

04/01/2022

Hello REDC Members,

Here is this week's policy update!

### [President's Fiscal Year 2023 Budget Released](#)

- The Biden Administration released the budget earlier this week. Although the President's Budget is a non-binding document, it does serve as an important barometer of what the Administration's goals and policy priorities are.
- **Key highlights:**
  - [Telehealth: Centers for Medicare & Medicaid Services \(CMS\) \(pg. 78\)](#)
    - Program Development—Medicare will begin to pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers via telehealth, including audio-only telephone calls.
  - [Telehealth: Health Resources & Services Administration \(HRSA\) \(pg. 40\)](#)
    - Request \$45M (+\$9M from FY2022) to promote direct-to-consumer telehealth services, provider-to-provider telementoring, and a telehealth data collection infrastructure to track telehealth services across HRSA. The budget also includes language expanding the authority for the Office for Advancement of Telehealth, which will allow HRSA to support telehealth innovation and best practices across the Department.
  - [Parity: Employee Benefit and Services Administration \(EBSA\)](#)
    - **Pg. 103:** Provide \$125M in mandatory funding over 5 years for states to enforce parity requirements.
    - **Pg. 103:** Elimination of the ability for self-insured, non-federal governmental plans to opt out of behavioral health parity rules.
    - **Pg. 65:** Additional \$2M in funding to assist in the enforcement of the federal parity law.
    - **Pg. 103:** Seeks to improve compliance with behavioral health parity standards by requiring plans and issuers to use medical necessity criteria for behavioral health services that are consistent with the criteria developed by nonprofit medical specialty associations, as well as placing limits on the consideration of profit in determinations of medical necessity. It also authorizes the Secretaries of HHS, Labor and Treasury to regulate behavioral health network adequacy, and to issue regulations on a standard for parity in

reimbursement rates based on the results of comparative analyses submitted by plans and issuers.

- **CENTER ROAD SOLUTIONS RECOMMENDATION:** Consider assisting the American Psychiatric Association with the funding to states request for parity enforcement.
- **Parity: CMS**
  - **Pg. 80:** Removal of 190-day lifetime limit on psychiatric hospital services for Medicare beneficiaries. Under current law, once an individual receives Medicare benefits for 190-days of care in a psychiatric hospital during their lifetime, no further benefits of that type are available to that individual. This limitation applies only to services furnished in a psychiatric hospital, not to inpatient psychiatric services furnished in a distinct psychiatric unit of a general hospital. Eliminating the lifetime limit on psychiatric hospital services would serve to improve parity between Medicare mental health and physical health coverage by removing a limitation on coverage of mental health services for which there is no comparable limit on physical health services. It would also increase the overall availability of inpatient psychiatric hospital services.
  - **Pg. 81:** Request the federal parity law apply to the Medicare program and have the Medicare Payment Advisory Commission (MedPAC) issue a report to identify gaps in MH/SUD benefits under the parity law.
- **Improvements in Accessing MH/SUD Services**
  - Requiring all plans and issuers to cover three behavioral health visits and three primary care visits each year without charging a copayment, coinsurance or deductible-related fee.
  - Require Medicare to cover up to three behavioral health visits per year without cost-sharing.
  - Establish a Medicare benefit category for Licensed Professional Counselors and Marriage and Family Therapists that authorizes direct billing and payment under Medicare for these practitioners, remove limits on the scope of services for which Clinical Social Workers, Licensed Professional Counselors, and Marriage and Family Therapists can be paid by Medicare.

## Telehealth:

### • HHS Secretary Becerra Pushes Telehealth Including Congress On State Licensure

- During a recent press conference Becerra said he would take aggressive steps to protect telehealth care options.

- Stakeholders say HHS has the capacity to preserve and expand certain telehealth services on its own without congressional intervention, including creating a new billing code for telehealth options, expanding the list of eligible health care providers that can use telehealth services, and lifting the originating site restrictions for Medicare beneficiaries.
- During a House Appropriations Committee hearing earlier this week, Becerra suggested exploring ways to combat the healthcare workforce shortage issue by allow services across state lines.
  - There is currently a bill underway that would attempt to balance state and federal roles on this issue.
- **Senate Health, Education, Labor & Pensions Committee Hearing**
  - The Committee held a hearing last week entitled, “[Strengthening Federal Mental Health and Substance Use Disorder Programs: Opportunities, Challenges, and Emerging Issues.](#)”
    - The hearing focused on growing mental health crisis in the United States, including the increase in substance use disorders, and what Congress can do to support efforts to address this crisis and reduce challenges.
    - Suicide prevention, behavioral health integration into primary care settings and MAT were all topics of discussion.
    - A full summary memo is attached.

### **Senate Finance Committee- Working Group on Behavioral Health Workforce**

- Senator Stabenow’s (D-MI) and Senator Daines’ (R-MT) staffers attended the Mental Health Liaison Group (MHLG) virtual meeting today.
- They shared four priority items that Senator Stabenow and Senator Daines are working on for workforce development:
  - Filling the Gaps:
    - Expanding the base of providers.
    - Access to clinical social workers.
    - Certified community behavioral health clinic expansion.
  - Recruitment:
    - They are in the early stages of looking at something in the tax credit space.
      - Bipartisan Policy Center and others had recommendations for an incentive structure.
      - Big questions of who gets it, when, in what areas, what is unserved, what types of providers, what would be the value of such a thing.
  - Retention:
    - Trying to think through creatively on how to support current workforce that is providing vital care.
      - Behavioral Health Staff Retention Initiative.

- Thinking through what barriers exist when it comes to health systems offering wellness programs.
- Education and Training:
  - Need more input and feedback from stakeholders.
  - How do we improve the workforce pipeline?
    - How do we get people into the behavioral health workforce?
  - Health Professionals Opportunities Grant Program
    - Has expired but the Senate Finance Committee looking into ways to reauthorize and/or expand it.
  - Paying psychology interns and residents under Medicare when they are supervised by licensed psychologists.

Have a great weekend!

Center Road Solutions Team