



**American Association of Nurse Practitioners  
Gerontological Advanced Practice Nurses Association  
National Association of Pediatric Nurse Practitioners  
National Association of Nurse Practitioners in Women's Health  
National Organization of Nurse Practitioner Faculties**

September 30, 2013

The Honorable Max Baucus  
Chairman  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Orrin G. Hatch  
Ranking Member  
Senate Committee on Finance  
218 Dirksen Senate Office Building  
Washington, DC 20510

**RE: Improving the Mental Health System**

Dear Chairman Baucus and Ranking Member Hatch:

The undersigned organizations, representing the interests of more than 171,000 nurse practitioners (NPs) across the country, appreciate the opportunity to respond to your request for input on how to improve our nation's mental health system. Tragedies in recent weeks and months have underscored the need to address shortcomings in our efforts to ensure those suffering from behavioral and mental health problems get the care they need.

Nurse practitioners provide a wide range of care throughout a person's lifespan: assessing the health care needs of patients; ordering, performing, supervising, and interpreting diagnostic tests; making diagnoses; initiating and managing treatment plans including prescribing medications; and serving as counselors, advisers, and care coordinators for families. They are increasingly the healthcare providers of choice for millions of patients. NPs provide care in a broad array of settings that include mental health clinics, psychiatric emergency services, skilled nursing and assisted living facilities, private practices, hospitals, community health centers, and schools. In addition, NPs that specialize in psychiatric mental health assess, diagnose, and treat individuals and families with psychiatric disorders or the potential for such disorders using their full scope of therapeutic skills, including the prescription of medication and administration of psychotherapy.

Senate Finance Committee Questions

- I. What administrative and legislative barriers prevent Medicare and Medicaid recipients from obtaining the mental and behavioral health care they need?*

Nurse practitioners routinely encounter a host of statutory and administrative barriers in providing a full range of services to Medicare and Medicaid beneficiaries, many of which limit their ability to evaluate and treat a patient who needs mental or behavioral health services. While many of these limitations are imbedded in state laws and administrative policies, others are clearly restrictions that Congress can and should address.

- **Barriers to access and unnecessary practice restrictions.** In many ways Medicare and Medicaid have failed to keep up with the evolution of health care practices and the increasingly important role that nurse practitioners play as family, adult, gerontologic, pediatric, and women's health primary care providers. NPs provide a wide range of primary, acute, and specialized services, including psychiatric mental health services, to patients throughout their lifespan. It is important that primary care and psychiatric mental health nurse practitioners be included as providers in all mental and behavioral health programs developed for Medicare and Medicaid patients. While some policies are not directly related to mental health services, they still interfere with the ability of NPs to provide the best care for their patients and to identify, evaluate and treat mental and behavioral health care problems.

Medicare continues to authorize nurse practitioners to order skilled nursing care – but does not permit them to conduct assessments to admit the patients to skilled nursing facilities. Conversely, Medicare does not allow NPs to provide the initial certification for hospice care – but recognizes them to serve as attending providers and recertify patients' eligibility. Medicare indirectly authorizes NPs to certify patients for home health care services by authorizing them to conduct the required face-to-face documentary examinations – yet still requires a physician to document that the nurse practitioner completed the certification evaluation. Barriers of this kind prevent both primary care and psychiatric nurse practitioners from functioning at their full scope and from providing adequate behavioral health services to their patients.

- **Inadequate reimbursement.** Payments for safety net providers and community mental health interventions, particularly in the Medicaid program, often fall short of the actual cost of care. Reasonable reimbursement is essential to attract and sustain nurse practitioners and other health care professionals in practices and locations that will meet the needs of individuals and families facing mental and behavioral health problems.

Congress attempted to create an incentive to improve access to primary care services for Medicaid enrollees by providing funding to increase payment for these services to Medicare rates. While well intentioned, this incentive was limited to two years and restricted to services provided by some primary care physicians, leaving out nurse practitioners and other providers such as psychiatric/mental health NPs whose services are crucial to meeting the growing need for holistic health care among Medicaid enrollees. We urge Congress to expand this payment incentive to nurse practitioners and other essential health care providers. If Congress chooses not to extend and improve this incentive, we are eager to work with you and your colleagues to develop other effective approaches to improve access to primary care including mental and behavioral health screenings and services for Medicaid enrollees, including children, pregnant women, and adults with and without children.

Coordination of patient care and “bi-directional” integration of primary care and mental health services is not adequately recognized in payment systems, particularly in high-need areas like inner cities and rural America. This integration is critical to improving care coordination for Medicare, Medicaid, and CHIP enrollees with serious mental health or addiction disorders.

In addition, there is a general lack of federal and state support for efforts by providers to better integrate medical/surgical and mental health services. For example, state Medicaid rules often prohibit the delivery of two separate services to the same Medicaid patient on the same day and operate as an active barrier to improved integration. These administrative barriers obstruct the efforts of safety net providers and CMHCs to provide integrated care.

- **Workforce shortages and lack of educational funding.** Millions of Americans will begin enrolling this week in expanded health insurance coverage starting in 2014, including many individuals with mental and behavioral health issues who have previously lacked health insurance. This expansion of coverage will significantly increase the already growing demand for nurse practitioners and other

health care providers, including those specializing in mental and behavioral health, at a time when many professions are facing shortages and increasing retirements. In the past, Congress has recognized the importance of nurse practitioners in meeting the growing demand for primary care and services for women, children, and patients with special needs including mental and behavioral health needs – yet the nation is facing provider shortages that are likely to continue for at least another decade.

As Congress wrestles with controlling the growth of government spending and reducing the federal deficit, nurse education programs are facing extreme financial pressures. Funding for NP education programs and student traineeships has already been significantly limited, and the threat of additional cuts will make it virtually impossible for many educational programs to fund the didactic and clinical preparation necessary to produce the number of highly educated graduates required to meet the growing need for nurse practitioners in the areas of both primary care and psychiatric/mental health. For example, sequestration of Title VIII nurse education funds could eliminate 645 training opportunities for advanced practice registered nurses. Funding for Advanced Education Nursing, the only source of federal funding for nurse practitioner education programs, totaled less than \$60 million in fiscal year 2013.

Federal support is essential to sustain nurse-managed health clinics as safety net providers in many vulnerable communities. These centers run by nurses and nurse practitioners focus on community needs, including diagnosing and treating mental and behavioral illnesses, making referrals to specialists when needed, and offering a wide range of primary health care services. Congress has authorized, but never funded, grants to support these important community resources, and we urge you to give high priority to providing sufficient and sustained funding to develop these practices.

*II. What are the key policies that have led to improved outcomes for beneficiaries in programs that have tried integrated care models.*

- **Patient-centered medical and health homes.** The patient centered primary care medical home or health home model has become increasingly prevalent as an effective way to focus on the whole person that significantly enhanced access to safe, coordinated, and integrated care of high quality. Despite some barriers, acceptance of practices led by nurse practitioner as medical homes is increasingly common – the National Committee for Quality Assurance has recognized NP-led practices as medical homes since 2010. The medical home/health home reflects the nurse practitioner model of care: a personal provider who focuses on the whole person, including behavioral health needs, and provides coordinated and integrated care that is high quality and safe.

Federal Medicaid laws specifically include persons with severe mental illnesses and addiction disorders as eligible patient populations in Medicaid health homes. CMS has approved twelve state plan amendments to establish Medicaid Health Homes and many more states are in the process of submitting plan amendments. Nurse practitioners are especially well prepared to coordinate and integrate bi-directional care for individuals and families dealing with mental health issues in the health home model. These initiatives should fully recognize the practices of nurse practitioners as medical and health homes – and NPs specializing in mental and behavioral health should be included in medical homes that care for populations with special needs.

- **Nurse managed health clinics.** As noted previously, health centers managed by nurse practitioners have a demonstrated record of providing cost-effective, high-quality care to vulnerable populations including those with mental health care needs. Like many safety net providers, however, it is often difficult for them to find the sustained financial support needed to care for uninsured and under-insured populations. Supporting these practices is an effective strategy to provide integrated community-based primary and mental health services for these at-risk individuals and families.

- **Accountable Care Organizations.** As both the federal government and private insurers experiment with strategies to replace traditional fee-for-service health care with models that incentivizes cost-efficient care, it will be important to address how these plans deal with mental and behavioral health issues. The development of incentives for accountable care organizations (ACOs) has generally not addressed mental health and chronic care management in specific ways. Recognizing that mental disorders including depression, anxiety, and substance abuse are leading causes of disability and increased health care costs, mental health care must be integrated into ACO models. Further, primary care and psychiatric nurse practitioners should be included as providers in ACOs.

Nurse practitioners are generally recognized as critically important participants in effective ACO models. However, because of the development of these models primarily from physician group practices, their design generally fails to recognize the ability of NPs to organize and manage ACOs – and in the case of the Medicare Shared Savings Program, even prevent NPs from forming ACOs by limiting the assignment of beneficiaries based on primary care services provided by physicians. Congress should eliminate needless barriers that prevent nurse practitioners from developing accountable care practices, including models that incorporate chronic care management and mental and behavioral health services as an integral part of patient care.

*III. How can Medicare and Medicaid be cost-effectively reformed to improve access to and quality of care for people with mental and behavioral disorders?*

In our preceding responses, we have already touched on several actions that Congress should take to reform Medicare and Medicaid to improve access to high quality care for people with mental and behavior health needs. These include:

- Removing barriers to access and unnecessary practice restrictions that limit the ability of all nurse practitioners, including those specializing in mental and behavioral health, from providing the full range of services they are educated and clinically prepared to furnish.
- Improving payment for primary care and screening services to help NPs and other providers sustain safety-net practices caring for vulnerable populations.
- Providing sufficient and sustained funding for education and faculty development programs to address workforce needs, including supporting the development of nurse-managed health clinics.
- Eliminating statutory and regulatory obstacles that interfere with NP practices being recognized as medical and health homes and prevent NPs from forming accountable care organizations.

In closing, our organizations and members deeply appreciate the opportunity to contribute some of our thoughts on your Committee's bipartisan efforts to improve coverage of and access to essential mental and behavioral health services for all Americans. We believe that nurse practitioners can contribute to the success and value of these initiatives, and we look forward to working with you and your colleagues to build on these and other proposals to strengthen mental and behavioral health coverage. We are eager to work with you, your colleagues, and your staff to enact legislation that includes primary care and psychiatric mental health nurse practitioners as a critical part of the nation's mental health care system.

Sincerely,

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