THE ISSUE  In 2020, Congress took an important step in reimagining crisis response by passing the bipartisan National Suicide Hotline Designation Act, which designated 988 as the new nationwide, three-digit number for mental health, substance use and suicide crises. 988 became available nationwide in July 2022 and connects people to trained crisis counselors that provide mental health intervention services by phone, chat and text, and coordinate connections to additional resources in their community. However, many communities don’t have the needed mental health resources to help everyone who contacts 988, often resulting in law enforcement and hospital emergency departments being the de facto response. This places a strain on these systems and delays connecting a help seeker to urgently needed mental health treatment.

THE SOLUTION  To fulfill the vision of 988, the full crisis care continuum – mobile crisis teams and crisis stabilization options – must be available in every community. Mobile crisis teams comprised of trained mental health professionals should be available when a person needs in-person de-escalation and connection to additional services within the community. For more intensive care, crisis stabilization options should be available to provide short-term observation and support, and warm hand-offs to post-crisis care. By building and providing this continuum of crisis services across the country, we can end the cycle of emergency department visits, arrests, incarceration and homelessness — and ensure that every person in crisis receives a humane response and is treated with dignity and respect.

To do this, ensuring coverage of these critical crisis services in Medicare and Medicaid would set the stage for sustainable funding so a person in a mental health crisis can receive a mental health response.

Please support coverage of mobile crisis response and crisis stabilization services in Medicare and make a state option to provide mobile crisis response services in Medicaid permanent, as outlined in the Senate Finance Committee’s bipartisan “Improving Integration, Coordination, and Access to Care” draft proposal.

NAMI’S ASK

For more information, contact: Michael Linskey
NAMI’s Director of Congressional Affairs
Mlinskey@nami.org  |  (703) 516-7222
THE ISSUE  Across the U.S., there is growing demand for mental health care yet an extreme shortage of mental health providers, particularly among rural and marginalized populations. More than 150 million people live in a federally designated Mental Health Professional Shortage Area. This lack of providers exacerbates unmet needs and leaves more people without options for mental health care. Increasing workforce options within Medicare is particularly important – both for the individuals covered by the Medicare program and for the impact Medicare has on coverage decisions in private health insurance plans. Throughout the COVID-19 Public Health Emergency, telehealth has been an effective way to provide mental health care when patients and providers are in different physical locations, while helping to mitigate the impact of workforce shortages. Unfortunately, the enhanced Medicare telehealth flexibilities that Americans have come to expect will soon expire, abruptly cutting countless Americans off from life-saving care. Additionally, Medicare does not recognize marriage and family therapists (MFTs), licensed mental health counselors (MHCs) and peer support specialists as providers, further limiting access to qualified mental health professionals.

THE SOLUTION  To address the negative consequences of the workforce shortage, we must remove barriers that limit access to mental health providers. This can be achieved by encouraging the use of telehealth, when clinically appropriate, and ensuring that a full range of mental health providers are covered. By requiring Medicare to cover audio-only mental health services, removing Medicare's requirement for in-person visits to qualify for telehealth, adding MFTs and MHCs to Medicare and clarifying that peer support specialists can be part of an integrated care team, we will make it easier for people with mental illness to access mental health care.

Please enhance the mental health workforce by taking action in Medicare to permanently extend clinically appropriate telehealth flexibilities, include MFTs and MHCs in the list of providers who can deliver mental health services and clarify that peer support specialists can be part of integrated care teams, as outlined in the Senate Finance Committee’s bipartisan proposals.

For more information, contact:  
Michael Linskey  
NAMI’s Director of Congressional Affairs  
Mlinskey@nami.org  |  (703) 516-7222