



# CLINICAL SOCIAL WORK ASSOCIATION

THE NATIONAL VOICE OF CLINICAL SOCIAL WORK  
STRENGTHENING IDENTITY | PRESERVING INTEGRITY | ADVOCATING PARITY

## ***Advocacy Priorities for CSWA - 2019 (\*=Major)***

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The Clinical Social Work Association mission - Identity, Integrity, and Parity - guides our advocacy. This year our advocacy priorities, in order of importance, are:

1. *\*Oppose CMS/DHHS proposals to include LCSWs in MIPS reporting* – CSWA submitted measures that would be acceptable if MIPS is required for LCSWs, but hopes that this will not be a revival of the PQRS reporting process. CMS will announce the results of the comments and decision whether to implement this rule on November 2, 2019.
2. *\*Oppose Limiting Section 1557 in ACA* – DHHS proposed allowing providers to refuse treatment to Exchange enrollees based on race, color, national origin, sex, age, and/or disability. CSWA strongly opposed this rule which is still under consideration.
3. *\*Prevent Medicare Auditing of 90837 and Frequency* – in August of 2018, CMS did a review through Global Tech of all LCSWs who were providers and found hundreds of LCSWs who were above 50% of all LCSWs in terms of how often they were seeing patients per week and how often they were using 90837. Many of these LCSWs have been audited for no reason that CSWA can support. We are working to prevent these unfair restrictions on clinical social work practice.
4. *\*Keep Affordable Care Act Intact* – the many efforts to repeal ACA are going to harm millions of people who have gained health care as a result of the ACA. All plans which have been proposed to ‘replace’ the ACA will do nothing to lower costs or provide better care. Keeping the ACA intact with some minor tweaks to funding, maintaining the essential benefits, and continuing to expand Medicaid are all a primary goal of CSWA.
5. *\*Limit Use of Text Therapy by LCSWs* – text therapy has some value in the way that LCSWs communicate with their patients. Using it to actually provide treatment asynchronously is a way to undermine the value of psychotherapy. CSWA has provided a position paper on this topic.
6. *\*Immigrant Families* – the crisis of separating immigrant parents and children has been a major concern of CSWA. We have worked with several organizations, notable the Psychotherapy Action Network, to stop the cruel policies that were implemented by the current administration.
7. *Consider the Value of Single Payer* – a discussion is developing about the possibility of creating a nationwide health care system. CSWA is still considering the pros and cons of this option, practically and politically, and will be looking at the feasibility of this goal.
8. *\*Implementation of Mental Health Parity* – the recent decision in California (Wit v. UBH), has highlighted the way that mental health parity laws have been ignored by insurers since their implementation in 2014. This important decision (March, 2019) has given LCSWs a great way to continue pursuing the goals of parity.

9. *\*Treatment of Addiction* – increased awareness of addiction and state regulation of endorsement to provide treatment for addiction may require more training in treatment of substance abuse for LCSWs who wish to work in this area.
10. *\*Degradation of Psychotherapy for Treatment of Chronic Disorders* – over decades emotional disorders that require long term treatment have been denied coverage by many insurers. Even with the passage of mental health parity, personality disorders, dysthymia, and anxiety disorders are covered as if crisis management is the only need for treatment that should be covered. Using parity, legal means, and our own expert judgment to make true mental health treatment a reality has been a primary goal.
11. *Privileging of Medication over Psychotherapy* – over the past 30 years, psychotropic medication has become the primary treatment for emotional distress, recommended by primary care physicians and insurers. Building bridges with PCPs and making psychotherapy a fundamental part of the way that emotional disorders are treated is a major goal.
12. *Telemental Health Development and Confidentiality*– the rise of telemental health psychotherapy is a complicated issue that raises clinical and regulatory concerns. Developing telemental health delivery systems that provide the level of confidentiality needed is a goal.
13. *Online MSW Education* – the rise of online asynchronous MSW programs is cause for concern. The ability to teach students how learn the way to create human connections and understand the complex experience of each individual is gravely undermined if there is no direct contact with faculty, fellow students, and, in some schools, clients. Many of these programs have now reported problems in the completion of these programs (less than 50%) and excessive debt for clinical social workers who participate in them.