

February 15, 2023

The Honorable Bernie Sanders
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
United States Senate
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy,

The HR Policy Association (Association) and the American Health Policy Institute (Institute) appreciate the Committee holding this important hearing on “Examining Health Care Workforce Shortages.” This issue is critically important for patients seeking timely and affordable treatment from mental health and substance use disorder (MHSUD) providers, particularly in rural areas.

The Association is the leading organization representing chief human resource officers of 400 of the largest employers in the United States. Collectively, their companies provide health care coverage to over 20 million employees and dependents in the United States. The Institute, a part of the Association, examines the challenges employers face in providing health care to their employees and recommends policy solutions to promote affordable, high-quality, employer-based health care. The Institute serves to provide thought leadership grounded in the practical experience of America’s largest employers.

Over the past three years, large employers have taken a number of steps to improve access to MHSUD providers. Many employers are providing enhanced employee assistance programs in addition their health plan mental health benefits, expanding mental health navigation programs, tele-behavioral health benefits, center-of-excellence providers, and contracting with third-parties to supplement existing vendors and broaden access. Although these efforts have substantially increased access to and the utilization of employer provided MHSUD benefits, the fundamental problem remains – a severe shortage of MHSUD providers that is projected to increase.

According to the Health Resources and Services Administration, 158.4 million Americans live in 6,599 Mental Health Professional Shortage Areas and 7,957 additional behavioral health (BH) practitioners¹ are needed to fill these provider gaps.² Moreover, given the elevated need for MHSUD services post-Covid and the current homeless/fentanyl crisis, by 2035, the U.S. is projected to have a significant shortage of adult psychiatrists, child and adolescent psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.³

¹ Behavioral health providers are health care practitioners or social and human services providers who offer services for the purpose of treating mental disorders including: psychiatrists, clinical social workers, psychologists, counselors, credentialed substance use specialists, peer support providers, and psychiatric nurse providers.

² Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2022, available at: <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.

³ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Behavioral Health Workforce Projections, 2020-2035, November 2022, available at: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Projections-Factsheet.pdf>.

Congress should enact the following policy recommendations to elevate the shortage of MHSUD providers and improve access to behavioral and mental health care services.

1. Increase/provide federal funding to encourage BH providers to practice in Professional Shortage Areas.
2. Expand access to tele-behavioral health (TBH) services, which are critically important to rural communities.
 - Eliminate cross-state border restrictions on TBH on a permanent basis for employer and commercial plans. Licensing requirements should be based on the location of the provider not the patient.
 - Enable patient access to TBH without having the first provider appointment be in person.
 - Make permanent the allowance of first-dollar coverage of telehealth in high deductible health plans.
 - Allow employers to offer standalone "excepted benefit" telehealth benefits.
 - Adopt technology-neutral requirements, permitting use of different types of technology platforms for telehealth services.
3. Increase funding to expand integrated care and collaborative care models. Behavioral health conditions often initially appear in a primary care setting. However, behavioral health is not well integrated with primary care leaving some patients with undiagnosed or poorly managed behavioral health conditions. Collaborative care can be delivered virtually or by in person care managers so this model can deliver to large medical groups or small and rural primary care practices. Congress should increase funds to support a large-scale adoption for collaborative care across the country.

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The HR Policy Association and the American Health Policy Institute welcome any opportunity to provide input and speak in further detail about improving access to behavioral and mental health care services. We look forward to working with you on this important topic.

Sincerely,



D. Mark Wilson
President and CEO, American Health Policy Institute
Vice President, Health & Employment Policy
HR Policy Association