Medicare Part B coverage of independent-practice MFTs is being actively considered by Congress as part of health reform. But the outlook for both MFT coverage and other reform elements is uncertain.

In the House of Representatives, Section 1308 of H.R. 3200, the 1,017-page House Democrats’ health reform bill, would cover MFTs and LPCs under Medicare. This provision survived formal action on the bill by the three House committees of jurisdiction. As this is written, House Democratic leaders are addressing issues that differ in the versions passed by the committees, and are planning to drop or scale back unspecified provisions in order to reduce the bill’s cost by $200 billion over 10 years, to the $900 billion figure urged by President Obama. The AAMFT does not expect these changes to affect the MFT provision.

In the Senate, the Medicare MFT situation is less optimistic. The Senate’s Health, Education, Labor and Pensions (HELP) Committee, formerly chaired by the late Sen. Kennedy (D-MA) and now chaired by Sen. Harkin (D-IA), has passed an 840-page bill (S 1679) on health reform provisions within its jurisdiction. This bill addresses issues such as a new program for the uninsured, and provides mental health and substance abuse “parity” in benefits under that program. This bill also has provisions on the healthcare workforce, such as increasing funds for student loan forgiveness for new MFTs and other new practitioners who serve in the National Health Service Corps. (A similar provision for new MFTs and other new practitioners is included in H.R. 3200.)

Senate jurisdiction over Medicare, Medicaid, Children’s Health Insurance Program and tax issues is not in the HELP Committee’s jurisdiction, but rather handled by the Finance Committee. The Finance Committee voted to approve its bill on October 6th. There are major concerns about this Committee bill from the viewpoint of MFTs and their clients. Among the 564 amendments that Finance Committee members submitted to the original plan offered by Finance Chairman Baucus (D-MT), one by Sen. Lincoln (D-AR) was called the “Lincoln D3” amendment. This amendment would have provided Medicare MFT and LPC coverage. It also would have restored Social Workers’ ability to bill independently for services rendered to Medicare Skilled Nursing Facility (acute-care nursing home) patients, thus reversing a 1997 law that requires Social Workers to negotiate their fees with nursing homes.

However, Sen. Lincoln did not offer this amendment due to her concern that the MFT element would be subject to Republican attacks along the lines of the hundreds of viral blog posts over the summer claiming (among many other lies) that MFT coverage “would put the government between you and your marriage” and “cover marriage counseling.”

The Senate “Cadillac plan” (or most costly) includes an excise tax with the purpose of both raising funds for a new uninsured program and to encourage healthcare consumers to be more cost-conscious. But its effect would be to reduce health plan coverage for millions of Americans, with disproportionate reductions in relatively little-used benefits such as MFT services. And none of the congressional bills would require plans to cover any MFT services (or most other types of services beyond hospitals, physicians, and some degree of generic mental healthcare).

In addition, for taxpayers under age 65, the Finance bill would increase the threshold for claiming the itemized Medical Expenses deduction from its current level of 7.5 percent of Adjusted Gross Income (AGI) to 10 percent of AGI. Thus, affected taxpayers would be less able to deduct non-reimbursed costs of MFT services. This bill also would reduce the amount that Americans could contribute tax-free to their Flexible Spending Accounts for covering non-reimbursed healthcare expenses.
The Finance bill includes a few relatively small mental health improvements. It also would provide basic health coverage for about 17 to 30 million now-uninsured Americans (depending on how many complied with an insurance mandate enforced with a relatively small fine). But for MFTs and their current and potential clients, on balance the Finance bill is clearly worse than H.R. 3200, and could well be harmful.

As there are conflicts in some provisions (e.g. “Public Option” for uninsured) between the Finance and HELP bills, these will be resolved behind closed doors, with the full Senate beginning debate on a melded bill as of October 13th.

If there are sufficient votes in the House to pass the revised Democratic Leaders’ bill, and in the Senate to pass a melded Finance/HELP bill, then those two bills will go to a Senate/House “conference committee,” probably composed of about 40 Congress people, to try to reconcile the bills’ differences. Assuming that is successful, the full Senate and full House must pass the resulting “conference report” (joint bill), which may not be amended in either chamber. The timeline for action on the reform bills will likely run through at least mid-November.

The AAMFT is working in coalition with the American Counseling Association, the American Mental Health Counselors Association, the National Board for Certified Counselors, the California Association of Marriage and Family Therapists, and (for the Senate) the National Association of Social Workers to assure that the final health reform bill includes major mental health improvements. The AAMFT asks our members to contact Congress to urge support for Medicare MFT coverage as part of any final health reform package. Members may quickly e-mail Congress by going to http://capwiz.com/aamft/home/.

Steady Progress on MFT Implementation

AAMFT Government Affairs continues to lead the charge in gaining some solid answers and real advancement on the Department of Veterans Affairs (VA) job classification and fair hiring of MFTs as mental healthcare providers. It has been almost three years since the Veterans Benefits, Health Care, and Information Technology Act of 2006 was signed into law as P.L. 109-461, statutorily adding MFTs and licensed professional mental health counselors. Of late, the AAMFT was pleased to play an instrumental role alongside House Veterans Affairs Subcommittee on Health in arranging for an unprecedented bi-partisan/bicameral congressional/federal agency/professional organization meeting of the minds held September 24, aimed at expediting our drawn-out implementation process.

VA Assistant Secretary for Human Resources (HR) and Administration, John U. Sepúlveda, and about six other top-ranking VA HR and Mental Health Policy officials came to the table for a serious discussion on past regulatory obstacles and future steps toward hiring MFTs and LPCs/LMHCs. Thanks go to the exemplary efforts of House VA Subcommittee on Health Majority Staff leaders Cathy Wiblemo and Kristy Park. Congressional staff leadership from both sides of the aisle and representing both the House and Senate VA Committees (from “all four corners”), were also actively engaged in advocating for the appropriate/swift hiring of our professionals at this forum. In addition, the AAMFT was specifically selected to represent the MFT profession and advocated for the interests of our coalition of MFTs/LPCs/LMHCs as a whole (including: California Association of Marriage and Family Therapists, National Board for Certified Counselors, American Counseling Association, American Mental Health Counselors Association) at the negotiation table.

Going into and emerging from this meeting our groups maintained these three basic expectations for our VA job occupational standards/series:

1) LMFTs and LPCs/LMHCs each be assigned an independent OPM Occupational Series that reflect their education, training, licensure and scope of practice; and
2) LMFTs and LPCs/LMHCs each be assigned a separate VA qualification standard that reflects their education, training, licensure and scope of practice; and

3) The VA begin employment of LMFTs and LPCs/LMHCs at a pay grade equivalent to clinical social workers (minimum entry level = GS-11), who have similar education, clinical training, and licensure requirements.

Since the VA has shared very little information with coalition members about the implementation status of our members as eligible VA providers over the last three years, this in-person meeting was vital. Little progress had been visible, despite having experienced a bit of recent progress in the winter of 2009 with the former-VA Undersecretary of Health declaring his permission/commitment to creating the new job qualifications and series (within the VA Office of Human Resource Management, Recruitment and Placement), and again when the specific issue of the unreasonable length of the LMFT/LPC/LMHC implementation process was formally addressed during an April 30 House VA Subcommittee on Health hearing by both the Majority and Minority leadership.

As a result of this dialogue, Assistant Secretary Sepúlveda expressed a better understanding of possible VA missteps that may have delayed a timely follow-up on the will of law in getting MFTs put into service. He provided attendees with a clearer view of the (bureaucratically cumbersome) road ahead, including VA procedural requirements such as MFT credentialing categorization, conferencing with subject matter experts and VA center directors, creation of an original Office of Personnel Management (OPM) job classification once VA qualification standards have been established, as well as targeted and general professional recruitment (additional opportunity for AAMFT/VA collaboration). Sepúlveda’s best-faith/worst-case scenario estimate for the commencement of MFT hiring is September 2010. As a political appointee of President Obama, and therefore still a relatively new addition to the VA, he wanted to make certain we knew of his firm commitment to the behavioral health needs of veterans and that once something was on his radar screen, it remained a top priority. The AAMFT will continue to serve as a point-of-contact to VA and congressional leaders, doing its best to make certain MFT implementation does not exceed the Assistant Secretary’s recent estimate while holding the agency accountable for the burgeoning mental health needs of vets.

Private Payer News: LMFTs Included as Covered Providers with GEHA

The AAMFT is pleased to report that the Government Employees Health Association, Inc. (GEHA), a company that provides health insurance benefits to U.S. federal employees and retirees in all 50 states, will include licensed marriage and family therapists as covered providers effective January 1, 2010. GEHA is the second largest health plan involved in the Federal Employees Health Benefits (FEHB) Program. GEHA provides health benefits to over 420,000 federal employees, federal retirees and their families. The FEHB Program is the largest employer-sponsored group health program in the U.S.

The inclusion of LMFTs as eligible providers with GEHA is a major development for the MFT profession. Over the last three years, the AAMFT has been corresponding with GEHA in an effort to have this plan cover the services of LMFTs. In May, the AAMFT and the American Mental Health Counselors Association (AMHCA) sent a joint letter to GEHA requesting that GEHA recognize LMFTs and LPCs as eligible providers of services to GEHA enrollees beginning in 2010. In late May, the AAMFT received a written response from the president of GEHA stating that GEHA would propose to the federal Office of Personnel Management (OPM), the agency that oversees the FEHB Program, that GEHA utilize LMFTs and LPCs as eligible providers starting in 2010. The AAMFT recently received confirmation from GEHA that OPM has approved GEHA’s request to include LMFTs and LPCs as eligible providers.

GEHA clearly stated that including LMFTs and LPCs beyond 2010 would depend on GEHA’s experience working with our members. Although not stated, often these large companies examine administrative and clinical benchmarks against the entire provider network. If you
choose to become a GEHA provider, please take a moment to familiarize yourself with GEHA policies, procedures and expectations so that future MFTs can be assured participation in this program.

In order for LMFTs to become preferred providers with GEHA, members need to call GEHA at (816) 257-5500 and ask for the customer service department. GEHA staff will then provide members with information on becoming GEHA-preferred providers.

**Canadian News**

In September, Veterans Affairs Canada (VAC), the Canadian agency that provides healthcare to Canadian veterans, agreed to recognize MFTs as eligible providers. MFTs will be eligible to treat veterans if they are registered with a provisional regulatory body. This is a tremendous accomplishment for the profession in Canada. This accomplishment is due to the hard work of the Canadian Registry and all of the AAMFT Members in Canada who have advocated for this change.

**Snapshots of Division Advocacy Developments**

**California:** Senate Bill 33, a bill that makes several amendments to the MFT licensure law, was signed by the Governor on August 5th and enacted into law. Assembly Bill 1113, which allows for MFT interns to provide mental health services in the state correctional system, was signed by the Governor into law on August 6th. This law will allow another avenue for MFT interns to meet their supervised experience requirements.

**Quebec:** In June, the Association of Professional Social Workers of Quebec (Ordre professionnel des travailleurs sociaux du Québec), the government agency that regulates MFTs in Quebec, became the Professional Order of Social Workers and Marriage and Family Therapists of Quebec (Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec). Additionally, in June, the Quebec government adopted Bill 21 concerning the provision of psychotherapy and mental health services. This new law provides for more regulations on the practice of mental health, and provides some practice protections to MFTs and other regulated providers.

**Tennessee:** In May, the Tennessee division was successful in its efforts to pass a bill through the legislature requiring the state human resources department to develop job classifications for LMFTs. In August, the division received word from the state Department of Human Resources that the department has already created two job classifications specifically for MFTs. These job classifications will allow LMFTs to be hired under an MFT job title for positions within state government.