H.R. 635 – Expanding Access to Mental Health Services Act

**Background:** To amend XVIII of the Social Security Act to permanently include certain HCPCS codes as telehealth services under such title, and for other purposes. Bill states permanent inclusion of certain HCPCS Codes as telehealth services under Medicare Section 1834(m)(4)(F) of the Social Security Act (42 U.S.C. 1395m(m)(4)(F).

**Recommendations:** AAHAM supports expanding telehealth options indefinitely and allow individuals to receive the mental health care services they may need via video and telephone. Digital telehealth services can extend access to mental health care throughout the United States, particularly in rural communities that face shortages of providers. State and federal policymakers should codify expansion of these services by ensuring that insurers cover them, that clinicians are adequately reimbursed, and that consumers know how to use the technology.

AAHAM supports strengthening mental health parity regulation and enforcement. Although mandated by law, mental health parity has still not been fully achieved. Governments can institute laws and regulations that set clear standards for assessing parity compliance, require mental health coverage from a broader range of insurance plans, and strengthen enforcement of existing state and federal parity laws.

Reimburse evidence-based mental health treatments at their true cost. Establishing Medicaid reimbursement rates that are commensurate with the costs of providing care would encourage providers to offer evidence-based treatments that are often unavailable. Improving access within Medicaid would particularly benefit low-income families and those with serious mental illnesses.

AAHAM supports establishing a continuum of evidence-based care. Once patients are in care, it is the responsibility of the health system to make sure that patients are receiving care that meets their level of need and that all providers are on the same page. Individuals with mental health needs often fall through the cracks because of a lack of clarity regarding who should provide care, at what level of intensity, and in what settings over time. Available clinical guidelines provide an explicit framework for resolving these
questions about level of care and can help optimize mental health spending within communities. State Medicaid systems should mandate their use.

Care coordination involves integrating mental health providers, care managers, and other providers into coordinated teams, often in primary care settings. The effectiveness of coordination has been demonstrated in various evidence-based models. A national initiative led by the Centers of Medicare and Medicaid Services that provides technical assistance, implementation tools, and learning support for implementing practices would help transition practices to evidence-based models.

AAHAM supports collaborations between Medicaid officials, advocates, and state policymakers can help ensure that emerging evidence on innovative financing and service delivery models drive improvement in mental health care systems, especially for Americans with low incomes or serious mental illness.

Transforming mental health means structural reforms that speak to patients' challenges in terms of finding, accessing, and receiving high-quality, appropriate, and timely care.

ABOUT AAHAM: AAHAM is the premier professional organization for revenue cycle professionals and is known for its prestigious certification and educational programs; professional development of its members is one of the primary goals of the association. AAHAM is also recognized for its quarterly journal, The Journal of Healthcare Administrative Management, and its Annual National Institute, held each fall. AAHAM actively represents the interests of its members through a comprehensive program of legislative and regulatory monitoring and participation in industry groups. For more information regarding AAHAM and its programs, please visit www.aaham.org.