



HILL DAY *at Home*

NATIONAL
COUNCIL
for Mental
Wellbeing

BOTTOM LINE



Nearly 163 million people live in mental health professional shortage areas. We need solutions now to help expand the mental health and substance use treatment workforce in the wake of increased demand. We can dramatically increase access to lifesaving care for Medicare beneficiaries and help bolster the behavioral health workforce nationwide by incentivizing clinical social workers to serve Medicare patients and by creating new loan repayment opportunities for mental health and substance use disorder professionals.

THE ASK



Cosponsor and support passage of the Improving Access to Mental Health Act ([H.R. 1638/S. 838](#)) and the Mental Health Professionals Workforce Shortage Loan Repayment Act ([H.R. 4933/S. 462](#)).

WHY WE NEED THIS LEGISLATION

The mental health and substance use treatment workforce shortage was exacerbated by the COVID-19 pandemic. Demand for mental health and substance use services dramatically increased during the pandemic and the nearly 163 million people living in mental health professional shortage areas were especially hard hit.^{1,2} As a nation, we must support our current workforce while continuing to recruit and retain the next generation of behavioral health care professionals. Much work remains to create additional pathways and incentives for professionals to enter these high-stress careers and expand access to critical services across the nation.

Two key pieces of legislation would immediately expand access to lifesaving mental health and substance use care by increasing Medicare reimbursement rates for clinical social workers (CSWs) and creating additional loan forgiveness opportunities for mental health and substance use treatment professionals.

The Improving Access to Mental Health Act (H.R. 1638/S. 838) would increase the Medicare reimbursement rate for CSWs from 75% to 85% of the physician fee schedule, aligning Medicare payments for CSWs with that of other non-physician providers and mitigating reimbursement inequity among behavioral health providers – expanding access to high-quality care to more Medicare beneficiaries in their communities. The legislation would also ensure that CSWs can provide psychosocial services to patients in skilled nursing facilities, as well as the full range of health and behavior assessment and intervention (HBAI) services within their scope of practice.

The Mental Health Professionals Workforce Shortage Loan Repayment Act (H.R. 4933/S. 462) would reauthorize and expand the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) to include mental health treatment providers through FY 2032. The Health Resources and Services Administration (HRSA) currently provides loan repayment assistance of up to \$250,000 to individuals who agree to work for a period within a mental health professional shortage area in the field of substance use disorder treatment through the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP). The legislation would broaden eligibility to include mental health professionals. For each year of service, the bill would repay one-sixth of an individual's eligible loans.

WHY DO WE NEED TO EXPAND THE MEDICARE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE?

Improving Access to Mental Health Act

(H.R. 1638/S. 838)

Introduced By:

Representative Barbara Lee (D-CA-12),
Representative Brian Fitzpatrick (R-PA-1)
Senator John Barrasso (R-WY)
Senator Debbie Stabenow (D-MI)

The Mental Health Professionals Workforce

Shortage Loan Repayment Act (H.R. 4933/S. 462)

Introduced By:

Representative Grace Napolitano (D-CA-31)
Representative Annie Kuster (R-NH-32)
Senator Tina Smith (D-MN)
Senator Lisa Murkowaski (R-AK)
Senator Maggie Hassan (D-NH)

CSWs and other behavioral health specialists play a vital role in fighting the substance use crisis. Medicare and Medicaid pay for approximately two-thirds of all opioid overdose costs.³ CSWs who are trained and licensed to provide substance use treatment services are an integral part of the substance use workforce. Increasing reimbursement equity for CSWs treating Medicare enrollees and expanding the behavioral health workforce at large will increase the availability of community-based mental health and substance use treatment services and reduce costly hospitalizations for Medicare beneficiaries and others.

The number of Americans over the age of 65 is projected to nearly double in the next decade.⁴ Nearly one-in-five older adults experience a mental illness or substance use disorder.⁵ Allowing additional providers to receive adequate reimbursement when treating Medicare enrollees experiencing behavioral health challenges offers a solution for this growing patient population.

By 2025, there will be a shortage of over 250,000 mental health professionals, including psychiatrists, social workers, clinical and school psychologists and school counselors.⁶ Repaying up to \$250,000 in student loans for mental health and substance use disorder professionals will help expand the availability of critical services in areas where they are sorely needed.

These two legislative proposals would bring increased access to mental health and substance use treatment providers and organizations under the Medicare program. CSWs represent one of the largest groups of behavioral health providers in the country and in some rural areas, they are the only providers.⁷ By increasing reimbursement for CSWs, the Improving Access to Mental Health Act will increase the number of Medicare behavioral health providers throughout the country. By easing the burden of student loan debt for qualified professionals who work in mental health and substance use disorder care, the Mental Health Professionals Workforce Shortage Loan Repayment Act will ensure more individuals have access to the entire behavioral health care team continuum while bolstering the mental health and substance use workforce.





- ¹ Health Resources & Services Administration (HRSA). (2023, August). *Health Workforce Shortage Areas*. <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- ² Kaiser Family Foundation. (2023, March). *The Implications of COVID-19 for Mental Health and Substance Use*. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- ³ Premier. (2019). *Opioid Overdose Costing U.S. Hospitals an Estimated \$11 Billion Annually*. [Premier | Opioid Overdoses Costing U.S. Hospitals an Estimated \\$11...](https://www.premierinc.com/press-releases/2019/08/01/opioid-overdoses-costing-us-hospitals-an-estimated-11-billion-annually) ([premierinc.com](https://www.premierinc.com))
- ⁴ U.S. Census Bureau. (2017). *The Nation's Older Population is Still Growing: The Nation's Population is Becoming More Diverse*. Release Number: CB17-100
- ⁵ SAMSHA. (2019). *Older Adults Living with Serious Mental Illness: The State of the Behavioral Health Workforce*. [Older Adults Living with Serious Mental Illness The State of the Behavioral Health Workforce](https://www.samhsa.gov/older-adults-living-with-serious-mental-illness-the-state-of-the-behavioral-health-workforce) ([samhsa.gov](https://www.samhsa.gov))
- ⁶ Health Resources and Services Administration (HRSA). (2016). *National Projection of Supply and Demand for Health Practitioners: 2013 – 2025*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>
- ⁷ Virginia Commonwealth University, National Association of Clinical Social Workers (2023, February). *The Growing Importance of the Clinical Social Worker*. <https://onlinesocialwork.vcu.edu/blog/clinical-social-worker/#:~:text=According%20to%20NASW%2C%20clinical%20social,only%20mental%20health%20service%20providers>