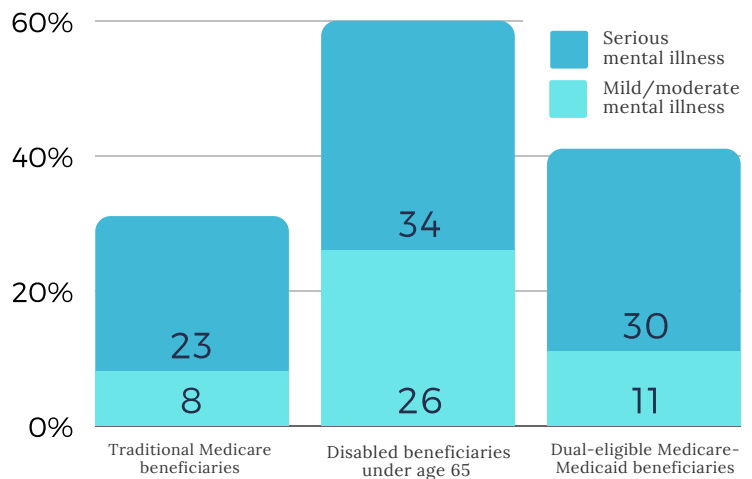


# MEDICARE GAPS IN MENTAL HEALTH CARE



Medicare beneficiaries are often at the **highest risk** for mental health conditions, such as depression and suicide, yet older Americans are the **least likely** to receive mental health services, with only 1 in 5 receiving needed care.<sup>2</sup> According to the US Surgeon General, 37% of seniors display depressive symptoms in primary care settings. Nevertheless, Medicare beneficiaries **lack comprehensive access** to mental health care due to **gaps in benefits, provider shortages, and geographic inaccess.**

## Mental Illness in the Medicare Beneficiary Population<sup>1</sup>



### Overall Gaps in Medicare Coverage

As the federal government works to implement 988 and more Americans seek services when in crisis, **addressing the following gaps in Medicare coverage is critical** to a well-functioning mental health care system:

- **Psychiatric rehabilitation/residential care.**
- **Intensive case management.**
- **Outpatient Medical Nutrition Therapy** (dietician services) for eating disorders.
- Evidence-based **crisis services**,
- Team-based interventions, like **Coordinated Specialty Care** for early psychosis.
- Inpatient psychiatric care beyond a **190-day lifetime limit**, which particularly harms those with **chronic mental illnesses and young disabled individuals.**

### Telemental Health Coverage

In response to COVID, Medicare eliminated some geographic and site-of-service requirements. Still, Medicare lags by **limiting inter-state telemental health services** and implementing a **new six-month in-person visit requirement.**

After the Emergency Declaration, Medicare is **likely to cut reimbursements** for telehealth providers and **end telehealth allowances for up to 80 mental health services.** Maintaining and extending coverage of these services, **including audio-only, is key to addressing disparities** that largely impact rural communities, communities of color, and lower-income individuals.

### Lack of Provider Reimbursement

Across mental health providers, reimbursement rates are 30% lower than primary care providers, creating narrower networks.

Medicare also **does not reimburse** the following providers, directly resulting in **workforce shortages, limited in-network options, and higher costs down the line:**

- Licensed Professional Counselors and Licensed Marriage and Family Therapists who **comprise 40% of the mental health workforce.**
- Licensed Clinical Social Workers in some care settings.
- Psychiatric pharmacists.
- Peer support specialists.

Unlike Medicare, Medicaid does not impose the same provider reimbursement and 190-day lifetime limits, and does cover many psychiatric rehabilitation, peer support, and assertive community treatment services.

*Medicare has not updated its mental health provider licensure standards since 1989 and is still unaccountable to the Mental Health Parity and Addiction Equity Act. These gaps in Medicare coverage interrupt continuity of care and extend cost and physical access burdens - leaving American families to pay out of pocket or forego essential care entirely. It's not just about parity; older and disabled adults' realities (and those of the mental health care workforce) are different now than 30 years ago. It's time to modernize Medicare policies.*

# MEDICARE GAPS IN MENTAL HEALTH CARE



1 Notes: As no comprehensive data source including data on mental illness prevalence among all of the beneficiary groups in the exhibit exists, prevalence estimates shown are based on different national-level data sources, years of data, and definitions of mental illness and serious mental illness that vary slightly by data source.

Traditional Medicare beneficiaries: José F. Figueroa et al., “Association of Mental Health Disorders with Health Care Spending in the Medicare Population,” *JAMA Network Open* 3, no. 3 (Mar. 2020): e201210.

Medicare beneficiaries under age 65: Social Security Administration, *SSI Annual Statistical Report, 2011* (SSA, Sept. 2012); and Juliette Cubanski, Tricia Neuman, and Anthony Damico, *Medicare’s Role for People Under Age 65 with Disabilities* (Henry J. Kaiser Family Foundation, Aug. 2016).

Dual-eligible Medicare–Medicaid beneficiaries: Centers for Medicare and Medicaid Services, *Physical and Mental Health Condition Prevalence and Comorbidity Among Fee-for-Service Medicare–Medicaid Enrollees* (CMS, Sept. 2014); and Congressional Budget Office, *Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spending, and Evolving Policies* (CBO, June 2013).

Source: Beth McGinty, *Medicare’s Mental Health Coverage: How COVID-19 Highlights Gaps and Opportunities for Improvement* (Commonwealth Fund, July 2020).  
<https://doi.org/10.26099/sp60-3p16>

2 Medicare Mental Health Workforce Coalition,  
[https://www.nbcc.org/Assets/GovernmentAffairs/MMHW\\_CoalitionHandout2019.pdf](https://www.nbcc.org/Assets/GovernmentAffairs/MMHW_CoalitionHandout2019.pdf)

*Medicare has not updated its mental health provider licensure standards since 1989 and is still unaccountable to the Mental Health Parity and Addiction Equity Act. These gaps in Medicare coverage interrupt continuity of care and extend cost and physical access burdens - leaving American families to pay out of pocket or forego essential care entirely. It's not just about parity; older and disabled adults' realities (and those of the mental health care workforce) are different now than 30 years ago. It's time to modernize Medicare policies.*