

Proposed Provisions for SFC Bipartisan Mental Health Workforce Discussion Draft

Policy	Description
<i>Updating Medicare for Coverage of Therapist and Counselor Services</i>	Beginning on January 1, 2024, the discussion draft would establish Medicare coverage for mental health services provided by marriage and family therapists and licensed professional counselors. This would bring Medicare in-line with most other insurers who already cover therapist and counselor services.
<i>Expanding Psychiatrist Workforce through Medicare Graduate Medical Education</i>	Beginning October 1, 2024, the discussion draft would fund training for 400 additional psychiatrists per year by providing 400 additional Medicare Graduate Medical Education (GME) slots for psychiatry residencies. Over a full decade, the 4,000 additional psychiatrist residencies would be supported by the GME slot increase.
<i>Improving Distribution of the Workforce to Shortage Areas through Medicare Bonus</i>	Beginning on January 1, 2024, the discussion draft would expand Medicare's Health Professional Shortage Area bonus program to increase bonus payments for psychiatrists who practice in shortage areas and allow for psychologists, clinical social workers, marriage and family therapists, mental health counselors, and other non-physician practitioners to receive bonuses when they practice in shortage areas.
<i>Reducing Burnout: Access to Physician Wellness Programs</i>	The discussion draft would add a new exception to the Stark Law to allow for hospitals and other entities to provide evidenced-based programs for physicians to improve their mental health, increase resiliency, and prevent suicide among physicians.
<i>Medicaid Workforce Capacity Demonstration</i>	Beginning no later than one year after the enactment, the discussion draft would allow any state to receive a planning grant and participate in a demonstration where they would receive additional federal Medicaid

	funding to expand or improve the capacity of mental health and substance use disorder providers in their state participating in the Medicaid program.
<i>Updating Medicare for Coverage of Clinical Social Worker Services</i>	Beginning on January 1, 2024, the discussion draft would expand access to certain clinical social worker services by allowing for licensed clinical social workers (LCSWs) to bill Medicare for health behavior assessment and intervention (HBAI) services, which are used to ensure that patients' mental health challenges do not impede their compliance with treatment regimens for chronic conditions (e.g. smoking cessation, weight management, etc).
<i>State Medicaid Guidance on Increasing Mental Health and Substance Use Disorder Care</i>	Beginning no later than one year after the enactment, require the Secretary to issue Medicaid strategic guidance to increase mental health and substance use provider education, recruitment, and retention, and improving workforce capacity in rural and underserved areas.
<i>Flexibility in Medicare's Supervision Rules for Psychologist Trainees</i>	Beginning on January 1, 2024, the discussion draft would modify Medicare's supervision rules to allow for psychologist trainees to provide mental health therapy services under general supervision of a licensed clinical psychologist, rather than direct supervision. This would help expand the available workforce by allowing for trainees to provide therapy services without the supervising psychologist being in the room, The supervising psychologist would still be required to review notes, conduct follow up, and ensure continuity of care.
<i>Leveraging Occupational Therapists to Support Mental Health and Substance Use Disorder Care</i>	The discussion draft would require Medicare to provide education and outreach to providers and other interested parties about the ability of occupational therapists to furnish occupational therapy for individuals who have substance use disorders or mental health disorders.