY 2023 appropriations bills, the RHC BH Initiative was funded at \$5 million.** Funding this new initiative, and modernizing behavioral health services under Medicare, will drastically improve access to services in rural communities. It is imperative that Congress funds this new program in a year-end package.

Moreover, the existing RHCs statute requires a majority of their services be primary care. CMS has interpreted the term majority to limiting 51 percent of services to primary care exclusive of behavioral health. Because of this, RHCs are not able to provide behavioral health services at the same level as their urban and suburban counterparts, or even other rural providers, leaving a significant access gap in rural communities across America. **To address this, NRHA encourages Congress to amend the RHCs statute to better incorporate behavioral health services into their practice.** Considering behavioral health services to be part of primary care, coupled with the President's proposal, will increase integration of behavioral health services in rural communities.

Rural, community specific programs are in the best position to help a potential patient understand how to utilize services they need in real time. **NRHA encourages Congress to continue funding grant opportunities specific to rural communities that will increase mental health resources and decrease the stigma associated with receiving care.** NRHA is supportive of the Rural Communities Opioid Response portfolio of programs at the Federal Office of Rural Health Policy. Funded at \$135 million in FY 2022, these programs aim to reduce the morbidity and mortality of SUD in high-risk rural communities. NRHA is hopeful this budget line will see increased funding to \$165 million in FY 2023 to ensure vulnerable rural areas have the tools they need to address the rising SUD epidemic. Further, NRHA encourages Congress to support initiatives that allow patients to easily transition between levels of care and providers. When mental health services are provided in the same health care setting as primary care services, people are more likely to take advantage of the services and stigma is greatly reduced.⁸

Furthering the use of telehealth

It is imperative that rural providers, like RHCs, FQHCs, and CAHs, can provide behavioral health services via telehealth. An important facet of this is the inclusion of audio-only telehealth. NRHA is pleased with

⁸ <https://psycnet.apa.org/doi/10.1037/a0036172>



the steps Congress took in the Consolidated Appropriations Act, 2021, to expand behavioral health services via audio-only telehealth beyond the duration of the COVID-19 pandemic, and to see CMS expand these flexibilities to CAHs in this year's Outpatient Prospective Payment System proposed rule. Allowing mental health services to continue via telehealth services is incredibly important in our rural communities, including for the older rural population that represents just 13 percent of the population but 20 percent of suicide deaths. **NRHA appreciates the efforts by the Senate Finance Committee to bolster telehealth flexibilities for behavioral health services included in a recent draft legislative proposal.**

We urge Congress look at ways to further enhance services, not just the continuation of services, including expansion of telehealth licensure across state lines. NRHA is supportive of [H.R. 6076](#), *the Compacts, Access, and Responsible Expansion for Mental Health Professionals Act*, to establish a grant program to promote interstate licensure compacts for mental health professionals. Enhancing compacts will enhance the ability for mental health professionals to provide services across state lines via telehealth and allow for rural patients in need of services to have access to additional services.

NRHA encourages Congress to address essential behavioral health services by working to strengthen the behavioral health workforce, increase access to care, and further the use of telehealth. We look forward to our continued collaboration to improve access to these important services. For further information on the needs of rural providers, please visit NRHA's advocacy page at <https://www.ruralhealth.us/advocate>. If you would like to discuss the mental health needs of rural communities in greater detail, please contact Josh Jorgensen (jjorgensen@ruralhealth.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light gray, textured background.

Alan Morgan
Chief Executive Officer
National Rural Health Association

Cc: House Ways and Means Committee; Senate Health, Education, Labor, and Pensions Committee; House Energy and Commerce Committee; Majority Leader Chuck Schumer (D-NY); Minority Leader Mitch McConnell (R-KY); Speaker Nancy Pelosi (D-CA); Minority Leader Kevin McCarthy (R-CA)