MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

Don Miskowiec, MBA, Board Chair
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February 1, 2018

Submitted electronically via www.regulations.gov

The Honorable Ajit Pai
Chairman, Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Comments on FCC Notice of Proposed Rulemaking for Promoting Telehealth in Rural America, WC Docket No. 17-310

Dear Chairman Pai:

On behalf of the National Council for Behavioral Health, thank you for the opportunity to submit comments on the Federal Communications Commission's (FCC) Notice of Proposed Rulemaking for Promoting Telehealth in Rural American, published on January 3, 2018.

The National Council for Behavioral Health (National Council) is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services. Together with our 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery.

The National Council applauds the Federal Communications Commission on its detailed review of the Rural Health Care Program and the scrutiny with which the FCC is monitoring where and how it spends American tax dollars. In the proposed rule, the FCC outlines how the appropriated $400 million for the Rural Health Care Program is no longer sufficient to cover the nation's growing telehealth needs. The National Council is supportive of initiatives and action to increase this appropriation to further meet the growing demand of telehealth services across the country, particularly as it pertains to curbing the nation's mental health and opioid overdose crises.

In addition to support for additional appropriations for this program, the National Council wishes to comment on a question posed in the proposed rule for how the FCC should prioritize the program's limited resources.

Question 25: The Commission seeks comment on whether prioritizing funding requests based on the designations by the HRSA would better serve its goal of using each funding dollar to its maximum benefit.

The National Council proposes utilizing government resources already publicly available to create a prioritization structure. The Health Resources and Services Administration (HRSA) has developed criteria to determine whether a geographic area or population group is experiencing an abnormal health care professional workforce shortage or is uncharacteristically medically underserved. HRSA's Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P) designations should serve the FCC as a roadmap for prioritization of the Rural Health Care program's limited resources.

As of January 1, 2018, HRSA has designated a total of 18,084 HPSAs across the country.[1] Of these, 5,042 have been designated as Mental Health Care HPSAs– **meaning that nearly one in four workforce shortage areas in the country have limited or no access to mental health or addiction treatment professionals.**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 77 percent of U.S. counties are experiencing a severe shortage of behavioral health professionals. This is leaving over 80 million Americans in areas that lack sufficient providers.[2] SAMHSA also reports that fully half of all U.S. counties have no practicing psychiatrists, psychologists or social workers. Prioritizing telehealth and telemedicine in these communities and connecting them to mental health and addiction treatment professionals is a concrete action that could help curb the ongoing mental health crises and opioid overdose epidemic claiming more than 100,000 lives every year.[3,4]

The National Council strongly believes these designated shortage areas provide a roadmap to maximizing the Rural Health Care Program's limited resources. Should the FCC utilize the information and designations already available to prioritize communities and populations with the greatest need of health care professionals and intervention via telehealth, they would be on the front lines of treating and solving the nation's mental health and opioid addiction crises as well as working to create greater access to health care for communities in need.

The National Council appreciates the opportunity to provide comments on this proposed rule. We welcome any questions or further discussion about the recommendations described here. Please contact Chuck Ingoglia at chucki@thenationalcouncil.org or 202-684-7457 ext. 249. Thank you for your time and consideration.

Sincerely,

Linda Rosenberg, MSW
President & CEO
National Council for Behavioral Health

[1] Health Resources and Services Administration Data Warehouse: Shortage Areas. Date accessed: February 1, 2018. https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx
[2] Report to Congress on Nation's Substance Abuse and Mental Health Workforce Issues, Substance Abuse and Mental Health Services Administration. January 24, 2013. https://store.samhsa.gov/shin/content/PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf
[3] Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: http://dx.doi.org/10.15585/mmwr.mm655051e1
[4] Curtin, Sally C., Warner, Margaret, and Hedegaard, Holly. Increase in Suicide in the United States, 1999–2014. NCHS Data Brief No. 241, April 2016. https://www.cdc.gov/nchs/products/databriefs/db241.htm