



**American Association for  
Marriage and Family Therapy**

Advancing the Professional Interests  
of Marriage and Family Therapists

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## **Medicare Coverage of Marriage and Family Therapists**

### **Issue**

Improving access to Medicare-covered mental health benefits by recognizing state licensed Marriage and Family Therapists.

### **Background**

In order for a mental health service to be covered by Medicare, the service must be for the diagnosis and treatment of mental illness. In addition, the mental health service must be delivered by a “covered” practitioner who is legally authorized to perform that service under state law. The covered mental health professionals recognized by Medicare presently include psychiatrists, psychologists, mental health clinical nurse specialists and Clinical Social Workers (CSWs). Marriage and Family Therapists (MFTs) are not listed as Medicare-covered providers despite the fact that MFTs have education, training and practice rights equivalent to or greater than existing covered providers.

Several recent reports have indicated that limited access to mental health services is a serious problem in the Medicare program. This is particularly true in rural areas, which have historically had difficulty attracting and retaining health professionals. According to a recent Surgeon General’s report, 37% of seniors display symptoms of depression in a primary care environment. Equally striking is that fact that this depression often goes unrecognized and therefore untreated. The failure to treat depression often leads to more primary care visits and higher Medicare expenditures. The unavailability of qualified mental health professionals compounds the mental health crisis among the elderly population and increases the costs to the program.

Currently, the federal government recognizes five mental health disciplines as core mental health professionals. These are psychiatrists, psychologists, mental health clinical nurse specialists, clinical social workers and marriage and family therapists. Of these five groups, only marriage and family therapists are not recognized by Medicare.

The cost of adding MFTs to Medicare is modest. According to the Congressional Budget Office (CBO), the cost of adding both MFTs and Licensed Professional Counselors (LPCs) to the Medicare program would be 18 million dollars per year. Assuming generously that MFTs account for half those costs, the total outlay will still be a nominal 9 million dollars per year for recognition of MFTs in Medicare.

The U.S. Senate has twice approved legislation recognizing MFTs under Medicare, in 2003 (S. 1) and 2005 (S. 1932). Further, there is bipartisan legislation in the House and Senate to expand Medicare to include MFTs as covered mental health professionals.

### **Discussion**

MFTs are legally authorized through state licensing laws to treat mental illness. MFTs are required to obtain a master’s degree in a mental health discipline and two years post-graduate supervised clinical experience, much like existing covered mental health providers, such as clinical social workers. This legislation will not change the mental health benefit or modify the MFT scope of practice, but will merely allow Medicare beneficiaries who need medically necessary covered mental health services to obtain those services from a marriage and family therapist. In essence, our proposal increases the pool of qualified providers that Medicare beneficiaries can choose from without change the services.

Significant shortages of mental health professionals continue to exist in many areas of the country, and rural counties suffer disproportionately. Among 1253 rural counties with 2,500 to 20,000 people, nearly three-fourths lack a psychiatrist, 58 percent have no clinical social worker, and 50 percent are missing a master's or doctoral psychologist. The supply of all these professionals is far lower in the 769 counties with fewer than 2,500 people. Further, the Health Resources Services Administration indicated that 90% of psychiatric and mental health nurses with graduate degrees were in metropolitan areas. There are many counties where only a marriage and family therapist may be present to serve the elderly population. A targeted study of licensed professionals in a sampling of states found many counties with no Medicare mental health providers, but with a marriage and family therapist: including Clayton, Iowa; Hamilton, Florida; Hutchinson, Texas; and Brunswick, Virginia; to name a few.

Federal government agencies also understand the valuable role MFTs play in increasing access to mental health services. The advisory committee to the Secretary of Health and Human Services recently encouraged inclusion of MFTs in the Medicare program. **The National Advisory Committee on Rural Health and Human Services specifically recommended "that the Secretary expand the range of certified mental health providers under Medicare to include marriage and family therapists" in its 2004 report.**

The Health Resources and Services Administration (HRSA) further recognizes MFT's participation in caring for underserved populations. One of HRSA's responsibilities is to identify areas of the country with mental health shortages. The purpose of this designation is to identify communities with unmet mental health service needs and pursue opportunities to recruit qualified mental health professionals to those communities.

Ironically, HRSA counts marriage and family therapists among the "core" providers qualified to deliver necessary mental health services. The failure of the Medicare program to recognize marriage and family therapists leaves many elderly beneficiaries without access to care and creates a conflict in federal law. For example, in communities where the only mental health professional available is a marriage and family therapist, the Health Resources and Services Administration may count that MFT and consider the community well-served. In fact, the elderly of that community have no access to the MFT because Medicare will not recognize the provider. Consequently, the government doesn't even know that there is an access problem because the two federal programs don't have consistent criteria.

Marriage and family therapists are not seeking to expand the scope of mental health services covered by Medicare, nor are they seeking to expand their own scope of practice. Instead, MFTs are simply trying to correct an inequity that restricts beneficiaries' access to a particular type of qualified mental health provider.

Furthermore, MFTs are not seeking higher payments for their services than are currently paid to clinical social workers. Under our proposal, marriage and family therapists would be paid at the same rate as clinical social workers (75% of the psychologists rate) for mental health services already covered by Medicare, which the MFT is legally authorized to provide in the state in which the service was delivered.

The importance of increasing the number of qualified Medicare mental health professionals by including MFTs is supported by many health organizations, including but not limited to the Depression and Bipolar Support Alliance, the National Council for Community Behavioral Healthcare, the National Rural Health Association and the California Primary Care Association.

## **Recommendation**

Improve access to Medicare-covered mental health services by including marriage and family therapists among the list of providers who can deliver covered mental health services and pay for those services at the same rate as clinical social workers.

**If you have any questions or need additional information, please contact:**

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