Pass Comprehensive Mental Health Legislation

As the 117th Congress winds down, policymakers must finish their work and expeditiously pass a comprehensive mental health package that invests in the future and meets the current moment to remedy the mental health impact of the COVID-19 pandemic, particularly in long-underserved communities. This legislation must include key provisions addressing access to behavioral health care for children and young people; strengthening the behavioral health workforce; increasing integration, coordination, and access to care; ensuring parity between behavioral and physical health care; and further enabling the use of telehealth to increase access to behavioral health services.

Although, Congress recognizes the ongoing mental health crisis facing the nation, as evidenced by the recent House-passed legislation and the year-long bipartisan work from the Senate Finance and Health, Education, Labor, and Pensions (HELP) Committees, a final bill has yet to reach the President’s desk. The time to pass this legislation is now.

Recommendations for the Senate HELP Committee

S. 4170, Mental Health Reform Reauthorization Act
- Reauthorizes and increases funding for key psychology workforce programs including the Graduate Psychology Education Program and the Minority Fellowship Program.
- Includes a set-aside for prevention, early identification, and early intervention as part of the Community Mental Health Services Block Grant.
- Provides states with additional resources to enforce parity laws.

S.4306, Improving Access to Behavioral Health Integration Act
Establishes a federal grant program for primary care practices to implement evidence-based behavioral health integration programs, prioritizing small practices and those with the capacity to expand access to mental health and substance use disorder services in areas with high needs.

S. 1811, Mental Health Services for Students Act & S. 3628, Youth Mental Health and Suicide Prevention Act
These two bills together would reauthorize and expand SAMHSA’s Project AWARE by:
- Building partnerships between local educational agencies, tribal schools, and community-based organizations to provide school-based mental health care.
- Training the entire school community on warning signs of mental health crises to help identify early warning signs and prevent escalation.
- Providing direct funding to school districts for comprehensive student mental health and suicide prevention efforts.
S. 4271, Garrett Lee Smith Memorial Reauthorization Acts
• Increases funding for youth and campus-based suicide prevention grants.
• Expands the campus-based grants to include a greater focus on prevention, including through increased training on mental health wellness and resiliency for students, faculty, and staff.
• Better targets the funding towards under-resourced institutions, such as HBCU’s, MSI’s, TCU’s, and community colleges.

S.4804, Parity Enforcement Act
Provides the Department of Labor with greater authority to ensure that insurers and third-party administrators comply with the Mental Health Parity and Addiction Equity Act.

S.1795, Pursuing Equity in Mental Health Act
Authorizes funding to support research on Black youth suicide, improve the pipeline of culturally competent providers, build outreach programs that reduce stigma, and develop a training program for providers to effectively manage disparities.

Recommendations for the Senate Finance Committee

Include provision ensuring Medicare coverage of mental and behavioral health services furnished by advanced psychology trainees
• Psychologists serve in various capacities in mental and behavioral health treatment but must complete extensive education and training requirements.
• Unlike other doctoral-level providers, however, programs training aspiring psychologists cannot rely on Medicare programs like the Graduate Medical Education program, nor can they claim reimbursement for services furnished by advanced psychology trainees (doctoral interns and postdoctoral residents).
• Many state Medicaid programs already allow training programs to bill for services provided under the supervision of a licensed psychologist.
• Allowing Medicare to reimburse for these services is an equitable, low-cost means of supporting these programs and sustaining the workforce of advanced mental and behavioral health practitioners.

Include legislation supporting continued access to tele-mental and tele-behavioral health services
• A Senate counterpart to H.R. 4040, the Advancing Telehealth Beyond COVID–19 Act, which would continue the current Medicare telehealth coverage flexibilities through the end of 2024.
• S. 2061, the Telemental Health Care Access Act, which would repeal an unnecessary and burdensome in-person visit requirement for Medicare coverage of telehealth.
• A Senate counterpart to H.R. 4480, the Telehealth Coverage and Payment Parity Act, which would require private plans to cover telehealth services on the same terms as their in-person counterparts.

Improve Medicare & Medicaid reimbursement and support for all evidence-based models of integrated primary and behavioral health services

Include provision to improve access to eliminating unnecessary physician oversight to improve access to psychologists’ services
• Psychologists are licensed to practice independently in all treatment settings under all state licensure laws, and are allowed to practice independently in all treatment settings under private sector health plans, the Veterans Health Administration, and Tricare.
• Medicare has always allowed psychologists to practice independently in office-based settings, but for years it has been the only health insurer to require physician approval of psychologists’ services in skilled nursing facilities, partial hospitalization programs, outpatient rehabilitation facilities, home health agencies, and hospice programs.
• Medicare’s outdated physician approval requirements for psychologists’ services in these settings delays and disrupts patient access to behavioral health care.
• Psychologists should also be made eligible for Medicare incentive payments for services delivered in Mental Health Professional Shortage Areas, to support improved access to care in these communities.