

November 7, 2023

The Honorable Ron Wyden
Chairman
U.S. Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

BPC Action commends you and your colleagues for your ongoing commitment to pursuing bipartisan solutions to address the behavioral health and opioid crises facing the nation. BPC Action encourages all members to continue with this bipartisan cooperation in passing the **Better Mental Health Care, Lower-Cost Drugs, and Extenders Act**. This bill takes necessary steps to expand the mental health care workforce and increase access to much needed services.

The Bipartisan Policy Center has long been working on developing policy solutions to improve the federal effort to tackle the nation's [behavioral health and substance use crises](#). BPC's previous work focused on addressing the opioid crisis, strengthening behavioral health integration with primary care, leveraging telehealth services to address behavioral health and substance use disorder, and establishing the nation's mental health crisis response system.

BPC Action is pleased that the legislation currently being considered by the Senate Finance Committee includes several bipartisan priorities, such as:

- Sec. 101: Expanding Eligibility for Incentives Under the Medicare Health Professional Shortage Area Bonus Program to Practitioners Furnishing Mental Health and Substance Use Disorder Services.
 - [BPC's Achieving Behavioral Health Care Integration in Rural America](#) report recommends Congress to incentivize behavioral health providers to practice in rural areas by allowing additional behavioral health provider types to receive bonuses through Medicare's Health Professional Shortage Area (HPSA) physician bonus program.
- Sec. 102: Improved access to mental health services under the Medicare program.
 - [BPC's report](#) on behavioral health and primary care integration recommended allowing licensed social workers to bill Medicare for certain behavioral health services.
- Sec. 104: Medicare incentives for behavioral health integration with primary care.
 - In a forthcoming report on the integrated care workforce, BPC recommends that Congress should increase reimbursement for behavioral health integration codes, including for the Collaborative Care Model, for up to three years. Congress should evaluate doing the same for provider-to-provider interprofessional consultations with behavioral health specialists. For both, Congress and the Centers for Medicare & Medicaid Services (CMS) should evaluate the impact of and determine best practices that

result from additional funding on the volume of integrated care services delivered, as well as the quality of care and patient outcomes.

- Sec. 105: Establishment of Medicare Incident to Modifier for Mental Health Services Furnished through Telehealth.
 - BPC’s [Future of Telehealth](#) report supports improving the telehealth data quality for evidence-based policymaking. BPC also broadly supports the continued expanded availability of behavioral health services via telehealth.
- Sec. 106: Guidance on Furnishing Behavioral Health Services via Telehealth to Individuals with Limited English Proficiency under Medicare Program.
 - BPC broadly supports improving the accessibility of tele-behavioral health services.
- Sec. 107: Ensuring Timely Communication Regarding Telehealth and Interstate Licensure Requirements.
 - BPC supports increased investments in interstate licensure compacts and recommends Congress direct the HHS secretary to develop a set of limited circumstances in which providers may be authorized to deliver telehealth services to out-of-state patients, provided the patients give informed consent. This should include care for patients who have an established patient-provider relationship.
- Sec. 108: Facilitating Accessibility for Behavioral Health Services Furnished through Telehealth.
 - BPC broadly supports improving the accessibility of tele-behavioral health services, but also acknowledges that continued access to audio-only telehealth services may be necessary for those who struggle with digital literacy and device/broadband access.
- Sec. 110: Guidance to states on strategies under Medicaid and CHIP to increase mental health and substance use disorder care provider capacity.
 - [BPC’s report](#) on the unlicensed workforce highlighted the need for states to take advantage of existing Medicaid incentives to cover and build their workforce of behavioral health support specialists
 - [BPC’s report](#) on the opioid crisis recommended states “braid” funds at the state level by synchronizing Medicaid and funding from formula grant programs.
- Sec. 112: Recurring analysis and publication of Medicaid health care data related to mental health services.
 - [BPC’s report](#) on the opioid crisis recommended that the T-MSIS include metrics on recovery/HCBS services and some of our service delivery core metrics. BPC suggests that the committee consider including additional metrics on recovery.
- Sec. 113: Guidance to states on supporting mental health services or substance use disorder care integration with primary care in Medicaid and CHIP.
 - BPC supports additional efforts to support integrated care in Medicaid and CHIP. In a forthcoming report on the integrated care workforce, BPC recommends that CHIP should issue a State Medicaid Director or State Health Official letter on how states can implement best-practice BHI models leveraging permissible Medicaid authorities.
- Sec. 114: Medicaid State option relating to inmates with a substance use disorder pending disposition of charges.

- [BPC's SUPPORT Act Reauthorization Issue Brief](#) included recommendations to permit states to maintain Medicaid coverage for eligible individuals while they are in pre-trial detention awaiting a final disposition of charges.
- Sec. 302: Extension of State option to provide medical assistance for certain individuals who are patients in certain institutions for mental diseases.
 - [BPC's SUPPORT Act Reauthorization Issue Brief](#) recommended extending the state plan amendment (SPA) option for states to lift Medicaid's IMD exclusion for SUD.

BPC Action applauds the Committee for its steadfast commitment to addressing the behavioral health and substance use disorder crises. We appreciate your leadership on this issue and look forward to working in a bipartisan manner to advance these policies.

Sincerely,



Michele Stockwell
President
Bipartisan Policy Center Action (BPC Action)