

October 28, 2022

Dear members of the Pennsylvania congressional delegation:

On behalf of The Hospital and Healthsystem Association of Pennsylvania (HAP), which represents approximately 235 member hospitals, I write to encourage congressional action to address the behavioral health crisis. Efforts by House and Senate committees in recent months have sent an encouraging signal that moving forward to assist those in crisis is a priority.

Pennsylvania hospitals play a vital role in the mental health care delivery system. Many provide psychiatric services, including inpatient care for individuals in need of high-acuity care. The commonwealth is home to nearly 85 inpatient behavioral health units, psychiatric hospitals, and facilities designated by Medicaid as “institutions for mental disease (IMD).”

Pennsylvania’s 157 hospital emergency departments (ED) are often the main point of entry in most communities for individuals who need emergent, acute care—both for physical health and mental health. ED are the safety net for individuals experiencing mental health crisis. They are ideally the bridge to needed treatment and recovery supports, not a stopping point. ED are overwhelmed with people needing psychiatric care.

The behavioral health crisis is complex and systemic. Meeting the demand for services and making available the resources necessary to support Pennsylvanians’ mental health will require sound initiatives. With more Pennsylvanians grappling with anxiety, depression, suicide, substance abuse, and other mental health challenges heightened by the pandemic, now is the time to take aggressive steps to address the crisis. This includes expanding the behavioral health workforce, increasing access to services, and bolstering the triage and treatment capacity of ED throughout the commonwealth. We support these policies to meet Pennsylvanians’ behavioral health needs.

Telehealth

During the last several years, telehealth has boosted access to mental health care. This progress should be further expanded to meet patient needs. Specifically, Congress could:

- Remove Medicare’s in-person visit requirement for tele-mental health services.
- Preserve access to audio-only mental health coverage in Medicare.
- Preserve the ability to prescribe buprenorphine via telehealth, including by phone.
- Require all payors to provide reimbursement for tele-health services.

Youth Mental Health

Young children and adolescents are experiencing mental distress at higher rates and with more dire consequences than ever before. Comprehensive steps must be taken to address this crisis and ensure that children have to access to behavioral health care. We encourage Congress to:

- Strengthen support for pediatric mental health through Medicaid.
- Improve timely access to community-based care and support.
- Develop and grow the pediatric mental health workforce.



Leading for Better Health

Behavioral Health Workforce

Health care workers treat patients and save lives each and every day. They make it possible for hospitals and health systems to always be there, ready to care. It is essential that we all work together as we continue to develop resources to protect and optimize the well-being of current and future caregivers. We support policies to:

- Add new physician residency positions funded by Medicare to teaching hospitals for training new physicians in psychiatry, psychiatric subspecialties, and addiction medicine.
- Provide Medicare coverage of marriage and family therapist services, mental health and addiction counselor services, clinical social worker services, and peer recovery specialists.
- Allow Medicare beneficiaries to see psychologist trainees by providing flexibility in Medicare's direct supervision requirements.
- Establish scholarships for individuals to pursue behavioral health-related associate's degrees and technician certifications.

Access

One-in-four individuals experience mental illness each year, underscoring a critical need for mental healthcare access across all patient populations. Ensuring access for individuals suffering from behavioral health crises must be a priority. We support policies to:

- Increase funding for Certified Community Behavioral Health Clinics.
- Allow states to receive federal Medicaid payment for services provided in IMD.
- Increase Medicare's 190-day lifetime limit on inpatient psychiatric hospital care.
- Advance integrated care models to improve treatment for people with both mental health and physical health needs.

HAP thanks and commends members of the Pennsylvania delegation for their extensive work on behavioral health, including:

- Sponsoring the Health Care Capacity for Pediatric Mental Health Act to establish programs to support pediatric mental, emotional, behavioral, and substance use disorder services (Senator Casey)
- Sponsoring the Kids' Mental Health Improvement Act ensuring children have access to timely behavioral health care (Senator Casey)
- Sponsoring the HELP Act requiring the Department of Health and Human Services (HHS) to allot funding to states, tribal nations, and territories to improve the 2-1-1 and 9-8-8 telecommunication systems (Senator Casey)
- Sponsoring the Inpatient Psychiatric Facility Improvement Act to improve the Medicare prospective payment system for psychiatric hospitals and psychiatric units (Representative Evans)
- Leadership on the Dr. Lorna Breen Health Care Provider Protection Act, which will establish grants and requires other activities to improve mental and behavioral health among health care providers (Representatives Wild and Fitzpatrick)



Leading for Better Health

- Leadership on the MIND Act, allowing states to receive federal Medicaid payment for services provided in IMD (Representatives Boyle and Fitzpatrick)
- Sponsoring the Continuing Systems of Care for Children Act, which would reauthorize critical grant programs that support mental health care for children (Representative Joyce)
- Lead cosponsoring the Strengthen Kids Mental Health Now Act (Representative Fitzpatrick)
- Sponsoring the Cost of Mental Illness Act to determine the effect of severe mental illness on America's health care, housing, and penal systems (Representative Reschenthaler)
- Sponsoring the Community Health Center Mental Health Screening Act, which increases federal funds for mental health screenings and services in community health centers (Representative Dean)
- Sponsoring the Greater Mental Health Access Act to authorize HHS to award grants for mental and behavioral health screenings and mental health services to federally qualified health centers (Representative Wild)

We look forward to continuing to work together to strengthen the mental health delivery system and expand access to services and supports necessary for Pennsylvanians to recover from mental health crisis. If you have any questions, please contact me at ACarter@haponline.org or (717) 561-5314; or contact John Myers, vice president, federal advocacy, at JMyers@haponline.org or (202) 863-9287.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andy Carter', is written in a cursive style.

Andy Carter
President and Chief Executive Officer