Medicare MFT Bills Re-Introduced with New Chief Sponsors

In each new Congress, it is necessary to re-introduce all bills that did not become law at the end of the prior Congress. In the last several Congresses, the chief sponsors of bills to include MFTs and Licensed Professional Counselors in Medicare were Sen. Thomas (R-WY) and Rep. Cubin (R-WY). In addition, Rep. Towns (D-NY) was the chief sponsor of a Medicare MFT (but not LPC) coverage bill.

However, at the start of the current Congress, Sen. Thomas had died, Rep. Cubin had retired, and Rep. Towns was appointed to chair a non-Medicare committee and thus was required to leave the House Energy and Commerce committee, which has jurisdiction (along with the Ways and Means committee) for Medicare Part B. These changes required the AAMFT to obtain new sponsors for our Medicare bills.

The new Senate sponsor of S 671 is Sen. Lincoln (D-AR), and the new House sponsor of HR 1693 is Rep. Gordon (D-TN), both who are on Medicare committees. Other Members of Congress who are so far co-sponsoring these bills are Sens. Barrasso (R-WY), Boxer (D-CA), Durbin (D-IL), Inouye (D-HI) and Wyden (D-OR) and Reps. John Lewis (D-GA) and Napolitano (D-CA). The AAMFT urges Members to respond to our recent e-mail requesting they contact their Members of Congress to co-sponsor this important legislation. The AAMFT’s Web site features a quick link for AAMFT Members to email their Members of Congress on this issue, or go directly to http://capwiz.com/aamft/home/.

AAMFT Leadership Conference Features Capitol Hill Advocacy Day

On March 27, AAMFT Division leaders visited Capitol Hill to advocate for federal legislative priorities, including Medicare independent-practice coverage of MFTs and the inclusion of MFTs in the K-12 educational funding law, popularly called No Child Left Behind. Leaders from states with Members of Congress on the Senate and House Appropriations Committees also urged those Members to increase Fiscal Year 2010 funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program that funds 23 doctoral MFT Fellows.

Congress Finally Passes Fiscal 2009 Appropriations Bill with $4.7 Million for SAMHSA Minority Fellowship Program

On March 10, Congress finally passed a bill (HR 1105) to fund the remainder of Fiscal 2009 domestic non-entitlement spending programs, including the Minority Fellowship Program (MFP) of the AAMFT. The MFP received annualized funding of $4,701,000. Under this program, the AAMFT has awarded 23 Fellowships to
doctoral MFT students with demonstrated interest in serving ethnic-minority consumers.

The Fiscal 2009 funding runs through September 30. Congress has already begun considering Fiscal 2010 spending levels, and the AAMFT has recommended $6 million for the MFP.

$787 Billion Stimulus Law Includes $87 Billion to Stop Medicaid Cuts and $300 Million for Health Professionals Training; Increases Practitioner Penalties for HIPAA Health Records Disclosure

After vigorous debate and deal making, on February 13, Congress enacted the American Recovery and Reinvestment Act (HR 1, the “stimulus bill”), which will help avoid cuts in state Medicaid mental health and other benefits by including an AAMFT-supported provision to increase federal funding by $87 billion over two years.

The AAMFT and a coalition of other practitioner groups also were successful in obtaining a $300 million funding increase for health professionals' training support through the National Health Service Corps (NHSC). The student loans of MFTs and other health professionals are forgiven when selected candidates for NHSC positions provide clinical services for a specified number of years in underserved locales, including “mental health shortage areas.”

This new law also includes severe penalties for healthcare practitioners who inappropriately release health records, amending the privacy provisions of the 1996 Health Insurance Portability and Accountability Act (HIPAA). The AAMFT staff is reviewing these detailed provisions and will inform the membership about compliance.

In addition, the law will provide a 50 percent federal subsidy for persons who become unemployed on or after September 1, 2008, to purchase “COBRA continuation” coverage under their former employer-sponsored health insurance plans. A House-passed proposal to allow states to enroll certain unemployed persons onto Medicaid was not adopted in the final bill.

The law also includes $17 billion for Medicare and Medicaid bonus payments to healthcare providers and practitioners who adopt electronic health records. Because independent-practice MFTs are not Medicare-eligible and are Medicaid providers in only about half of the states, MFTs will receive little of this total. The AAMFT and a coalition of other non-physician practitioner groups protested this situation, and may have an opportunity to obtain similar funding when Congress plans to review the issue in late 2009.

AAMFT Urges MFT Inclusion as Part of Federal Health Reform
In response to President Obama’s call for federal healthcare reform by the end of 2009, at the request of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the AAMFT has been participating in a dialogue with behavioral-health practitioner, consumer and public-interest groups. This process is intended to develop consensus on how behavioral health issues fit in the broader health reform context.

On March 27, the AAMFT submitted comments to SAMHSA that urge MFT inclusion in all federal and federally-regulated private health insurance programs. We also urged SAMHSA to expand its support for its Minority Fellowship Program. Both of these recommendations are designed to increase service access for consumers, especially those living in currently underserved locales, such as rural areas and ethnic-minority communities.

The AAMFT is also heavily involved in the Congressional consideration of healthcare reform through advocacy by our leaders and staff, as well as through contributions by our Political Action Committee.

**State and Private Payer Advocacy Update**

**Federal Employees Health Benefits Program**

The Federal Employees Health Benefits (FEHB) Program is the largest employer-sponsored group program, providing healthcare services to over nine million federal employees, retirees, and their dependents. The federal government, through the U.S. Office of Personnel Management, contracts with several insurance companies, unions, and HMOs to administer this program. Although there are more than 200 private health plans that provide healthcare services to enrollees, the six largest plans represent 70% of all federal enrollees. The goal is to have the FEHB plans recognize MFTs as eligible providers.

The largest plan in the FEHB Program is the Blue Cross Blue Shield (BCBS) Federal Employee Plan. Currently, this plan does not fully utilize MFTs as eligible providers in all of the plans that it offers. The AAMFT has recently contacted the BCBS federal plan concerning this issue. We will continue to work on a resolution that will allow MFTs to treat all BCBS federal plan enrollees.

**Division Advocacy**

The state legislatures convened in January or February for almost all of the states in the United States. Divisions are active in supporting legislation that will directly benefit the MFT profession. Some divisions are fighting legislation sponsored by other parties that would harm the profession. Below are the final results of legislation pertaining to the MFT profession:
Alabama: On March 10th, the governor signed House Bill 98 into law. This law prevents the Alabama Board of Examiners in Marriage and Family Therapy from expiring.

Connecticut: The division successfully defeated a bill, Senate Bill 821, which would have eliminated MFTs from the state freedom of choice law. A freedom of choice law, also known as a vendorship law, allows an individual covered by a health insurance policy or contract to be reimbursed for any service covered by an insurance or managed care plan if the service is within the scope of practice of a family therapist. On February 10th, division members testified in opposition to this bill at the Senate committee hearing. No one testified in support of this bill. In preparation for the committee hearing, CTAMFT submitted written statements opposing this bill. At the request of the division, the AAMFT also provided a written statement to the committee in opposition to Senate Bill 821. Congratulations to the CTAMFT in defeating this legislation.

Kansas: This year, the division supported two MFT freedom of choice bills, House Bill 2088 and Senate Bill 104. On February 9th, a hearing was held on SB 104. Several division members and other supporters testified in favor of this important legislation. However, despite support from a majority of committee members, SB 104 was not called for a vote. Under Kansas law, these bills can be considered again by the legislature in 2010. The division will continue to work to obtain a freedom of choice law that benefits MFTs.

New Mexico: The division was successful in its efforts to pass legislation that would allow MFTs to serve as mental health providers in the public schools. In February, Senate Bill 484 was introduced. This bill adds MFTs as instructional support providers in the schools, and requires the state education department to create regulations for the licensing of MFTs as school mental health providers. On March 2nd, this important legislation unanimously passed the state senate. On March 20th, SB 484 passed the House by a vote of 43 to 21. The bill will be delivered to the governor’s office for his signature. Congratulations to the division on getting this important bill through the legislature.

Tennessee: The division has been supporting Senate Bill 330, a bill that would renew the authority of the Tennessee MFT licensure board until 2015. This bill unanimously passed both houses of the legislature. The bill will be presented to the governor for his signature.

Virginia: On February 26th, the governor signed House Bill 1948 into law. This important legislation will allow a judge to appoint an MFT to examine a person who is the subject of an involuntary commitment hearing. The involuntary commitment law had listed all of the other major mental health professionals as specifically eligible to perform these evaluations, except for MFTs. This new law will end this disparity. The division supported this legislation.