Comments of

American Association for Marriage and Family Therapy to the Substance Abuse and Mental Health Services Administration on Behavioral Health Issues in Federal Health Reform

March, 2009

The American Association for Marriage and Family Therapy (AAMFT) is a 26,000-member national organization representing the 50,000 licensed US Marriage and Family Therapists (MFTs). Licensed MFTs must hold a minimum of a Master's degree in Marriage and Family Therapy or a related discipline, and about 30% of licensed MFTs hold Doctoral degrees.

AAMFT appreciates this opportunity to comment on behavioral health issues in federal health reform. We believe consideration of behavioral health issues must be inherent in any federal health reform effort, due to:

- 1) behavioral health's contribution to total healthcare expenses,
- 2) behavioral-health treatment well-documented reduction in the cost of subsequent physical health services (the "mental health offset" effect),
- 3) the increased costs of treating physical health needs when accompanied by behavioral-health comorbidities, and
 - 4) the substantial unmet behavioral-health needs of millions of Americans.

We will focus in these comments on this last issue of assuring adequate access for all Americans to high-quality, affordable behavioral-health services.

The substantial unmet behavioral-health needs of millions of Americans have been well-documented. For example, the HHS Health Resources and Services Administration currently designates more than 2,000 of the 3,140 US Counties as mental-health health professional shortage areas.

The current widespread shortage of behavioral-health professionals is due to a number of factors, in part reflecting the healthcare sector-wide professional shortage. This shortage will increase when the Baby Boom generation of professionals soon retires and, under current trends, will not be replaced by a like number of newly-trained professionals.

However, there are three additional reasons for behavioral-health access problems:

- 1) The lack of coverage for certain classes of behavioral-health professionals such as Marriage and Family Therapists under federal health insurance programs including Medicare,
- 3) The lack of coverage for certain classes of behavioral-health professionals such as Marriage and Family Therapists under certain federally-regulated (ERISA) private health plans, and

2) The paucity of ethnic-minority behavioral-health professionals, who tend to be more culturally competent in treating ethnic-minority consumers, who as a class are more underserved than non-minority consumers.

Thus, <u>AAMFT recommends that the Substance Abuse and Mental Health</u> <u>Services Administration (SAMHSA) support the following federal proposals:</u>

- 1) Legislation by Sen. Lincoln and Rep. Gordon (S __ and HR __) to include Marriage and Family Therapists as independent practitioners under Medicare Part B. Similar legislation ___ should include Marriage and Family Therapists as designated mental-health providers for K-12 schoolchildren under the Elementary and Secondary Education Act, also known as No Child Left Behind.
- 2) Health reform legislation to regulate private health plans should amend the Employee Retirement Income Security Act (ERISA) to require that plans which include behavioral-health coverages make those coverages available to enrollees without regard to the type of license held by behavioral-health practitioners. In other words, regulated plans should not be permitted to exclude Marriage and Family Therapists as a class from being eligible to provide covered behavioral-health services.
- 3) The continuation of, and adequate funding for, SAMHSA's Minority Fellowship Program.

Thank you for your consideration of our comments, and AAMFT looks forward to continuing to work with SAMHSA on this important topic.

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