



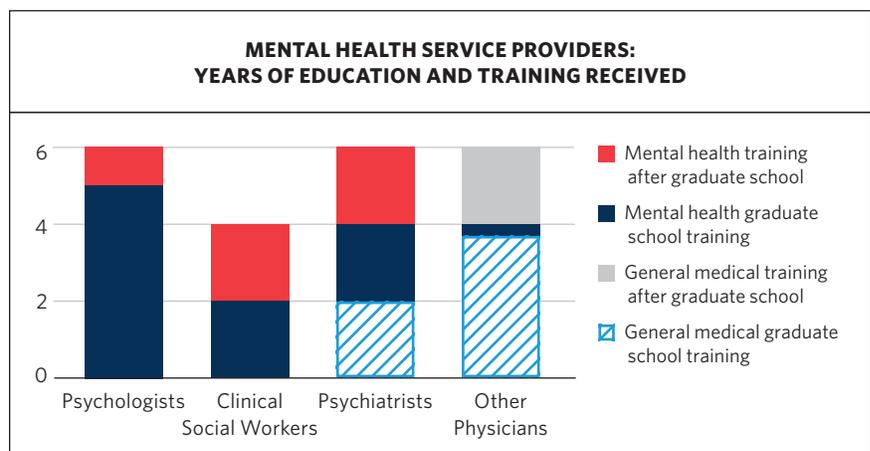
Congress Should Pass the Medicare Mental Health Access Act, H.R. 884/S. 2772

introduced by Reps. Judy Chu (D-CA), Jason Smith (R-MO), Jan Schakowsky (D-IL), Markwayne Mullin (R-OK), Senator Sherrod Brown (D-OH), Senator Susan Collins (R-ME), and Senator Kirsten Gillibrand (D-NY)

The bill removes a roadblock that hampers and delays mental health treatment for Medicare beneficiaries by ending unnecessary physician sign-off and oversight of psychologists' services. Private sector health plans, the Veterans Health Administration, and TRICARE all allow licensed clinical psychologists to practice independently in all inpatient and outpatient settings. Medicare should, too.

- **Most older Americans with mental disorders do not receive treatment from a mental health specialist.** Instead, treatment is typically provided by primary care physicians who appropriately treat and refer only 40-50% of patients with mental health problems. The Institute of Medicine states that beneficiaries' lack of access to psychologists and other mental health specialists "borders on a crisis."
- **Older Americans are much more likely to be prescribed psychoactive drugs—even without an established diagnosis for a mental disorder—than to receive psychotherapy or other behavioral health services,** despite the ongoing opioid epidemic and concerns about overmedication in nursing homes and other facilities.
- **Current law delays psychological treatment, which worsens outcomes and increases costs.** For Medicare beneficiaries with a chronic condition like diabetes or congestive heart failure, co-morbid depression doubles the rate of hospitalization and emergency room use.
- **Physicians are often in short supply,** particularly in rural and underserved areas, and thus not available to oversee psychologists' services—which is unnecessary in the first place.

Licensed psychologists complete a 4 to 6 year-long psychology doctoral degree (Ph.D., Psy.D., or Ed.D.), and complete 2 years of supervised direct clinical experience, including an internship. The depth and breadth of this education and training is unique among behavioral health professionals.



Medicare has long allowed other doctoral-level non-M.D./D.O. providers—chiropractors, dentists, optometrists, and podiatrists—to practice independently in all treatment settings. Clinical psychologists are the only healthcare specialists defined under Medicare as doctoral-level providers who are not given this autonomy.

The Medicare Mental Health Access Act...

- **Would NOT change clinical psychologists' scope of practice and make them medical doctors.** As with other health care providers, clinical psychologists' scope of practice is defined by state licensure laws and regulations, not federal law.
- **Would NOT add to or change the services that psychologists provide to beneficiaries.** Instead, the Act would simply give psychologists the same practice autonomy enjoyed for decades by other doctoral-level, non-M.D./D.O. providers. Although dentists, chiropractors, optometrists, and podiatrists are included within Medicare's "physician" definition, this has not led to their reimbursement for medical services outside their scope of practice.
- **Would NOT eliminate the longstanding requirement—within Medicare statute and established by state licensure laws and regulations—that psychologists consult with beneficiaries' other treating physicians as necessary for the health of the patient.**
- **Would NOT change Medicare reimbursement rates for psychologists,** aside from providing them with the same bonus payments that have long been paid to psychiatrists and other physicians for services provided in rural areas.
- **Would NOT be cost prohibitive.** Avalere Health projects the ten-year cost of the legislation would be less than \$240 million, due to making psychologists eligible for bonus payments for services provided in Mental Health Professional Shortage Areas (MHPSAs).
- **Would NOT create prescribing authority for psychologists.** As with all other issues related to scope of practice, the authority to prescribe medications is determined by state legislatures' control of state health care practitioner licensure laws. Medicare patient access and administrative barriers are the purview of Congress.

The Medicare Mental Health Access Act is supported by several national advocacy organizations:

American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychological Association
Association for Ambulatory Behavioral Healthcare
Association for Behavioral and Cognitive Therapies

National Association for Rural Mental Health
National Register of Health Service Psychologists
National Rural Health Association
Mental Health America
Paralyzed Veterans of America