National Rural Health Association

November 15, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate Committee on Finance
Dirksen Senate Office Bldg., Room 221
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate Committee on Finance
Dirksen Senate Bldg., Room 239
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo,

The National Rural Health Association (NRHA) is pleased to offer comments on the Senate Finance Committee's request for information (RFI) regarding evidence-based solutions to enhance behavioral health care across the United States, especially in rural communities. We appreciate the work the Committee is doing to ensure behavioral health care access for all Americans, including the more than 60 million Americans that reside in rural areas. NRHA supports the goal to provide improved behavioral health care access and services in rural communities.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including community hospitals, critical access hospitals, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

Rural America suffers from the effects of long-standing shortages of specialty mental health services, the challenges of long travel distances to obtain treatment, and the impact of stigma and cultural/societal attitudes on efforts to ensure access to the full range of mental health services in rural areas.[1] The prevalence of mental illness is similar between rural and urban populations, but the availability, accessibility, affordability, and acceptability of mental health services differ greatly. The Rural Health Information Hub (RHIhub) notes that rural residents often have to travel long distances to receive care due to chronic shortages of mental health professionals and struggle to afford the cost of health insurance or cost of out-of-pocket care if they lack insurance, particularly for mental health services.[2] Additionally, stigma affects rural residents seeking or receiving services. Understanding how these factors impact rural patients is critical to improving mental health in rural communities.

The incidence of mental illness has increased dramatically during the COVID-19 pandemic,[3] and we are only beginning to see its impact in rural areas. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that during a given year one in five American adults experience mental illness.[4] However, throughout the COVID-19 pandemic, the U.S. Census Bureau reported anxiety and depression rates among American adults as high as 42 percent.[5] Further, there is a higher risk of suicide in rural areas, with nearly twice as many suicides in the most rural counties compared to urban (18.9 per 100,000 people vs. 13.2 per 100,000 people), which is

[1] https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf
[2] https://www.ruralhealthinfo.org/topics/mental-health
[3] https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
[4] https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf
[5] https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

partially attributed to the disparate barriers rural patients face accessing mental health services. Further, there are variations within some rural sub-populations and communities in the rates of depression, suicidality, disease burden, and mental distress, including among women, low-income children, veterans, non-Hispanic blacks, and American Indian/Alaska Natives (AI/ANs).[6] Congress must act quickly and decisively to improve mental health care in rural America by addressing longstanding challenges through strategies such as recruiting and retaining a robust health care workforce and increasing the utilization of telehealth in rural areas.

In our response, we provide answers to the Committee's areas of interest and offer potential solutions to increasing the access and quality of mental health services in rural areas.

Strengthening the workforce

As of March 2021, 122 million Americans live in a Mental Health Professional Shortage Area (MPHSA). Nearly 60 percent of MPHSAs are located in rural areas, with some rural states being almost entirely comprised of MPHSAs.[7] For example, in one of the most extreme rural cases, 96.4 percent Wyoming's population lives in a MHPSA. To address the worsening behavioral health pandemic in rural areas, communities must first employ a mental health care workforce that can diagnose, treat, and support rural patients.

Federal policy action can help reduce mental health care workforce shortages in rural communities. It is critical that Congress broaden the list of eligible professionals that can be reimbursed under the Medicare program. Since 1989, Medicare has covered psychiatrists, psychologists, and clinical social workers, but it does not cover Licensed Professional Counselors (LPC's), even though they have education, training, and practice rights equivalent to or greater than existing covered providers.[8] The Committee should advance legislation to broaden the Medicare program's existing authority to reimburse for the full costs of services provided by all trained mental health workers located in MHPSAs and licensed or credentialed by their state or tribe. Broadening the scope of mental health providers eligible for reimbursement under Medicare will increase access to care, particularly in rural communities. **NRHA recommends the Committee pass S. 828, the *Mental Health Access Improvement Act*, introduced by Senators Barrasso (R-WY) and Stabenow (D-MI),** currently pending before the Committee, which provides for coverage of marriage and family therapist services and mental health counselor services under Medicare.

Paraprofessionals and emerging professions can augment the mental health workforce in rural areas. For example, Behavioral Health Aides (BHAs) can be utilized as care coordinators, case managers, and support workers.[9] Training and supervision programs for BHAs should be made available via distance learning and off-site supervision. Community Health Workers (CHWs) can bridge cultural gaps between mental health providers and patients from minority communities. The emerging field of Peer Support Specialists (PSS) can improve outcomes and reduce the stigma associated with mental health care. PSS themselves have personal experiences with mental illnesses and can offer invaluable perspective to patients in the most acute settings.[10] Congress should encourage the use of peer recovery and CHWs by creating training programs and payment policies to encourage their integration into mental health teams.[11]

[6] https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf
[7] https://www.ruralhealth.us/getmedia/b7940651-4292-40d3-82d0-36bd21db5892/BCD_HPSA_SCR50_Qtr_Smry-(4).aspx
[8] https://www.counseling.org/government-affairs/federal-issues/medicare-reimbursement
[9] http://frontierus.org/wp-content/uploads/2019/10/FREP-Behavioral_Health_Aide_Models-2012.pdf
[10] https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/cps.jsp
[11] https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf

NRHA encourages Congress to increase the number of mental health professionals training in rural areas, thus increasing the availability of services for rural patients. Research has shown that providers who grew up or were trained in rural areas tend to be more inclined to practice in rural communities.[12] We urge the Committee to advance legislation to expand Medicare GME residency caps specific to the behavioral health workforce, with a focus, or percentage, allocated to rural areas. Further, NRSA recommends increasing use of rural health workforce extenders such as paramedicine, midwives, dental hygienists, nurse practitioners, and physician assistants to fulfill their healthcare needs. For these services to be sustainable, policies and legislation need to expand the practice scope of work that can be completed and billed for under licensure.

Increasing integration, coordination, and access to care

Increasing the integration, coordination, and access to mental and behavioral health services in rural areas is critical to saving lives. To curb the worsening mental health epidemic in rural America, it is critical for the U.S. Department of Health and Human Services to fund services provided in co-located and non-traditional settings, such as clinics, hospitals, schools, community centers, senior citizen facilities, and libraries. It is important to utilize all resources rural communities have to offer, including non-traditional health care settings, which tend to be more accessible in rural communities than hospitals or clinics. Allowing non-traditional settings to receive federal resources to provide comprehensive mental health services in rural areas will increase the accessibility and acceptability of services.

Further, NRHA encourages the Committee to support initiatives that allow patients to easily transition between levels of care and providers. Integrating primary and behavioral health care positively affects the availability, accessibility, affordability, and acceptability of care for people in rural areas. When mental health services are provided in the same health care setting as primary care services, people are more likely to take advantage of the services. Stigma is greatly reduced when the behavioral health professional meets with a patient in the same setting as the primary care provider.[13] The Affordable Care Act, along with Medicaid expansions, offers the opportunity to promote new integration programs such as co-location of physical health and behavioral services for collaborative care[14]. The integration of services requires resource to support physician training, proper screening tools, appropriate referrals and co-location of services.

Additionally, NRHA encourages the committee to explore initiatives that allow providers to easily and accurately identify the issues facing rural patients and connect them with needed assistance. For example, NRHA member Avera Health created the Farm and Rural Stress Hotline to bridge the gap to mental health services, particularly in rural communities. The hotline offers rural-specific mental health professionals who understand the issues facing farmers in rural communities: extreme and volatile weather conditions, machinery breakdowns, fluctuating agricultural markets, long workdays, and lower incomes. Further, in a rural community where stigma may be associated with seeking treatment, the availability of rural specific helplines will increase acceptability of mental health services for many in these communities. NRHA believes investing in these kinds of innovative models benefit rural communities. We believe targeted grant programs to expand services at rural facilities will lead to better utilization of mental health care services.

[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5789104/
[13] https://psycnet.apa.org/doi/10.1037/a0036172
[14] https://pubmed.ncbi.nlm.nih.gov/22323168/

By implementing rural-specific mental health awareness resources, NRHA believes that utilization will grow. This also allows for better integration and utilization of community resources. Rural, community specific programs are in the best position to help a potential patient understand how to utilize services they need in real time. **NRHA encourages the Committee to explore grant opportunities specific to rural communities that will increase mental health resources and decrease the stigma associated with receiving care. Allowing rural citizens the opportunity to connect to mental health professionals who understand the realities they face will result in a higher prevalence of treatment.**

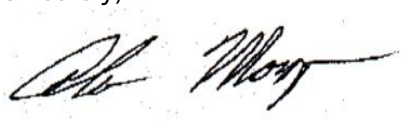
Furthering the use of telehealth

NRHA applauds Congress for including legislation to allow behavioral health services to be reimbursed under Medicare in the Consolidated Appropriations Act (CAA), 2021. We were also please that the Centers for Medicare and Medicaid Services (CMS) allowed rural health clinics (RHC) and federally qualified health centers (FQHC) to be reimbursed for providing these services through the agency's implementation of the provision in the 2022 Physician Fee Schedule. While these advancements are critical, more must be done to modernize telehealth policies to expand the use of technology to improve prevention, enhance access to care, and promote recovery.[15]

It is imperative that all rural providers are able to provide mental health services via telehealth, including RHCs, FQHCs, and critical access hospitals (CAH). Allowing mental health services to be provided via telehealth services is incredibly important in our rural communities, including for the older rural population that represents just 13 percent of the population but 20 percent of suicide deaths. NRHA is extremely supportive of the COVID-19 flexibilities that have allowed CAHs to provide outpatient services via telehealth during the PHE, and we believe that these flexibilities should be continued beyond the PHE for mental services. Further the Committee must recognize the broadband connectivity realities in rural communities and additionally allow patients to receive virtual care via audio-only technology as needed. To protect access to telehealth services under the Medicare program, **NRHA recommends the Committee pass S. 1988, the *Protecting Rural Telehealth Access Act*, introduced by Senators Joe Manchin (D-WV) and Joni Ernst (R-IA),** currently pending before the Committee**,** by permanently extending telehealth flexibilities for FQHCs and RHCs, expanding telehealth flexibilities for CAHs, and allowing certain telehealth services to be furnished using audio-only technology**.**

NRHA appreciates the work the Senate Finance Committee is doing to increase access to mental health care services, particularly in rural communities. We look forward to our continued collaboration to improve access to these important services. If you have further questions, please contact Josh Jorgensen (jjorgensen@ruralhealth.us).

Sincerely,



Alan Morgan
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[15] https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf