



**VIA ELECTRONIC MAIL**

September 7, 2019

The Honorable Tom Daschle  
The Honorable Olympia Snowe  
The Honorable Ronnie Musgrove  
The Honorable Tommy Thompson  
Co-Chairs  
Rural Health Task Force  
Bipartisan Policy Center  
1225 Eye Street NW  
Suite 1000  
Washington, DC 20005

RE: Comments for the Rural Health Task Force

Dear Senators Daschle and Snowe and Governors Musgrove and Thompson.

The American Association for Marriage and Family Therapy (AAMFT) would like to thank you and other members of the Bipartisan Policy Center's Rural Health Task Force for the opportunity to provide comments in response to the Task Force's request for policy solutions pertaining to rural healthcare. As the national association representing the professional interests of more than 62,000 licensed marriage and family therapists (LMFTs) who provide individual, family and group psychotherapy services throughout the United States, AAMFT appreciates this opportunity to provide comments for solutions that support reforming America's rural healthcare system.

AAMFT completely agrees with the need for additional resources to support the current rural healthcare system, remove barriers for rural participation in new delivery models, and build on successful rural workforce training programs. Rural healthcare suffers disproportionately compared to healthcare in metropolitan areas in several measures, such as a significant shortage of healthcare providers. We wanted to bring to your attention one specific barrier under the Medicare program that disproportionately impacts rural communities pertaining to behavioral healthcare services.

Throughout the United States, LMFTs, as well as licensed mental health counselors (LMHCs), are well-recognized as independent providers of behavioral health services. Like psychiatrists, psychologists and social workers, both LMFTs and LMHCs are recognized as eligible providers by Medicaid plans, as well as private health plans. Although LMFTs and LMHCs provide mental health and substance use services that are covered by Medicare, LMFTs and LMHCs are not recognized as eligible providers in Medicare due to the absence of LMFTs and LMHCs as listed Medicare providers under federal law.

Including LMHCs and LMFTs as Medicare providers will allow Medicare beneficiaries access to a greater number of behavioral health providers. Combined, LMFTs and LMHCs make up 40% of the licensed mental health professional workforce. LMFTs and LMHCs are also more likely than other behavioral health providers to work in rural areas. A comprehensive study of the distribution of mental health professionals in rural counties found that LMFTs and LMHCs are more likely to

practice in rural counties than other providers from the other mental health professions currently recognized by Medicare.<sup>1</sup> Including LMFTs and LMHCs as eligible providers will provide Medicare beneficiaries living in rural counties with access to a greater number of covered providers.

The current restrictions on the utilization of LMFTs and LMHCs as Medicare providers also impacts the overall shortage of behavioral health providers available to rural residents. Medicare enrollees make up a larger percentage of the rural population than in metropolitan areas. In order to maintain an economically viable practice, it is more important for behavioral health providers in rural locales to provide services to Medicare beneficiaries than it is in metropolitan areas with a larger percentage of residents with private insurance. In other words, it is more difficult for a behavioral health provider not recognized as a Medicare provider to maintain a practice in rural areas due to restrictions on treating Medicare enrollees. Current Medicare law provides a disincentive for LMFTs and LMHCs to practice in locales with a larger percentage of Medicare enrollees.

AAMFT and many other organizations are advocating for bipartisan and bicameral legislation in Congress, the Mental Health Access Improvement Act, [H.R. 945](#) and [S. 286](#), that would add LMFTs and LMHCs as Medicare-eligible providers. We believe the enactment of this legislation will expand the behavioral health workforce in rural areas and encourage more behavioral health providers to move to or remain in rural areas rather than move to more urban locations.

Thank you for your consideration of these comments. AAMFT appreciates all of the efforts of the Bipartisan Policy Center to address the rural health care crisis. Please feel free to contact me at [rsmith@aamft.org](mailto:rsmith@aamft.org) if you have any questions or need any additional information.

Sincerely,



Roger D. Smith  
Director of Government and Corporate Affairs and General Counsel  
American Association for Marriage and Family Therapy

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<sup>1</sup> Ellis AR, Konrad TR, Thomas KC, Morrissey JP. County-level estimates of mental health professional supply in the United States. *Psychiatric Services* 60(10):1315-1322, 2009.