A Vision for Improved Mental Health Care Access for Every American

August 2022

Executive Summary

Everyone deserves access to effective, affordable, and equitable mental health support and counseling. Health insurance providers, care professionals, and government agencies must work together to set high-quality standards and guidelines in order to ensure patients see measurable results when they get the mental health care and substance use disorder (SUD) care they need.

Health insurance providers support patients by helping them find the services they need at a price they can afford. This includes expanding access to telehealth appointments, integrating mental health support into primary care visits, and working to expand our health care system's capacity and increase the number of mental health and SUD practitioners in health plan networks. We are committed to working together to improve access to mental health and SUD care for every patient who needs it.

Since the COVID-19 pandemic, more Americans of all ages are seeking mental health care – stretching capacity to its limits. At the direction of our Board of Directors, AHIP engaged our member organizations to evaluate the current state of access for patients, identify current challenges with mental health and SUD care access and delivery, discover innovative approaches to support broader access, identify effective strategies to improve equity, and outline the important role health insurance providers must play in collaboration with many other stakeholders. This vision of the future is paired with specific policy recommendations that health care stakeholders can take, together, to improve access and care for patients.

Our work is based on a comprehensive review of mental and SUD care access challenges facing patients and the system today. The landscape has shifted dramatically since the outset of the pandemic and so must our approaches. Improvements are possible but must involve collaboration with other stakeholders, such as providers.

Our surveys of member organizations, analyses of existing evidence and studies, and numerous discussions with members have resulted in 8 key recommendations:

1. Help Patients Navigate to the Right Setting and Practitioner, Based on Their Needs
2. Foster Clinical Integration of Mental Health and SUD Care with Primary Care
3. Increase Capacity and Workforce While Maintaining Quality
4. Leverage High Value, Evidence-Based Technology/Virtual Care/Digital Care
5. Build on Private Market Efforts to Achieve Parity
6. Address Issues of Equity and the Impact of Non-Clinical Factors, Including Social Determinants of Health (SDOH)

7. Work to Improve Quality Performance and Measurement and More Clearly Define Value
8. Promote Access to Evidence-Based Substance/Opioid Use Disorder (SUD/OUD) Treatment

Mental Health and SUD Access Challenges in 2022

This work began with a review of the hurdles facing today's system and people across the country. Our review showed what we know to be true: The issues with accessing mental health care are multifaceted and complex. The primary root causes of these challenges include:

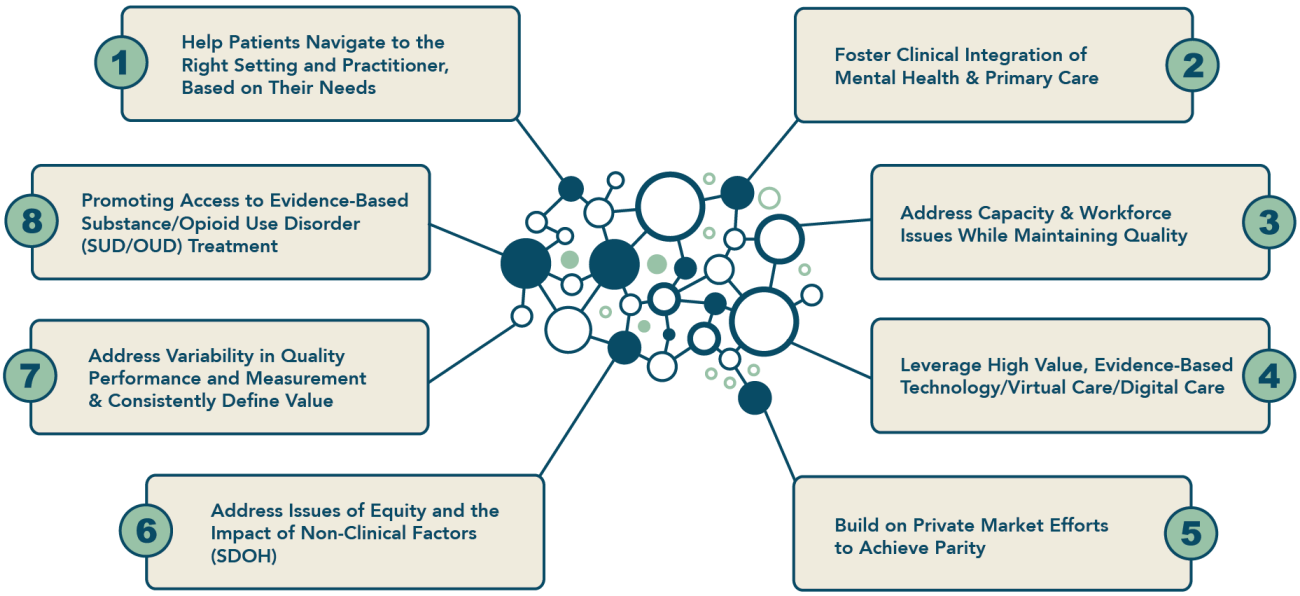
- A mismatch in workforce, capacity, and patient need that has been exacerbated by the pandemic's increased patient demand and heightened provider burnout.
- Longstanding inequities that exacerbate access to care for under-represented and underserved populations.
- Fragmentation of mental health from the rest of health care and, in many cases, fragmentation between mental health and substance use disorder care.
- Underuse and inconsistent use of measurement-based care and quality measurement.
- Lack of widespread agreement about effective treatment pathways.
- Lack of recognition/understanding among policymakers and others that parity is only part of the solution in addressing these challenges.

These challenges call for proactive solutions that put patient needs and access first and that are based on evidence-based care. Those solutions should combine sound public policy and innovative private sector approaches from health insurance providers and mental health and SUD providers to create better outcomes for patients. An optimal system that meets people where they are, regardless of the type of coverage they have, should include:

- A better model to match patient needs with care they can access on a timely basis, including the right professionals and settings along patient health journeys.
- Improved use of measurement-based care and more robust measures of quality.
- A concerted effort to reward providers who deliver better value by improving patient access and outcomes and affordability.
- A system that leverages telehealth and digital technology.

A Vision of an Improved System

Building on these key elements, health care leaders must work together to address 8 areas to improve both access and quality.



Helping Patients Navigate to the Right Setting and Practitioner Based on Their Needs

A patient's lack of clarity or familiarity with mental health care may make it more difficult to seek help. Continuing stigma with mental health care may cause some people to delay or avoid care. Social barriers may make it harder for people to access care when and where they need it.

Health insurance providers are working to help quickly connect patients and consumers with mental health care, and to get them to the type of care that is appropriate for them. For example, health insurance providers are helping to match patients with the right place along the continuum based on their particular need (e.g., crisis intervention, crisis stabilization, mobile crisis units, inpatient/residential settings, intensive outpatient, office-based, school-based, telehealth/digital, etc.).

Policy solutions are needed at the federal level to meet people where they are and connect them with mental health care. Actions that federal policymakers can take include:

- Support sufficient federal and state funding for the continuum of crisis response services (new 988 national crisis hotline, crisis stabilization, mobile crisis) and consider national standards/definitions for crisis services.
- Support sufficient federal and state resources for use and expansion of school-based services.
- Enhance federal and state funding for public education campaigns among patients, families, and providers to reduce stigma.

- Permanently amend the Social Security Act, section 1834(m), which governs telehealth in Medicare, to allow for flexibility in benefit design across originating sites, eligible geographies, eligible services, and eligible providers.
- Increase flexibility in Medicare by removing the requirement of a post-tele-mental health in-person visit every 6 months for non-Supplementary Medical Insurance (SMI) beneficiaries.
- Remove Medicaid's Institution for Mental Diseases (IMD) exclusion, which prohibits most Medicaid reimbursement for adults under the age of 65 in residential mental health facilities with more than 16 beds.
- Remove Medicare's lifetime limit of 190 days of inpatient psychiatric hospital care, with appropriate flexibility for medical management.
- Permit Medicare Advantage (MA) plans to extend non-medical supplemental benefits to more MA enrollees.
- Expand coverage under original Medicare to cover marriage and family therapist services and mental health counselor services.
- Expand coverage under original Medicare to cover peer support services.

Fostering Clinical Integration of Mental Health and Primary Care

Integrating mental health care into physical health care settings can help meet patients where they are and improve access to treatment. One of the most promising solutions for increasing mental health care access is integrating mental health and SUD treatment into primary care settings. Through collaborative care and enhanced care coordination models, health insurance providers have worked with primary care providers to provide access to tools and training to identify and follow up on patients' mental health needs. With these approaches, primary care clinicians are better resourced to integrate physical and mental health care, treat mild/moderate conditions, properly code for collaborative care and other services, and facilitate consultations and referrals to mental health care specialists.

Federal policymakers can build on this foundation to provide additional resources to integrate mental health and SUD care into primary care settings:

- Support funding (state and federal) for start-up costs and technical assistance for providers to develop the capacity to integrate primary care and mental health/SUD treatment.
- Expand coverage of collaborative care codes in state Medicaid programs.
- Eliminate restrictions that prohibit state Medicaid programs from covering mental health and physical health services provided to the same enrollee on the same day.
- Expand the Certified Community Behavioral Health Clinics (CCBHC) demonstration and/or make the CCBHC enhanced Medicaid reimbursements permanent.

- Revise HIPAA, 42 CFR Part 2 and other federal & state laws and rules that hinder communication among providers and with plans to enhance coordination of care for patients with mental health conditions to create an integrated network of community supports and resources. This should be done while continuing to prioritize the security and privacy of patient health information.

Addressing Capacity & Workforce Issues While Maintaining Quality

The shortage of mental health clinicians in the United States is well-documented. Many people live in areas with very few mental health care providers: nearly 130 million Americans live in places with less than one mental health care provider per 30,000 people. The explosion of mental health care needs has not just brought this capacity shortfall to the fore, it has exacerbated it.

Health insurance providers have been working to optimize the existing workforce and expand their provider networks by increasing the number of Master of Social Work (MSW), licensed clinical social workers (LCSW), and licensed marriage and family therapists (LMFT), and other mental health experts, as well as care coordinators, peers, coaches, community health workers, and other paraprofessionals. They also have been encouraging the education of more professionals by providing access to information - or offering programs – on training, certification, and/or continuing education on evidence-based mental health care to network providers. Monitoring metrics such as time from referral to appointment helps health insurance providers understand how patients are experiencing and navigating access.

Additional policy solutions can help grow America's number of mental health professionals, including:

- Expand the mental health provider types covered under original Medicare, such as certified peer support specialists, licensed marriage and family therapists, and licensed mental health counselors.
- Support the use of school-based providers/nurses to help identify and provide mental health care for at-risk children/teens, to the extent state professional licensure laws allow.
- Expand access to and increase federal funding for National Health Service Corp. (NHSC) and student loan repayment to extend to mental health specialists, especially in underserved areas. This could include expanding the eligible provider types for NHSC scholarships to include specialties in pediatric and geriatric mental health care and/or requirements that individuals who receive funding from NHSC participate in Medicare and Medicaid.
- Remove Medicaid's Institution for Mental Diseases (IMD) exclusion, which prohibits most Medicaid reimbursements for adults under the age of 65 in residential mental health facilities with more than 16 beds.
- Remove Medicare's lifetime limit of 190 days of inpatient psychiatric hospital care, with appropriate flexibility for medical management.

- Permit Medicare Advantage (MA) plans to extend non-medical supplemental benefits to more MA enrollees.
- Support standards/consistency in training for peer support specialists, recovery coaches, and other non-licensed professionals.

Leveraging High Value, Evidence-Based Technology/Virtual Care/Digital Care

Americans' increased embrace and use of telehealth and other digital technologies hold great promise for greater patient access to mental health care and SUD treatment. Health insurance providers have continued to expand access to telehealth services, including audio-only access.

Health insurance providers have also supported the underlying infrastructure for successful telehealth engagement. For example, they promote the use of electronic health records to integrate clinical decision support tools, performance reporting, and other digital tools for routine patient screening/assessment for conditions such as depression, anxiety, alcohol use and/or suicidal thoughts. Health insurance providers have worked with providers to increase the adoption of electronic prior authorization (ePA) to speed care access and reduce administrative burdens. They also frequently provide access to remote training, consultation and supervision programs like Project ECHO to support connections between primary care and mental health specialists.

Health insurance providers are increasingly providing access to digital apps that have a demonstrated evidence base of improving patient outcomes.

Promoting the use of evidence-based technology in mental health will require policymakers to take actions that:

- Support policies that allow health insurance providers and other stakeholders the flexibility to innovate in virtual care.
- Extend the flexibility enacted in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which allows commercial health insurance providers to cover telehealth pre-deductible in consumer-directed health plans (CDHP).
- Allow providers to practice via telehealth across state lines through cross state licensure (reciprocity), multi-state compacts, and preemption of state scope of practice laws that restrict cross-state practice.
- Streamline and enhance data sharing between medical/surgical and mental health providers for the purpose of coordinated and integrated care.
- Revise the interoperability rules from the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) to encourage information sharing between clinicians and health insurance providers to support patient care, encourage care coordination, and reduce administrative burden, including requiring providers to share data with an individual's health plan.
- Include mental health and SUD clinicians in the EHR Incentive Program to support their use of electronic health records (EHR), given that they have not been eligible for these incentives in the past.

- Permanently amend the Social Security Act, section 1834(m), which governs telehealth in Medicare, to allow for flexibility in benefit design across originating sites, eligible geographies, eligible services, and eligible providers.
- Remove the Medicare requirement of a post-tele-mental health in-person visit every 6 months for non-SMI beneficiaries.
- Make the CONNECT for Health Act permanent to improve access to telehealth by promoting quality care and alternative payment models.
- Provide increased federal and state funding for programs that improve digital health literacy and promote provider and patient education, especially in underserved areas.
- Explore the creation of a credible, independent organization to evaluate the clinical and economic evidence of digital therapeutics.

Building on Private Market Efforts to Achieve Parity

Health insurance providers are committed to achieving mental health parity and continuing to increase access and ensure that mental health and SUD care is covered to the same extent as medical and surgical care. They are working with stakeholders to improve access to mental health care coverage for every patient who needs it.

Health insurance providers have worked diligently over the past 10 years to educate the people they serve and other stakeholders on the requirements of the Mental Health Parity and Addiction Equity Act (MHPAEA). Since the passage of MHPAEA, health insurance providers have introduced many innovations and improvements to expand access to mental health and SUD services, such as through telehealth and remote care services to deliver accessible, sufficient networks to consumers. During the COVID-19 crisis, health insurance providers continued to offer new solutions for the particular challenges that Americans faced during the crisis.

As Congress and the states have considered or added additional requirements related to coverage of mental health and SUD treatment and to compliance requirements under MHPAEA, health insurance providers have worked to inform policymakers about existing mental health coverage under Medicare, including existing beneficiary protections under MA, and the potential consequences of uneven application of parity requirements between Original Medicare and MA. Health insurance providers have also documented comparative analyses of non-quantitative treatment limitations (NQTL) for mental health/and SUD benefits and medical/surgical benefits to comply with mental health parity laws, regulations, and guidance.

Health insurance providers have expanded access to telehealth and remote care services to deliver accessible, sufficient networks to consumers. They have documented comparative analyses of non-quantitative treatment limitations (NQTL) for mental health/SUD benefits and medical/surgical benefits to comply with mental health parity laws, regulations, and guidance.

More federal action is needed to ensure that patients/consumers benefit from clear and consistent requirements. Health insurance providers have asked federal policymakers to:

- Issue additional guidance, tools, and templates to inform parity implementation.

- Define medical/surgical and mental health/SUD benefits consistent with generally recognized independent standards of current medical practice (ICD or DSM), while preserving the flexibility for plans to determine whether benefits are considered mental health/SUD or medical/surgical under the plan terms.
- Align Department of Labor (DOL) guidance with existing guidance issued by CMS regarding MHPAEA compliance for Medicaid and CHIP plans to ensure operational consistency and clarity.
- Permit MA plans to extend non-medical supplemental benefits to more MA enrollees and ensure consistency in the application of MHPAEA between original Medicare and MA to promote affordable access to all covered services for all Medicare beneficiaries. This should include ensuring that MHPAEA and the associated program changes are appropriately accounted for in MA benchmarks and risk adjusted payments prior to implementation.
- Improve DOL's and Health & Human Services' (HHS) NQTL comparative analysis review process created by the Consolidated Appropriations Act (CAA).

Addressing Issues of Equity and the Impact of Non-Clinical Factors, Including Social SDOH

Social barriers impact access to mental health care just as they do physical health care. Health insurance providers work with community-based organizations (CBOs) to help assess patient and community social needs. Increasingly, health insurance providers are supporting and adopting standards for gathering information to assess social needs and encourage their contracted providers to do the same. This includes working with clinicians to address social factors experienced by patients that negatively impact their mental health.

More government and private sector investments are needed to support CBOs to support the important social needs people face. Ongoing collaboration is also needed to bring together work across the health care spectrum to fill gaps, standardize codes related to assessing socioeconomic risk factors, and more consistently capture those needs so they may be addressed.

Policymakers can further support this work by:

- Making investments in infrastructure for standardized electronic information sharing between providers, plans, and CBOs.
- Including health-related social services (food insecurity, transportation, housing support) designed to offset social barriers to care in the numerator of the Medical Loss Ratio for health insurance plans.

Addressing Variability in Quality Performance and Measurement & Consistently Defining Value

Mental health care should be effective, as well as affordable. While there are ongoing challenges with variability in quality and robust quality measures to differentiate performance among providers, progress is being made. Examples include:

- Encouraging the use of measurement-based care that includes the use of routine screening/identification with standardized tools (PHQ-2; PHQ-9, AUDIT-C, GAD-7) to improve quality and performance measurement.
- Supporting the work of the Core Quality Measures Collaborative (CQMC), including its behavioral health workgroup, to align quality measures across public and private payers and explore ways to encourage the development of new mental health and SUD outpatient measures.
- Testing and implementing innovative approaches to improving mental health as part of value-based arrangements based on quality and performance measurement.
- Encouraging the use of evidence-based digital health technology tools.
- Including quality assessments of appropriate patient triage, use of pharmacotherapy, and monitoring adherence to treatment as part of medical management programs.
- Collaborating with Shatterproof's ATLAS project to support providing better information to consumers regarding which facilities deliver quality SUD treatment.

We recommend that federal agencies do the following to encourage use of robust standards to ensure evidence-based care in mental health:

- Incorporate the CQMC measures sets as a part of multi-payer value-based arrangement demonstration models inclusive of mental health and SUD treatment.
- Develop and implement more robust measures to assess the quality of mental health care, with a focus on outcomes measures including patient-reported outcome measures (PROMs), including measures of SUD treatment quality.
- Remove the remaining restrictions on sharing SUD treatment data through the promulgation of regulations aligning 42 CFR Part 2 with HIPAA to improve access and care coordination.

Promoting Access to Evidence-Based Substance/Opioid Use Disorder (SUD/OUD) Treatment

SUD among Americans has long been on the rise. Health insurance providers have been working to analyze, better understand, and disseminate information about the health impacts of substance use and related risks, including tobacco use, alcohol abuse, and illicit use of pharmaceutical and other drugs. They are educating patients, their families, and communities to promote effective treatment options for SUD and medications for opioid use disorder (MOUD). Education includes supporting patients in receiving treatment, making sure they understand their options, and reviewing medical management and other policies to make it easier for patients to access treatment when clinically appropriate.

Working alongside providers, health insurance providers have been expanding their networks to include doctors, other clinicians, facilities, and other support to care for patients with SUD/OUD and to ensure that their provider networks deliver high-quality, evidence-based care. This includes allowing for prescribing appropriate medications as well as other supports patients may need in their recovery.

Care coordination is essential to successful treatment. Health insurance providers help patients in collaboration with their providers across what is often a complicated and disjointed continuum to ensure that individuals receive the counseling, medications, and ongoing support they need to effectively return to their lives and communities and successfully recover.

Stigma can often keep an individual from seeking treatment. Health insurance providers are strongly committed in their work with other stakeholders to reduce stigma associated with SUD.

Policymakers can support this with policies that include:

- Support for legislation and other government policies that expand access to virtual SUD/OUD treatment, including initiatives to expand affordable broadband to underserved parts of the country.
- Elimination of the DEA waiver to prescribe buprenorphine for treatment of OUD.
- Expansion of access to methadone for the treatment of SUD/OUD, via mobile units, take-home doses for those stable on the medication, and pharmacy distribution.
- Simplification of rules and requirements associated with convenient and affordable access to overdose reversal medications.
- Making permanent pandemic-era provisions that suspend the requirement for in-person visits prior to prescribing MOUD virtually.

Working Together for a Brighter Future for Mental Health Care

Health insurance providers, care professionals, and the government must work together to set high-quality standards and guidelines – in order to ensure patients – children, adolescents, and adults – get access the care they need and see measurable results. Our recommendations are aimed at helping provide all stakeholders a roadmap for continued improvement at this critical moment for our nation's mental health system.

At AHIP, we will continue to work with our members' clinical, policy and advocacy teams at the state and federal level to advance this important work. Our clinical and policy committees and working groups will review any new legislation or regulations as they are proposed, keeping both these challenges and recommendations in mind. The outputs of this process will form the basis for the industry's targeted mental health advocacy platform.

About AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.