# **Attachment 4**

# **PROPOSED EMAIL**

# **TO INDIVIDUAL SENATORS TO SUPPORT**

# **THE MENTAL HEALTH ACCESS IMPROVEMENT ACT**

**(Communication can be condensed as appropriate and certain portions only used)**

**Subject: Please Support Medicare Coverage of Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs).**

Dear Senator or Representative \_\_\_\_\_\_\_:

I am a constituent and a (licensed marriage and family therapist -- or mental health counselor). I strongly urge you to support the “Mental Health Access Improvement Act (S. 828 or HR 432).

This bi-partisan legislation is co-sponsored by Senators John Barrasso and Debbie Stabenow. The bill would authorize Medicare payment of mental health and substance use services provided by mental health counselors and marriage and family therapists.

**(ADD A PERSONAL STORY OR OTHER REMARKS HERE IF YOU WISH - CHOOSE ONE)**

**Example – “Several of my clients lose their therapeutic relationship built over years and continuity of care due to the exclusion of mental health counselors (or marriage and family therapists) in the Medicare program.”**

**Example – “I have had several opportunities to have Medicare-eligible clients referred to me from other practitioners but had to turn them away due to exclusion of mental health counselors (or marriage and family therapists) in the Medicare program.”**

**Example – “I provide pro-bono services (or on a sliding payment scale) to Medicare clients although I am not a recognized Medicare provider. I lose revenue because of this process. All other public and private health insurers recognize me. This Medicare exclusion is an outdated policy especially since the number of Medicare beneficiaries with mental health conditions has significantly increased.”**

**Example – “Unfortunately when I refer a Medicare-eligible client to an approved provider. I learn that they experience long wait lists thereby delaying needed treatment engagement. or not elect to seek treatment altogether because they are discouraged thus yielding long-term consequences -- and additional costs to the Medicare program -- from no treatment of their mental health disorder.”**

**Example – “Health care provider organizations have approached me to engage in efforts to better integrate mental health and physical health care services to address the whole health needs of clients. But when they realize that I am not a Medicare-approved provider, they balk. This policy reduces opportunities for my practice, reduces the ability to coordinate and streamline care in the Medicare program in a comprehensive way, and affects competition in the community marketplace as well.”**

**Example – “My clients tell me that they do not want to change providers when they reach Medicare eligibility as they ‘do not want to tell their personal mental health story again and again’, or ‘having to relate to a new care provider provokes anxiety’, or ‘I feel rejected’, or ‘Sets me back in terms of my diagnostic evaluation and treatment.’**

The Mental Health Access Improvement Act (S. 828/H.R. 432) will save money for the Medicare program.

Older adults with mental illness have the highest Medicare costs – 2 to 3 times the cost of other beneficiaries. Untreated mental and substance use disorders among older adults exacerbate health conditions and increase overall Medicare health care costs.

Mental health counselors (MHCs) and marriage and family therapists (MFTs) can reduce in-patient and out-patient costs through the provision of cost-effective services.

The legislation under consideration proposes to pay mental health counselors and marriage and family therapists only 75 percent of the psychologist’s rate for mental health services, thereby saving money when the lower cost provider is accessed.

I urge you to support the Mental Health Access Improvement Act to help ensure Medicare beneficiaries obtain needed and timely mental health care.

Sincerely,

Name