



September 15, 2022

The Honorable Nancy Pelosi
Speaker
United States House of Representatives

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives

The Honorable Chuck Schumer
Majority Leader
United States Senate

The Honorable Mitch McConnell
Minority Leader
United States Senate

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell,

The National Rural Health Association (NRHA) encourages Congress to take action to strengthen the behavioral health infrastructure throughout America, particularly in rural communities. In recent years, legislation such as the [Safer Communities Act](#) and the [CARES Act](#) have increased the accessibility of mental health services. NRHA appreciates these recent actions and requests that additional legislative action is taken to strengthen behavioral health services in rural areas.

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 long-standing shortages of behavioral 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 behavioral 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. Rural residents often 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 Further, there is a higher risk of suicide in rural areas, with increased prevalence of suicide in the most rural counties compared to urban (18.9 per 100,000 people vs. 13.2 per 100,000 people), and a 50% increase in the rate of suicide in rural areas compared to a 31% increase in urban from 1999 to 2019.³ Moreover, substance misuse and substance use disorder (SUD) are also prevalent in rural areas, with similarly limited resources for prevention, treatment and recovery for individuals suffering from SUD in rural communities.⁴

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.cdc.gov/nchs/covid19/pulse/mental-health.htm>

⁴ <https://www.ruralhealthinfo.org/topics/substance-use>

Strengthening the workforce

Nearly 60 percent of Mental Health Professional Shortage Area (MHPSA) are in rural areas, with some rural states being almost entirely comprised of MHPSAs.⁵ To address worsening mental health in rural areas, communities must first employ a mental health care workforce that can diagnose, treat, and support rural patients. **Congress must take additional action to improve behavioral health care in rural America** by addressing longstanding workforce challenges through strategies such as allowing mental health professionals to work at the top of their licensure, enhancing access to effective substance use disorder treatments, and increasing the utilization of telehealth in rural areas.

Federal policy action can help reduce behavioral 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) or Marriage and Family Therapists (MFT), even though they have education, training, and practice rights equivalent to or greater than existing covered providers.⁶ Recently, the Centers for Medicare and Medicaid Services (CMS) proposed to allow LPCs and MFTs to practice under general, rather than direct, supervision as auxiliary personnel in the calendar year 2023 Physician Fee Schedule proposed rule. This affords LPCs and MFTs slightly more flexibility as the physician does not need to be immediately available or directly present, but the services must still be performed under the physician's overall direction and control. **Legislative action must be taken to broaden the Medicare program's existing authority to reimburse for the full costs of services provided by all licensed or credentialed, trained mental health workers located in MHPSAs.** [S.828/H.R.432](#), the *Mental Health Access Improvement Act of 2021*, would expand reimbursement under Medicare Part B to include licensed MFT and mental health counselors. Broadening the scope of behavioral health providers eligible for reimbursement under Medicare will increase access to care, particularly in rural communities.

Rural areas have been particularly hard hit by substance use disorders, including misuse of alcohol, opioids, and methamphetamine. **To address the lack of treatment options in rural communities, Congress must improve the availability of medication-assistance treatment (MAT) prescribers and mental health professionals in rural areas.** To do so, NRHA is supportive of [S. 445/H.R. 1384](#), the *Mainstreaming Addiction Treatment (MAT) Act*, to remove barriers that prevent treatment for substance use disorder. The MAT Act would increase access to buprenorphine, and other similar drugs, which has proven to cut the risk of overdose death in half and reduce fentanyl use by preventing painful withdrawal symptoms. NRHA believes that passage of this legislation will help integrate substance use treatment into primary care practices, emergency departments, behavioral health care practices, and other health care settings. Providing communities with all tools possible to combat the growing substance use disorder crisis facing rural communities is needed as more than 108,000 Americans lost their life in 2021 to substance use disorder.

Further, paraprofessionals and emerging professionals such as Behavioral Health Aides, Community Health Workers (CHW), and Peer Support Specialists working as care coordinators, case managers, and

⁵ [https://www.ruralhealth.us/getmedia/b7940651-4292-40d3-82d0-36bd21db5892/BCD_HPSA_SCR50_Qtr_Smry-\(4\).aspx](https://www.ruralhealth.us/getmedia/b7940651-4292-40d3-82d0-36bd21db5892/BCD_HPSA_SCR50_Qtr_Smry-(4).aspx)

⁶ <https://www.counseling.org/government-affairs/federal-issues/medicare-reimbursement>

support persons can also help to create a more robust mental health infrastructure and reduce stigma in rural communities. **Congress should encourage the use of peer recovery and CHWs by creating training programs and payment policies to encourage their integration into behavioral health teams.**⁷ NRHA is supportive of legislative proposals, such as [S. 2144/H.R. 2767](#), the *PEERS Act*, to allow peer support specialists to participate in behavioral health services with the supervision of a physician under Medicare. Enhancing access to peer support professionals, and other paraprofessionals, is critical to improving the behavioral health workforce in rural areas.

Increasing integration, coordination, and access to care

To curb the worsening mental health epidemic in rural America, it is critical for Congress to equip all providers with tools necessary to provide behavioral health services in rural communities. Historically, rural health clinics (RHC) have not provided a significant level of behavioral health services in rural communities. To address this and equip a large provider designation providing care in rural communities with the ability to provide behavioral health services, President Biden requested \$10 million in his Fiscal Year (FY) 2023 budget request to Congress to create the RHC Behavioral Health Initiative. The RHC Behavioral Health Initiative would allow the Federal Office of Rural Health Policy the ability to distribute funding to RHCs to build out behavioral health services at RHCs and fund an adequate workforce. Further, in the President's request, President Biden echoed NRHA's request and urged the modernization of Medicare's mental health benefit by allowing RHCs to bill for LPC and MFT services. **NRHA was pleased to see that in both the House and Senate FY 2023 appropriations bills, the RHC BH Initiative was funded at \$5 million.** Funding this new initiative, and modernizing behavioral health services under Medicare, will drastically improve access to services in rural communities.

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 Congress to continue funding grant opportunities specific to rural communities that will increase mental health resources and decrease the stigma associated with receiving care.** In particular, NRHA is supportive of the Rural Communities Opioid Response portfolio of programs at the Federal Office of Rural Health Policy. Funded at \$135 million in FY 2022, these programs aim to reduce the morbidity and mortality of SUD in high-risk rural communities. NRHA is hopeful this budget line will see increased funding in FY 2023, at a level of \$165 million, to ensure vulnerable rural areas have the tools they need to address the rising SUD epidemic. Further, NRHA encourages Congress to support initiatives that allow patients to easily transition between levels of care and providers. 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.⁸

Furthering the use of telehealth

It is imperative that rural providers, like RHCs, federally qualified health centers (FQHC), and critical access hospitals (CAH), can provide behavioral health services via telehealth including audio-only

⁷ <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/cps.jsp>

⁸ <https://psycnet.apa.org/doi/10.1037/a0036172>



telehealth. NRHA is pleased with the steps Congress took in the Consolidated Appropriations Act, 2021, to expand behavioral health services via audio-only telehealth beyond the duration of the COVID-19 pandemic, and to see the Centers for Medicare and Medicaid Services (CMS) expand these flexibilities to CAHs in this year's Outpatient Prospective Payment System proposed rule. Allowing mental health services to continue 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 encourages Congress to continue bolstering telehealth flexibilities, but also look at ways to enhance services, including across state lines.** NRHA is supportive of [H.R. 6076](#), *the Compacts, Access, and Responsible Expansion for Mental Health Professionals Act*, to establish a grant program to promote interstate licensure compacts for mental health professionals. Enhancing compacts will enhance the ability for mental health professionals to provide services across state lines via telehealth and allow for rural patients in need of services to have access to additional services.

NRHA encourages Congress to address essential behavioral health services by working to strengthen the behavioral health workforce, increasing access to care, and furthering the use of telehealth. We look forward to our continued collaboration to improve access to these important services. For further information on the needs of rural providers, please visit NRHA's advocacy page at <https://www.ruralhealth.us/advocate>. If you would like to discuss the mental health needs of rural communities in greater detail, please contact Josh Jorgensen (jjorgensen@ruralhealth.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", written over a light blue dotted grid background.

Alan Morgan
Chief Executive Officer
National Rural Health Association