

November 15, 2021

The Honorable Ron Wyden
U.S. Senate
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
U.S. Senate
239 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators Wyden and Crapo:

On behalf of UnidosUS,¹ we write to offer our recommendations as the U.S. Senate Committee on Finance develops bipartisan legislation to improve access to behavioral health services for Medicare, Medicaid, CHIP, and ACA marketplace beneficiaries. We appreciate the leadership demonstrated by the Chairman and Ranking Member of the Senate Finance Committee and the opportunity to share our recommendations on this important topic. The pandemic and economic crisis are highlighting the need to address long-standing disparities in access to behavioral health services.

The COVID-19 pandemic and resulting economic recession are exacerbating mental health needs among many Latinos, who are being disproportionately impacted by COVID-19 and are historically underserved by the nation's behavioral health care system.^{i,ii} Among U.S. adults surveyed in June 2020, 52.1 percent of Hispanic adults reported at least one adverse mental or behavioral health condition, compared with 37.8 percent of non-Hispanic White adults. Hispanic adults reported higher prevalence of anxiety or depressive disorder, trauma-related and stressor-related disorder, substance use to cope with stress, and suicidal ideation than non-Hispanic White adults or Asian adults.ⁱⁱⁱ

The cumulative effects of the pandemic are also taking a serious toll on children, particularly for children who have lost a parent or primary caregiver to COVID-19. In our community, 1 of every 412 Hispanic children lost one of the most important adults in their life – the person who provided their homes, needs, and care.^{iv} Orphanhood and caregiver loss is, obviously, an Adverse Childhood Experience that can have long-term health consequences, such as mental health problems, lower self-esteem, increased risk of substance abuse, and suicide.

The pandemic has also been challenging for all children, especially for children of color who are less likely to receive mental health care, with many facing the impacts of school closures, social isolation, financial hardships, and gaps in health care access.^v Between March and October

¹ UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers at the national and local levels.

2020, emergency department visits for mental health emergencies increased by 24 percent for children ages 5-11 years, and 31 percent for children ages 12-17 years, according to the Centers for Disease Control and Prevention (CDC).^{vi}

Without transformative reforms to the nation's behavioral health care system, poor mental health outcomes and barriers to care, especially for Latinos and other communities of color, are likely to persist. With respect to the request for information and the Committee's jurisdiction, we focus our recommendations on Medicaid, the nation's largest payer of behavioral health services.

Answers to Specific Questions from the Request for Information

What programs, policies, data, or technology are needed to improve access to care across the continuum of behavioral health services?

The Medicaid coverage gap hinders access to behavioral health services. Closing the coverage gap in the 12 states that have declined to participate in Affordable Care Act-authorized expansion, despite new financial incentives from the American Rescue Plan Act of 2021 (ARPA), would be a critical step toward reducing racial and ethnic disparities in behavioral health care. More than two million people, including more than 600,000 Latinos, fall in the coverage gap.^{vii} Substantial evidence shows that Medicaid expansion improves access to medications and services for the treatment of behavioral health conditions, including mental health and substance use disorders.^{viii} For pregnant women, in particular, coverage of screenings for depression and other preventive services through Medicaid expansion may improve maternal health outcomes, according to a recent study.^{ix} Additionally, Medicaid expansion has been found to reduce problems paying medical bills and psychological distress among parents with lower incomes.^x

We strongly urge Congress to close the coverage gap with a permanent solution, such as through a new federal Medicaid program.^{xi} To further incentivize state adoption, Congress should also restore funding for the full federal share of the costs associated with Medicaid expansion for late-adopting states.

What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?

A lack of access to culturally competent and linguistically appropriate care create a barrier for many Latinos with Limited English proficiency (LEP), resulting in a significant impact on their health and well-being.

More than 41 million Americans speak Spanish at home, and more than 25 million people overall have LEP.^{xii} Nearly 60 percent of Latinos report that they experience difficulties communicating with a health care provider due to either a language or cultural barrier.^{xiii}

Our current system lacks sufficient guardrails to ensure translation and interpretation services are available to all people. Linguistically competent care is especially important in behavioral health care, because conducting an assessment and forming a treatment plan depend on excellent verbal communication between patients and providers. Only 5.5 percent of psychologists can provide services in Spanish, according to the 2015 American Psychological Association survey.^{xiv} Importantly, several studies found that bilingual patients are evaluated differently when interviewed in English versus Spanish.^{xv} Moreover, Latino adults with LEP are less likely to use mental health services, when compared to their peers who are proficient or fluent in English.^{xvi,xvii}

We recommend the following policies to expand access to care:

- **Fully reimbursing providers through Medicaid and CHIP for expenses attributable to language access services can help improve care for LEP individuals.**
 - Translation and interpretation services currently can be reimbursed as part of administrative expenses or as an optional covered expense. States currently do not have to reimburse providers for the cost of language services, but under the Children's Health Insurance Program Reauthorization Act (CHIPRA) in 2009, states were given the option to claim a higher matching rate for translation/interpretation services. The CHIPRA increase to 75 percent federal financial participation should be expanded, and it should include all individuals receiving these services under Medicaid.
 - Only 15 states reimburse providers for language services via Medicaid or CHIP.^{xviii} As it stands under current law, some providers receive such low reimbursement rates that they may lose money by seeing LEP patients.^{xix} The lack of reimbursement is a barrier to providing these services, particularly for community health centers that serve large shares of immigrant and LEP patients.^{xx}

- **Creation of a new grant program for states and localities to design and implement innovative, cost-effective programs to improve culturally and linguistically competent care would improve the health of LEP individuals.**
 - In such a program, grant recipients could develop formal and informal health literacy and English proficiency assessments and simplify and improve self-management tools and strategies. To maximize community input, grants should be targeted to programs that will facilitate partnerships with organizations that are already serving communities with LEP. The “Health Equity and Accountability Act of 2020” provides one model worthy of support. It proposes a pilot grant program to fund statewide efforts that provide on-site medical interpreting services under Medicaid.^{xxi}

How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?

During the COVID-19 pandemic, telehealth has become a lifeline for people to safely access health care services, especially for behavioral and mental health needs.^{xxii} Patients report a high level of satisfaction with the care they received through telehealth.^{xxiii} Yet lawmakers must remain vigilant in assuring that gains made through new telehealth flexibilities do not amplify existing health disparities linked to limited access to technology, inadequate broadband, and low levels of digital literacy.^{xxiv} **Maintaining coverage of audio-only services is one way that Congress can directly help to address these structural barriers to telehealth.**

Additionally, we recommend that Congress direct the Centers for Medicare and Medicaid Services (CMS) to issue guidance and strategies to states on how to increase access to telehealth under Medicaid and CHIP, as proposed in the “Telehealth Improvement for Kids’ Essential Services (TIKES) Act.”^{xxv}

Congress has an incredible opportunity to transform the nation’s behavioral health care system. We look forward to working with the Senate Finance Committee to achieve our shared goals for our community and country. We are pleased to provide more information on these or related topics as the process moves forward. Please contact Matthew Snider, Senior Health Policy Analyst, by email at msnider@unidosus.org with questions or further discussion.

Notes

ⁱ Centers for Disease Control and Prevention, “Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity,” September 2021, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html> (accessed October 2021).

ⁱⁱ Substance Abuse and Mental Health Services Administration, “2019 National Survey on Drug Use and Health: Hispanics,” September 2020, <https://www.samhsa.gov/data/sites/default/files/reports/rpt31101/2019NSDUH-Hispanic/Hispanic%202019%20NSDUH.pdf> (accessed October 2021).

ⁱⁱⁱ Mark É. Czeisler, Rashon I. Lane, Emiko Petrosky, et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020.” *Morbidity and Mortality Weekly Report*, 69, no. 32 (August 14, 2020): 1049–1057, <http://dx.doi.org/10.15585/mmwr.mm6932a1>.

^{iv} Susan D. Hillis, Alexandra Blenkinsop, Andrés Villaveces, et al. “COVID-19-Associated Orphanhood and Caregiver Death in the United States.” *Pediatrics*, 148, no. 4 (October 2021), <https://pediatrics.aappublications.org/content/early/2021/10/06/peds.2021-053760>.

^v Kaiser Family Foundation, “Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic,” May 26, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/> (accessed October 2021).

^{vi} Rebecca T. Leeb, Rebecca H. Bitsko, Lakshmi Radhakrishnan, et al. “Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–

October 17, 2020.” *Morbidity and Mortality Weekly Report*, 69, no. 45 (November 13, 2020), 1675–1680, <http://dx.doi.org/10.15585/mmwr.mm6945a3>.

^{vii} UnidosUS, “Congress must deliver results for uninsured Latinos with a permanent solution to the coverage gap and enhanced financial assistance” September 21, 2021,

<https://www.unidosus.org/blog/2021/09/21/congress-must-deliver-results-for-uninsured-latinos-with-a-permanent-solution-to-the-coverage-gap-and-enhanced-financial-assistance/>.

^{viii} Kaiser Family Foundation. “The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020,” <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/> (accessed October 2021).

^{ix} Claire E. Margerison, Katlyn Hettinger, Robert Kaestner, et al. “Medicaid Expansion Associated With Some Improvements In Perinatal Mental Health.” *Health Affairs*, 40, no. 10 (October 2021),

<https://doi.org/10.1377/hlthaff.2021.00776>.

^x Stacey McMorro, Jason A. Gates, Sharon K. Long, and Genevieve M. Kenney. “Medicaid Expansion Increased Coverage, Improved Affordability, And Reduced Psychological Distress For Low-Income Parents.” *Health Affairs*, 36, no. 5: 808–818, <https://doi.org/10.1377/hlthaff.2016.1650>.

^{xi} Center on Budget and Policy Priorities. “Federal Action Needed to Close Medicaid “Coverage Gap,” Extend Coverage to 2.2 Million People,” May 6, 2021, <https://www.cbpp.org/research/health/federal-action-needed-to-close-medicaid-coverage-gap-extend-coverage-to-22-million> (accessed October 2021).

^{xii} U.S. Census Bureau: Table S1601, “Language Spoken at Home,”

<https://data.census.gov/cedsci/table?q=S1601&tid=ACSST1Y2019.S1601> (accessed October 2021).

^{xiii} AP-NORC Center for Public Affairs Research, Communication and Long-Term Care: Technology Use and Cultural Barriers among Hispanics (Chicago: AP-NORC, July 2018), https://apnorc.org/wp-content/uploads/2020/02/APNORC_LTC_2018_Hispanic_report.pdf (accessed October 2021).

^{xiv} American Psychological Association. “2015 APA Survey of Psychology Health Service Providers,” September 2016, <https://www.apa.org/workforce/publications/15-health-service-providers/> (accessed October 2021).

^{xv} American Psychiatric Association. “Mental Health Disparities: Hispanics and Latinos,” 2017,

<https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf> (accessed October 2021).

^{xvi} Giyeon Kim, Claudia X Aguado Loi, David A Chiriboga, et al. “Limited English proficiency as a barrier to mental health service use: a study of Latino and Asian immigrants with psychiatric disorders.” *Journal of Psychiatric Research*, 41, no. 1 (January 2011): 104–110, <https://doi.org/10.1016/j.jpsychires.2010.04.031>.

^{xvii} Ai Ohtani, Takefumi Suzuki, Hiroyoshi Takeuchi, et al. “Language Barriers and Access to Psychiatric Care: A Systematic Review,” *Psychiatric Services*, 66, no. 8 (May 1, 2015): 798–805.

<https://doi.org/10.1176/appi.ps.201400351>.

^{xviii} Jessica Himmelstein et al., “Health Care Spending and Use among Hispanic Adults With and Without Limited English Proficiency, 1999–2018,” *Health Affairs*, 40, no. 7 (July 2021),

<https://doi.org/10.1377/hlthaff.2020.02510>.

^{xix} Shivani A. Shah, David E. Velasquez, and Zirui Song, “Reconsidering Reimbursement for Medical Interpreters in the Era of COVID-19,” *JAMA Health Forum*, 1, no. 10 (October 12, 2020)

<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2771859>.

^{xx} National Association of Community Health Centers (NACHC), *Serving Patients with Limited English Proficiency: Results of a Community Health Center Survey* (Bethesda, MD: NACHC, June 16, 2008), <http://nachc.org/wp-content/uploads/2015/06/LEPReport.pdf> (accessed October 2021).

^{xxi} “Health Equity and Accountability Act of 2020,” H.R. 6637, 116th Cong., 2nd session,

<https://www.congress.gov/bill/116th-congress/house-bill/6637> (accessed October 2021).

^{xxii} COVID-19 Healthcare Coalition, “Telehealth Impact: Claims Data Analysis,” May 7, 2021,

<https://c19hcc.org/telehealth/claims-analysis/> (accessed October 2021).

^{xxiii} COVID-19 Healthcare Coalition, “Telehealth Impact: Patient Survey Analysis, April 11, 2021, <https://c19hcc.org/telehealth/patient-survey-analysis/> (accessed October 2021).

^{xxiv} Sachin D. Shah Lolita Alkureishi Wei Lee, “Seizing The Moment For Telehealth Policy And Equity,” *Health Affairs Blog* (September 13, 2021), <https://www.healthaffairs.org/doi/10.1377/hblog20210909.961330>.

^{xxv} “TIKES Act,” S. 1798, 117th Cong., 1st session, <https://www.congress.gov/bill/117th-congress/senate-bill/1798> (accessed October 2021).