September 16, 2020

The Honorable Sherrod Brown
United States Senate
Washington, D.C. 20510

The Honorable Susan Collins
United States Senate
Washington, D.C. 20510

The Honorable Kirsten Gillibrand
United States Senate
Washington, D.C. 20510

The Honorable Lisa Murkowski
United States Senate
Washington, D.C. 20510

Dear Senators Brown, Collins, Gillibrand and Murkowski:

The undersigned national organizations are pleased to write in support of the Medicare Mental Health Access Act (S. 2772), legislation to improve Medicare beneficiaries’ access to mental and behavioral health services provided by clinical psychologists.

As you are aware, millions of Medicare beneficiaries suffer from depression, anxiety, and other mental health disorders, including cognitive impairments like dementia, Alzheimer’s disease and traumatic brain injury. Additionally, a growing number of beneficiaries experience chronic pain, suffer from substance use addiction, and are at risk of suicide. Medicare serves as a critical lifeline to essential care for this vulnerable population and ensuring timely and efficient access to clinical psychologists’ services is paramount to improve and save lives.

Clinical psychologists are key Medicare mental and behavioral health providers who deliver evidence-based psychotherapy, as well as a vast majority of the psychological/neuropsychological testing and behavioral health services, to help patients cope with and manage physical health conditions. Increasingly, clinical psychologists are integrated into teams of physicians and other health care providers that treat beneficiaries with chronic or co-morbid mental and physical health conditions.

Although clinical psychologists are licensed to practice independently in all U.S. states and jurisdictions, current Medicare law prevents clinical psychologists from providing to beneficiaries the full range of their services within their state licensure due to unnecessary physician oversight/supervision requirements. This requirement stands in stark contrast to other federal programs, such as Medicare Advantage plans, TriCare, and the VA, as well as private-sector health plans, in which clinical psychologists can provide treatment independently with no physician oversight. Medicare’s requirement is outdated and fails to respect the rigorous nature of clinical psychologists’ doctoral-level training and licensure requirements that are already necessary for their participation as an eligible provider. This training and licensure guarantees clinical psychologists’ ability to assess and treat patients without supervision from physicians who may not have any experience with assessing or treating mental and behavioral health conditions.

The Medicare Mental Health Access Act would include clinical psychologists in the Medicare “physician” definition, which already includes several other non-physician professionals, including chiropractors, optometrists, dentists and podiatrists. The bill does not reconstitute clinical psychologists as physicians or medical doctors, nor does it affect a clinical psychologist’s scope of practice as it is defined under state law. Rather, a physician reference in the law will apply to clinical psychologists where appropriate to allow the provision of psychological services as permitted under state law.
Medicare beneficiaries in rural and underserved areas are helped by the Medicare Mental Health Access Act. When a physician is unavailable to oversee a clinical psychologist’s treatment, mental health services may be seriously delayed or not offered at all. The bill would remove unnecessary physician oversight and incentivize mental health service delivery by making clinical psychologists eligible for bonus payments for services provided in mental health professional shortage areas, currently limited to physicians. The Association for Ambulatory Behavioral Healthcare—a national organization representing over 400 hospital and community mental health center-based partial hospitalization and outpatient services units, striving to ensure accessible mental health services in the community—asserts current restrictions hinder efforts greatly and prevent organizations from meeting the needs of their community. The American Foundation for Suicide Prevention—the nation’s largest organization dedicated to saving lives and bringing hope to those affected by suicide—maintains the legislation would save lives.

We applaud your leadership in making it easier for clinical psychologists to address the ever-greater need for Medicare mental and behavioral health services considering both an escalating Medicare beneficiary population and an unprecedented time of heightened anxiety, social isolation and loneliness. Please do not hesitate to contact us via Laurel Stine, J.D., M.A., Senior Director, Congressional & Federal Relations and Partnerships, American Psychological Association, at lstine@apa.org.

Sincerely,

Aging Life Care Association
AgriSafe Network
American Association of Suicidology
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Nurses Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral & Cognitive Therapies
Bazelon Center for Mental Health Law
Brain Injury Association of America
Center for Medicare Advocacy
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Epilepsy Foundation
Families USA
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
Justice in Aging
Mental Health America
Michael J. Fox Foundation for Parkinson’s Research
National Association for Rural Mental Health
National Council on Aging
National Disability Rights Network
National Healthcare for the Homeless Council
National Health Law Program
National League for Nursing
National Register of Health Service Psychologists
National Rural Health Association
Paralyzed Veterans of America
Psychologists in Long-Term Care
Psychotherapy Action Network
Residential Eating Disorders Consortium
The Enlisted Association (TREA)
The Kennedy Forum
The Trevor Project
The Women’s Institute for a Secure Retirement (WISER)

CC: The Honorable Chuck Grassley, Chairman, Senate Finance Committee
The Honorable Ron Wyden, Ranking Member, Senate Finance Committee