ADVOCACY UPDATE

Medicare MFT Bills Gain Additional Cosponsors

Senate and House bills for Medicare MFT coverage gained more cosponsors since the last FTM issue went to press. Newly cosponsoring the Senate Medicare MFT bill, S 671, are Sens. Brown (D-OH), Levin (D-MI), Merkley (D-OR) and Murray (D-WA). Added cosponsors for its House counterpart, HR 1693, are Reps. Baldwin (D-WI), Bishop (D-GA), Carnahan (D-MO), Costello (D-IL), Filner (D-CA), Lewis (R-CA), Latham (R-IA), Platts (R-PA), Sestak (D-PA) and Souder (R-IN). These additions bring the bill totals to 10 Senators and 13 Representatives.

In addition, a new Senate rural healthcare access bill, S 1157, includes Medicare MFT coverage. This bill, by Sens. Conrad (D-ND), Roberts (R-KS), Harkin (D-IA) and Barrasso (R-WY), is similar to rural-access bills in previous sessions of Congress.

Meanwhile, more than 800 AAMFT members responded to an e-mail Alert asking them to e-mail their Members of Congress to cosponsor S 671 and HR 1693. Members who have not yet responded may do so by going to http://capwiz.com/aamft/home/.

The AAMFT expects Medicare MFT coverage to be part of this summer’s Congressional health reform debate.

Federal Health Reform Heats Up

Congress is actively considering President Obama’s call for reforming the federal healthcare financing system to cover the 47 million currently uninsured Americans and to make a variety of other changes, including to Medicare. Congressional leadership expects that both Senate and House will act on their own versions of bills before the Summer Recess begins on August 7, with final action in Autumn.

The AAMFT has been active on the healthcare reform debate:

- Submitting requested topical comments to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), emphasizing the need to cover MFTs in Medicare to expand access to behavioral healthcare, and to provide increased behavioral workforce training funds, such as under SAMHSA’s Minority Fellowship Program.

- Working in conjunction with the Mental Health Liaison Group, a coalition of 56 national behavioral health associations, and also with 50 national groups focused on reducing ethnic and other disparities in healthcare.

- Signing on to a full-page advertisement in the Politico Capitol Hill newspaper, along with the American Medical Association, American
Hospital Association and other national groups, urging that reform include resources to reduce healthcare disparities.

- Continuing AAMFT staff discussions with key Members of Congress and their staff, emphasizing the need to include Medicare MFT coverage in the reform omnibus bill.
- Expressing strong concern about Congressional proposals to tax some or all of the value of employer-sponsored health insurance coverage, which could disproportionately reduce private health plans’ coverage of MFT services.

At press time, omnibus reform bills had not yet been introduced. Although Congress had reached consensus on goals such as reducing the number of uninsured, there was largely partisan debate on how to implement those goals.

Most Democrats support an approach in which all citizens would be required to obtain a minimum level of healthcare coverage, subsidized for lower-income persons, and under which both uninsured and privately-insured persons would choose from multiple coverage options. These options would include “bare bones” as well as more extensive plans, which would be available through an insurance broker mechanism (termed a “Connector” or “Exchange”) from willing private insurers, as well as a federally-operated entity. Most Republicans oppose including a federal coverage entity, and support a voucher-type approach using choice among private insurance arrangements.

Views on how to pay for these changes are less partisan, but the leading approach is to limit individuals’ current income tax exclusion for employer-sponsored health insurance coverage. The premise for that approach—in addition to producing substantial tax revenue—is that the current tax exclusion disproportionately benefits higher-income persons and minimizes insured people’s financial incentive to be prudent healthcare consumers. In addition to this proposal, increasing “sin” taxes such as those applied to alcoholic beverages, as well as a new excise tax on sugar-sweetened drinks (to reduce obesity), are being discussed.

**The AAMFT Bolsters its Activities on Children’s Mental Health**

**New House Bill Builds Support for Family Therapists in the Schools**

Our first-ever MFTs in the schools bill was introduced on March 25 by its primary legislative co-author, Representative Souder (R-IN). The intent of this landmark bill is to encourage the inclusion of licensed family therapists on the list of professionals recognized to provide public school mental health services under the Elementary and Secondary Education Act (ESEA) of 1965, also known as the No Child Left Behind (NCLB) law. As of the end of May, this highly bi-partisan bill contained 15 co-sponsors (beyond Rep. Souder), including two original co-authors from the House Education and Labor Committee—Reps. Grijalva (D-NM)
and Hare (D-IL), plus two other original co-authors, Reps. Yarmuth (D-KY) and Kennedy (D-RI).

Based on the current shortage of qualified behavioral health providers in the schools—the largest provider of mental health services to children—the AAMFT feels that now is the time to help provide states with greater options for school-based mental health services in the form of licensed family therapists. The AAMFT is thrilled to be on the road to increasing legislative awareness of MFT qualifications and abilities to offer family-based interventions, whether individually or with relational involvement. As logical as this no-cost legislative language change to the federal NCLB grant program may seem, taking MFTs from the current NCLB category of “and others” into an explicit listing of our professionals as “licensed family therapists,” will take consistent work to dispel myths about our school-based competency and some unfortunate competitive opposition.

It is our understanding that ESEA/NCLB should be reauthorized (i.e., reworked) sometime next year. Please know that the AAMFT remains vigilant in working to secure strong legislative commitment to the idea of increased access to MFTs in our nation’s public school system. Our hope is that by building support ahead of time, we might be able to parlay legislation into actual policy change in the near future. The AAMFT will continue to build upon this new House activity to hopefully and finally get MFTs listed in ESEA/NCLB.

**AAMFT Involvement in National Children’s Mental Health Awareness Day**

On May 7, the AAMFT served in the official capacity as a “Supporter,” as well as an active participant in day-long legislative and regulatory (Substance Abuse and Mental Health Services) National Children’s Mental Health Awareness Day functions. The major goals of Awareness Day are to raise awareness of effective programs for children's mental health needs; demonstrate how children's mental health initiatives promote positive youth development, recovery, and resilience; and show how children with mental health needs thrive in their communities.

**New “MFT Coalitions & Partnerships” Web Resource**

For further information and links regarding National Children’s Mental Health Awareness Day or other cooperative activities/relationships of the AAMFT, please check out the [new MFT Coalitions & Partnerships page at http://www.aamft.org/coalitions.asp](http://www.aamft.org/coalitions.asp). This new page demonstrates the AAMFT's commitment to the power of collaboration. By partnering with counterpart organizations and consumer groups sharing an interest in effective mental health/whole-health services, we work to further the profession of marriage and family therapy, while also promoting the interests of those for whom we practice. The AAMFT is proud to provide members with this informational resource that demonstrates our commitment to staying active within the healthcare community and beyond.