

Senate Bill Integrates Mental Health + Primary Care

CMMI Focus on Behavioral Health Integration

The Senate Finance Committee released its fourth legislative discussion draft, aiming to integrate mental health with primary care and improve access and coordination of crisis care. *Mental Health Integration and Crisis Care Improvement Act*, can be found [here](#). The bill is a bipartisan effort, supported by Senate Finance Committee Chair Ron Wyden (D-OR), Ranking Member Mike Crapo (R-ID), Sen. Catherine Cortez Masto (D-NV), and Sen. John Cornyn (R-TX). The committee alluded to more drafts to be released in the future.

- **Mental health reform is the highest healthcare priority for Senate Finance bipartisan leadership (Chairman Wyden, D-OR), given that Drug Reform has been passed into law.** Earlier this year, the committee announced five focus areas for addressing shortfalls in mental health care: (1) strengthening the workforce, (2) increasing care integration, coordination, and access to care, (3) mental health parity, (4) furthering telehealth use, and (5) improving access to behavioral health for youth. The announcement is [here](#).
- **Key bill provisions would start in 2025.** See an outline of policies below:
 - **Value-based care payment model to support integration:** CMMI must consider support for behavioral health integration adoption when developing new demonstration models or revising existing models.
 - **Medicare payments to providers who integrate mental health with primary care:** From 2025 through 2027, Medicare payment rates for behavioral health integration services would be increased. Aims to help offset startup costs that providers incur when transitioning to this model.
 - **Quality measures for the integration of behavioral health and primary care:** Supports the development of Medicare quality measures that assess the degree of clinician practice integration of behavioral health and primary care.
 - **Medicare payment for mobile crisis response teams:** Beginning January 1, 2025, CMS must establish a single global payment under the physician fee schedule (PFS) for mobile crisis response team services for Medicare beneficiaries. Services include screening and assessment of the beneficiary's mental health or substance use disorder crisis, services to support de-escalation, and referrals for health/social services.
 - **Medicare payment for crisis stabilization services:** Beginning January 1, 2025, CMS would be required to set a bundled payment under the outpatient prospective payment system (OPPS) for crisis stabilization services for Medicare beneficiaries who are in crisis. Bundled payment would cover up to 23 hours of crisis stabilization services, which include (1) observation care, (2) screening for suicide risk, (3) screening for violence risk, (4) assessment of immediate physical health needs, and (4) other services needed for diagnosis, active treatment, or de-escalation of a mental health or substance use disorder crisis. Requires CMS to publish a report examining options for providing Medicare coverage of crisis stabilization services offered by non-hospital providers who cannot bill Medicare under the OPPS.
 - **Peer support specialists are eligible to participate** Clarifies that peer support specialists can be on mobile crisis response team services under the supervision of a practitioner billing Medicare and on broader care team furnishing behavioral health integration services. A peer support specialist is defined as "an individual who is certified as qualified to furnish peer support services under a national certification process that meets State law requirements or a state requirement process that is consistent with the National Practice Guidelines for Peer Supporters and inclusive of the Substance Abuse and Mental Health Services Administration Core

- Competencies for Peer Workers in Behavioral Health Settings as determined appropriate by the Secretary.”
- **Create permanent state option to provide community-based mobile crisis intervention services:** Option would be available to states eligible for federal Medicaid march funding.
 - **Supports access to crisis response service continuum under Medicaid and CHIP:** CMS must offer guidance outlining best practices and recommendations for building a crisis care continuum financed by Medicaid/CHIP. Draft also establishes a technical assistance center design, implements a continuum of crisis response services under Medicaid/CHIP, and provides planning grants to states.
 - **CMS to provide guidance:** (1) Requires that CMS issue guidance to health care providers on best practices for integrating behavioral health care into the primary care setting. (2) CMS to provide guidance to states on supporting mental health and substance use disorder care integration with primary care in Medicaid and CHIP. Requires that CMS issue guidance to health care providers on best practices for integrating behavioral health care into the primary care setting.
 - **CMS to provide technical assistance:** (1) Requires CMS to provide technical assistance to support health care providers seeking to integrate behavioral health and primary care and bill Medicare it. (2) Requires CMS to issue guidance outlining flexibilities and best practices for partnering between states, Medicaid MCOs, and community-based organizations to address health-related social needs
- **Parity, ghost networks are likely addressed in the next few bill drafts, as mental health is at the top of Senate Finance Committee agenda with his eye on end of year passage.** In a recent interview with POLITICO reporter, Krista Mahr, at Harvard T.H. Chan School of Public Health. Sen. Wyden says that there is still a chance to attach mental health reform to an end-of-year spending bill. If not, he says they will continue efforts in 2023. See interview [here](#). Potential legislation coming down the line will likely include pay parity reforms and new requirements for payers to meet. We will also be watching for something on “ghost networks,” or health insurance directories of physicians that are either out-of-network, cannot meet patient needs, or in some cases, nonexistent. While ghost networks occur across all specialties, they are most common in psychiatry. In March 2022, the US Government Accountability Office (GAO) listed this as a barrier to mental health access in their report. See report [here](#). Senate Finance has also promised action on pay parity, which may also make the cut in the end-of-year package.
 - **Opioid epidemic remains a priority for GOP, plans to crack down on fentanyl.** A GOP House will have a renewed focus on the opioid epidemic. More than 107,000 people died of drug overdoses last year. With 71,238 deaths being related to fentanyl and other synthetic opioids. See CDC report [here](#). The DEA warns that fentanyl is exceedingly being found in fake prescription pills, sold on social media and e-commerce platforms. See DEA warning [here](#). We may see action on the *Halt All Lethal Trafficking (HALT) of Fentanyl Act* (see [here](#)), introduced by Sens. Richard Burr (R-NC) and Bill Cassidy’s (R-LA) in December 2021. The legislation makes the classification of fentanyl and fentanyl analogs as Schedule I of the Controlled Substances Act (CSA) permanent. The same bill was introduced in the House by Rep. Morgan Griffith (R-VA). Most recently, the appropriations package from the end of last year extended the temporary Schedule I status of fentanyl to February 18, 2022. See Public Law 117-70 [here](#).
 - **There is a push to expand access to approved drugs e.g., opioid use disorders (buprenorphine) with telehealth even after PHE ends.** Since the relaxation of regulations in 2020, patients have been able to access buprenorphine, a key drug used to treat opioid use disorder, without an in-person visit. SAMHSA and the DEA allow for medication-assisted treatment (MAT) providers to initiate buprenorphine treatment via audio-video telehealth and/or audio-only

telephone communications without an initial in-person evaluation. When the PHE ends, patients will once again need to see a provider in-person for a prescription. Clinicians, report better patient outcomes and expanded access to care, are pushing to make the rule change permanent.

- **New wave of mental health startups address the lack of resources, Cerebral accused of fraud.** The space ranges from a marketplace for licensed therapists to offer telehealth via phone applications, to mental “wellness” products such as Headspace (\$320 M valuation) and Calm (\$2 B valuation). A new wave of products zeroes in on individuals with moderate mental health conditions, whose ideology is generally focused on users becoming their “own therapists.” Players include Noom (digital weight loss company valued at \$3.7 B) with NoomMood, Nasdaq-listed Talkspace (TALK, self-therapy), Lasting (family therapy by Talkspace), Bloom (self-therapy, valued at \$1.6 B) and Youper (emotional health assistant chatbot, valued at \$3.5 M), that leverages self-guided cognitive behavioral therapy. The space aims to make mental health more affordable and accessible. Cerebral is a telemental health company, is accused by investors of pushing the company to unnecessarily prescribe controlled substances. The DOJ is currently investigating the online company's prescribing practices for possible violations of the Controlled Substances Act, which regulates medicines such as Adderall and Xanax. There are also accusations of the company treating minors without parental consent.
- **NEXT STEPS: We anticipate upcoming Senate bill drafts on mental health parity, payment, with passage of bills in 2023-24.** We will continue to monitor PHE end important dates (the administration is currently poised to end it on January 11, 2023). A PHE extension (to mid-April) is in the cards. On another front, we see Inpatient Psychiatric Facility (IPF) payment restructuring as being likely for 2024-25. See **BACKGROUND** for highlights on the three other mental health drafts released by the Senate Finance Committee. We view mental health as a bipartisan issue and are likely to see bill(s) passing over the next couple of years. Barring a highly cost score, many of the bipartisan policies appear ripe for passage, in our view, along with some of the bills on workforce reauthorization in the House.

BACKGROUND: See below for a recent history of the Senate Finance Committee's work on mental health, which will remain a key health policy priority on the Hill going into next year. The latest draft on mental health comes after two mental health discussion drafts released by the Senate Finance Committee early this summer and one in September.

- **INTRODUCED:** September 22, 2022 - ***Behavioral Health Workforce of the Future Act***: Read the discussion draft [here](#). This draft included policies that focused on expanding the mental health workforce, by providing 400 additional Medicare Graduate Medical Education (GME) slots for psychiatry residencies per year. Over a decade, the GME slot increase would allow for 4,000 additional psychiatrist residency positions. Released by Sens. Ron Wyden (D-OR), Mike Crapo (R-ID), Debbie Stabenow (D-MI), and Steve Daines (R-MT)
- **INTRODUCED:** June 15, 2022 – ***Improving Access to Physical and Mental Health Care for Children and Youth under Medicaid and CHIP***: Read the discussion draft [here](#). This draft included policies that would allow all providers to receive Medicaid reimbursement for behavioral and physical health services delivered on the same day, support mental health care in schools, and direct Medicaid to guide states on how to cover treatment for foster youth with mental health care needs. Released by Sens. Ron Wyden (D-OR), Mike Crapo (R-ID), Tom Carper (D-DE) and Bill Cassidy (R-LA).
- **INTRODUCED:** May 26, 2022 - ***Telemental Health Access to Care Act***: Read the discussion draft [here](#). This draft included provisions that would remove Medicare's in-person visit requirement for telemental health services, establish benefit transparency for mental health care delivered via telehealth, and direct Medicare and Medicaid to support provider use of telehealth. Released by Senate Finance Committee members Sens. Ron Wyden (D-OR), Mike Crapo (R-ID), Ben Cardin (D-MD), and John Thune (R-SD).