

HOUSE WAYS & MEANS COMMITTEE DISCUSSES TELEHEALTH EXPANSION, SUBSTANCE USE IN MENTAL HEALTH HEARING

EXECUTIVE SUMMARY

Yesterday, the House Ways and Means Committee held a [hearing](#) on the state of mental health services in the U.S. Discussion largely surrounded issues regarding access to care, with expanded telehealth flexibilities popular among both Democrats and Republicans. Additionally, the effects of the COVID-19 pandemic on substance use, opioid use, and mental health for adults and children were discussed at length, causing multiple witnesses to offer legislative and regulatory fixes to these compounding issues.

Of note, provider capacity and workforce shortages were dubbed as the central hurdles to beneficiaries' access to services, though members on both sides of the aisle disagreed on the root cause of the workforce shortages. Conversely, committee members on both sides of the aisle agreed that Medicare is not covering a sufficient range of practitioner types in its mental health services, and Democratic members called for an expansion of coverage to include a broader range of practitioner types.

OPENING STATEMENTS

Chair Richard Neal (D-MA) ([statement](#)) asserted that the pandemic has exacerbated the mental health crisis in the U.S. and detailed the compounding effects resulting from this. Additionally, Chair Neal spoke of the difficulty constituents face in accessing mental health services, adding that the workforce has not been able to keep pace with demand. While noting that no single solution exists to strengthen the mental health system, Chair Neal dubbed building provider capacity as a mechanism to: (1) meet overall demand; and (2) better address the needs of the diverse patient population. He called for enhanced access to care across the entire mental health continuum to ensure that all provider types become more accessible.

Ranking Member Kevin Brady (R-TX) ([statement](#)) called for bipartisan cooperation to create policy on mental health, specifically highlighting the need for permanent telehealth capabilities in this space. With respect to the rise of opioid use and other forms of substance use resulting from the pandemic, Ranking Member Brady called for a reduction in what he considered excessive opioid prescribing, and he advocated for increased access to services for those who need treatment.

WITNESS TESTIMONY

Dr. Wizdom Powell, ([testimony](#)) Director of the Health Disparities Institute, noted her concern over the scientific evidence base documenting upticks in mental health conditions among U.S. adults in the aftermath of COVID-19. She claimed that a secondary pandemic — centered on mental health — is on the rise and said that youth are propelling this trend. In theme with many of the comments made by members of the committee, Dr. Powell explained that the current mental health labor force is inadequately supplied to effectively serve the nation. She added that current mental health systems are outdated, ultimately calling for a reimagination of these systems to meet demand.

Ms. Deborah Steinberg ([testimony](#)) of the Legal Action Center, identified improvements to the Medicare program to ensure that access to all evidence-based substance and opioid use disorder treatment programs (OTP) are at parity with other medical conditions. She discussed reforms that intend to improve critical coverage standards. She went on to outline rigorous metrics and oversight of mental health, substance use, and OTP providers to ensure access to these services.

Dr. Peggy Johnson, M.D. ([testimony](#)) of the Commonwealth Care Alliance (CCA), discussed the CCA's approach to integrated care, highlighting that CCA is singularly accountable for ensuring that all members receive high-quality, cost-effective care. She noted that CCA integrates Medicare and Medicaid capitation and services, highlighting that because CCA is singularly accountable for the full continuum of services, it has incentives to provide effective, efficient, and high-quality care.

Ms. Angela Sausser ([testimony](#)) of the Public Children Services Association of Ohio, discussed specific county responsibilities to ensure the delivery of mental health services and advocated for increased awareness of counties' roles in preventing and responding to mental health challenges for youth and the workforce.

Ms. Deepa Avula ([testimony](#)) of the North Carolina Department of Health and Human Services, reviewed the prevalence of mental health concerns, substance use disorders (SUD), and the impact of COVID-19 on these matters. Ms. Avula called for increased funding for school-based services and supports, dubbing this an integral component of combatting the mental health crisis.

DISCUSSION AND QUESTIONS

Telehealth Expansion

- **Rep. Lloyd Doggett (D-TX)** stressed the need for expanded telehealth and touted his Telehealth Expansion Act of 2021 ([H.R. 5981](#)) as a means to avoid the “telehealth cliff” when the public health emergency (PHE) draws to a close.
- In response to a question posed by Rep. Doggett, Ms. Avula elaborated on the importance of patients having access to mental health services, adding that telehealth has improved access to, and continuity of, care. She explained that in instances where plans curtail telehealth coverage, there is evidence of beneficiaries disengaging in these services.
- **Rep. Adrian Smith (R-NE)** inquired about the most effective opportunities to use telehealth and new technologies to improve access to mental health care, particularly in rural and underserved areas. Ms. Avula, in response, pointed to audio-only options to effectively

expand access and provide support in rural and underserved areas without creating vulnerability for fraud and abuse.

- **Reps. Gwen Moore (D-WI) and Kevin Hern (R-OK)** noted that, more frequently, youth are turning to digital health platforms. Rep. Hern questioned whether any other technologies that Congress should promote as a source for mental health care, citing therapy on phone applications as an example. Ms. Avula championed the use of technology in health care, labeling this as an opportunity to reach youth outside of a school environment.
- Rep. Thompson inquired about the utility of telehealth for mental health services, to which Dr. Johnson explained that mental health providers are largely concentrated in urban areas, dubbing telehealth as a means to increase access in rural areas.

Beneficiaries' Access to Care

- Chair Neal inquired about ways in which Congress may overcome the challenges of economic and health inequities to ensure that all individuals have access to structurally and culturally competent care. In response, Dr. Powell recognized that limited opportunities for access are rooted in structural issues that take place outside of the health system.
- Dr. Powell, in response to Chair Neal, suggested that Congress increase funding to build systems and supports that mirror the population, doing so via proper training. To ensure that those being trained are held accountable to the training, Dr. Powell suggested financially incentivizing providers that promote high quality care.
- In response to a question posed by Chair Neal, Dr. Johnson detailed a model developed by CCA to form a fully-integrated approach for mental health needs for dually eligible beneficiaries. She noted that this model utilizes a three-way approach to enhance access to care, which seeks to be both flexible and innovative.
- Ranking Member Brady questioned whether schools should currently be closed in the midst of the COVID-19 pandemic, to which Ms. Avula replied that current transmission rates are low. She added that in-person learning is necessary to bolster mental health for children.
- **Rep. Vern Buchanan (R-FL)** asked Ms. Avula what Congress and parents can do for children in the next year to improve overall mental health. Ms. Avula encouraged adults to check in with their children, whilst identifying the next year as a unique opportunity to invest in additional school-based mental health services.
- Over the course of the hearing, Ms. Avula reiterated the need for enhanced community mental health system and crisis services.
- **Rep. Mike Thompson (D-CA)** noted a significant lack of mental health professionals and an inherent inability to meet demand, touting his Mental Health Access Improvement Act ([S. 828](#)) as a solution to this issue.
- In agreement with a statement by Rep. Thompson surrounding mental health challenges facing seniors and the benefit this group would gain from accessing additional groups of counselors and therapists, Ms. Steinberg asserted that Medicare is falling short of covering other practitioner types and change is necessary to facilitate access.
- **Rep. John Larson (D-CT)** questioned how childhood poverty and its implications compound mental health issues and the ability to get treatment. In response, Dr. Powell stressed the need to reimagine the structures and systems currently in place in this regard.

- In response to a question posed by **Rep. Ron Kind (D-WI)**, Dr. Powell explained that, in order to close the gap in mental health services between rural and urban areas, access to telehealth services is imperative. Outside of telehealth, she further suggested that utilizing the full workforce — including community health workers — is central to a solution, adding that adjustment to the provider payment and reimbursement schedule is needed to help facilitate this shift in provider care.
- Rep. Kind voiced strong support for an alternative payment model (APM) to incentivize providers to deliver mental health services in rural areas.
- **Rep. Bill Pascrell (D-NJ)** noted that Medicare beneficiaries face “dangerous” treatment barriers as Medicare is not subject to parity requirements. Rep. Pascrell called for policy options to address this issue.
- **Rep. Linda Sanchez (D-CA)** noted that women, children, and people of color are “carrying the burden” of the mental health crisis. To this end, Rep. Sanchez inquired about the most glaring barriers that prevent Medicare beneficiaries from accessing critical behavioral and mental health services. Ms. Steinberg explained that costs have been shifted to safety net providers because these services are not covered by Medicare, adding that this lack of coverage of evidence-based services and providers is the most glaring barrier.

Substance Use and Opioid Treatment

- Chair Neal inquired about ways in which Congress might proceed with OTPs to ensure that Medicare beneficiaries struggling with substance use disorders have access to providers and the services they need. Ms. Steinberg suggested reporting requirements for network adequacy include OTP to ensure that these programs are available to beneficiaries.
- Rep. Reed explained that, when dealing with substance use and mental health, providers and crisis managers do not work as seamlessly with one another as they intended. Ms. Avula confirmed this assumption, specifying that it is difficult for said entities to provide these wraparound services for both mental health and substance use in conjunction with one another.
- **Rep. Tom Reed (R-NY)** spoke of a financial disincentive in the Medicare program’s payment reimbursement policies that discourages providers from administering treatment for both mental health and substance use. Ms. Avula agreed, adding that Congress should facilitate a robust discussion with the Centers for Medicare and Medicaid Services (CMS) on this issue.
- In response to a question posed by **Rep. Terri Sewell (D-AL)** surrounding race and the role that it plays in mental health and substance use, Dr. Powell explained that while no biological mental health differences exist between races, the byproducts of the social experiences of race are visible. She further described that racism is a biopsychosocial stressor that many individuals in marginalized communities face, adding that racial trauma affects mental health.

Other Discussion

- **Rep. David Schweikert (R-AZ)** stressed the need for data in decision making surrounding homelessness, substance use, and mental health. Ms. Avula noted that this data is available via the Department of Housing and Urban Development.

- **Rep. Jackie Walorski (R-IN)** questioned what lessons can be taken from the pandemic to inform Congress' upcoming work on reauthorizing child services programs, particularly as they relate to the mental health of children. Ms. Sausser explained that, as Congress begins to consider reauthorization, lawmakers should pay particular attention to these programs as they relate to counties, specifically looking at the flexibilities allotted to these entities.
- **Rep. Jodey Arrington (R-TX)** questioned the drivers behind the worsening mental health crisis, to which Ms. Avula explained that unemployment, racial disparities, access to care, isolation, loneliness, and grief — all heightened during the COVID-19 PHE — play a role.
- **Rep. Drew Ferguson (R-GA)**, with support from Ms. Avula, suggested that community-based treatment options to address gaps between critical and long-term care in mental health services. **Rep. Steven Horsford (D-NV)** echoed the need for community-based services.