

May 15, 2009

Senator Max Baucus
Chairman
and
Senator Chuck Grassley
Ranking Member
Senate Committee on Finance
Via e-mail: Health_Reform@finance-dem.senate.gov

Re: Comments on the Policy Option Paper #1: Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs

Dear Senators:

The National Association of Social Workers (NASW) is the largest professional social work organization in the nation with 150,000 members. NASW promotes, develops, and protects the provision of effective social work services to a diverse group of client populations, many of whom participate in health care programs within the jurisdiction of the Finance Committee. We wish to commend your efforts to reform our nation's broken health care system and note that we are prepared to strongly support congressional efforts aimed at meaningful health system reform. NASW is pleased to provide comments on the Finance Committee's Health Reform Policy Options paper on Delivery System Reforms.

Following are our comments:

Transitions of Care (page 10)

Transitions of care is an essential component of comprehensive health care and can ensure better quality of outcomes and more efficient use of resources. We are concerned that this proposal will allow Medicare to only reimburse physicians, even though it is noted that several other non-physician professional groups will provide these services and are expert at it, especially with regard to mental health services. The professional groups already eligible for Medicare reimbursement, such as clinical social workers and advance practice nurses, must be included among the reimbursable group of providers.

Chronic Care Management Innovation Center (page 11)

NASW is pleased to see this recommendation and commends the Committee for including it in your proposal. The models proposed for study are particularly important to the practice of social work services in the health care system and the social work profession must be included in the design of these studies.

Bundled Payments to Providers (page 13)

There is much about the Administration's proposal to bundle payment that remains unknown, however NASW is concerned that bundled payments as proposed in the policy options paper lack an adequate research base, adequate time for phase in and will require substantial mechanisms to ensure the quality of patient care once implemented. We urge the Committee to adopt a "go slow approach" to this proposal,

ensuring first that an adequate national demonstration has been completed, a feasible timeline has been adopted toward full national implementation and, most critically, that adequate safeguards are put in place to ensure that the quality of care is monitored and that essential services are not decreased in order to make short-term cost savings.

SGR and Physician Payments (page 16)

NASW urges Congress to extend a current law provision that restored 2007 cuts to Medicare Part B mental health services. In 2007, the Centers for Medicare & Medicaid Services (CMS) slashed Medicare Part B reimbursement for clinical social workers and psychologists due to its "5-year review" rule. Under this rule, CMS increased payments for certain codes used by physicians and raising Medicare costs by \$4.5 billion. Due to budget neutrality requirements, CMS also reduced the payment values of all other services, with mental health diagnosis and treatment services hit with the largest cuts. Last year under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Congress partially restored the cuts made by the 5-year review. However, the restoration expires on December 31, 2009, so new legislation is needed this year to continue the restoration through December 2011, until the next 5-year review.

Extending the clinical social work and psychologist payment restoration is crucial to protecting access to Medicare mental health services. Clinical social workers and psychologists provide almost all of the Medicare psychotherapy, testing, and diagnosis services, but many have indicated that they may have to reduce their caseloads or leave the Medicare program if they are faced with these reimbursement cuts. The cost of protecting mental health services is very low; restoring the cuts for 18 months in MIPPA increased costs by only \$45 million. The 5-year review cut is separate from pay adjustments related to the SGR. Congress must also stop the SGR cut this year since it is projected to be 21%. We agree with Senate Finance Committee Chairman Max Baucus in his "Call to Action" health reform outline that "the current SGR formula is fatally flawed and must be replaced."

Health IT (page 19)

NASW strongly endorses the Committee's consideration of expanded eligibility for EHR Medicare incentive payments, and we believe the list of providers must include all professionals that practice independently under Medicare or Medicaid in the post-acute health care system. In particular, clinical social workers are essential participants in the delivery of behavioral health services and care coordination services. They practice in a very broad array of settings, including independently and work very closely with virtually all other health providers and professionals. It is essential that clinical social workers be made eligible for these incentive payments to realize the Committee's key reform objectives moving toward value-based purchasing, chronic care management and bundled payments for the health care system.

Add Provider Nondiscrimination Language (page 42)

With more than 45 million Americans lacking health insurance, expanding coverage must come with the assurance that patients have access to the quality health and behavioral health care services they need. NASW believes that health reform legislation should promote consumer choice and provider competition, while reducing costs, by including "nondiscrimination" language. Adopted as part of the 1997 Balanced Budget Act (BBA) for federal health insurance programs, and separately as part of House- and Senate-passed "Patients' Bills of Rights" legislation that were never enacted into law, such "nondiscrimination" language would prohibit plans from discriminating in the payment of qualified licensed healthcare providers, including clinical social workers.

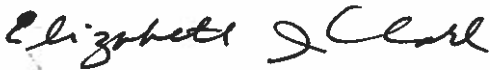
NASW urges Congress to include the “nondiscrimination” language below in any health reform legislation, and closely examine the nondiscrimination issue to ensure that participating plans truly make quality healthcare more affordable and accessible.

SEC. __. PROHIBITION ON DISCRIMINATION AGAINST HEALTH CARE PROVIDERS.

Notwithstanding any other provision of this Act (or an amendment made by this Act), a health insurance issuer to which this Act (or amendment) applies shall not discriminate with respect to participation, reimbursement, covered services or indemnification under a health plan or other health insurance coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law.

NASW greatly appreciate the opportunity to work with you and your staff to address these critical changes necessary in the nation’s health care system.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth J. Clark". The signature is written in a cursive style with a large initial "E".

Elizabeth J. Clark, PhD, ACSW, MPH
Executive Director