AMERICAN PSYCHIATRIC ASSOCIATION

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December 2, 2020

Dear President-elect Biden and Vice President-elect Harris:

Congratulations on your historic win to become the 46th President of the United States and first woman of color to serve as Vice President. We appreciate your commitment to inclusiveness, civility, and science to address the many issues facing our country. As you know, an unprecedented number of Americans are struggling with mental health and substance use conditions as a result of the dual crises facing our country from the coronavirus (COVID-19) and systemic racism. A recent study APA conducted showed 62% of Americans feel more anxious than they did at this time last year. Respondents said their top concerns are keeping themselves and their family safe (80%), COVID-19 (75%), and their health (73%). In addition, a recent Lancet article showed that survivors of COVID-19 appear to be at increased risk of psychiatric sequelae, and a psychiatric diagnosis might be an independent risk factor for COVID-19.

We strongly urge you to prioritize strengthening our ability to respond to the increasing demand for psychiatric services. Untreated mental illness and substance use will have a resounding impact on society resulting in poor housing, unemployment, poverty, and trauma. Our health care system must be responsive to psychiatric needs by ensuring no wrong door to treatment and the reduction of discrimination. People must feel as comfortable seeking and discussing their psychiatric needs as they do for other medical conditions like diabetes, cardiovascular disease, and cancer. **Most urgently, we request a mental health professional be included on your administration's COVID task force**.

In addition, we offer several recommendations which your administration could work on in your first 100 days: (1) improving access to mental health and substance use treatment, (2) making investments in the mental health system, and (3) repealing regulations and executive orders aimed at weakening the Affordable Care Act and reduce protections against discrimination, while supporting regulations that improve access to treatment.

1. Improve Efficient Access to Treatment:

Widespread Adoption of the Collaborative Care Model: During this challenging time for all Americans, we are seeing increased rates of anxiety, depression, substance use, and trauma. We must meet the increasing demand for early identification and treatment of mental health and substance use disorders (MH/SUDs). If we do not

address these illnesses early, they can lead to long term chronic issues, greater use of emergency care, or the need for higher levels of care.

The Collaborative Care Model (CoCM) offers a proven evidenced-based model for providing mental health and substance use disorder services to patients within the primary care setting. This model, already implemented in many large health systems and individual practices, can detect and prevent suicide and overdoses in the primary care setting before they become crises. **CoCM is the only integrated care model covered by Medicare, as well as nearly all commercial and many Medicaid payers. With over 90 randomized control trials it is the only model with strong evidence of cost-savings.** A major mechanism driving cost-savings is the ability to detect illness and begin treatment sooner, just as we have accomplished over the last two decades for heart disease and cancer. The potential cost-savings from widespread implementation are considerable. The 2013 Center for Health Care Strategies study found savings in Medicare and Medicaid settings of up to 6 to 1 in total medical costs and an estimated $15 billion in Medicaid savings if only 20% of beneficiaries with depression receive such care. While CMS has covered CoCM since 2017, expansion of the model requires upfront staffing and infrastructure investments that slow implementation. **APA recommends increases to the CoCM billing codes of: 75% for first year, 50% for second year, 25% for third year to cover these initial costs**.

To ensure successful national implementation of the model, **we recommend the Center for Clinical Standards and Quality within CMS establish a national technical assistance (TA) center, with 60 regional extension centers, to provide technical assistance to primary care practices.** This is modeled on the strategy used in 2010 to accelerate the use of electronic health records (EHRs) in primary care settings. The TA center's key components should include work to:

- Develop financial models and budgets for program launch and sustainability based on practice size.
- Develop staffing models for essential staff roles including care managers and consulting psychiatrists.
- Provide information technology (IT) expertise to assist with building the model requirements into EHRs, including assistance with care manager tools, patient registry, ongoing monitoring, and records.
- Support training for all key staff and operational consultation to develop practice workflows.
- Ensure that staff in the TA Centers include individuals with expertise in IT, care management, psychiatry, and program design, to provide the full complement of needed expertise in each practice.

Support the Permanent Removal of Certain Telehealth Restrictions and Permanent Use of Audio-Only for Certain Services to Extend Flexibilities Beyond the Public Health Emergency: Physicians and patients are worried about what will happen to the current telehealth delivery model once the public health emergency declaration is lifted. Survey data from almost 600 of our physicians show they and their patients are generally satisfied or happy with the new virtual delivery system, and that appointment no-show rates are reduced. The percentage of psychiatrists who reported that ALL their patients kept their appointments increased from 9% to 32% from before to after their state declared an emergency due to

COVID-19. In conjunction, about 85% of respondents said that patients who were seen for the first time via telehealth were either somewhat satisfied or satisfied. This is consistent with nearly a decade of research on telepsychiatry that correlates patient satisfaction with using telehealth for treatment. To continue the use of virtual care, we recommend:

- The Drug Enforcement Agency finalize regulations for the Ryan Haight Act to allow for the prescribing of controlled substances via telehealth without a prior in-person exam.
- Continue to pay telehealth services on par with in-person visits.
- Allow for the use of telephone (audio) only communications for evaluation and management and behavioral health services to patients with mental health and substance use disorders when it is in the patient's best interest, and they should be paid at no less than an in person visit.
- Maintain coverage and increased payment for the telephone evaluation and management services.
- Remove frequency limitations for existing telehealth services in inpatient settings and nursing facilities.
- Include all services on the expanded Medicare-approved telehealth list including group psychotherapy.
- Allow teaching physicians to provide direct supervision of medical residents remotely through telehealth.

Improve Access to Psychiatric Beds: Providing psychiatric inpatient care to patients with acute psychiatric symptoms is often a challenge given limited hospital beds and the availability of community services. Many communities across the United States lack a comprehensive continuum of care that includes treatment services shown to improve outcomes for diverse populations. Reduced access is reflected in emergency department overcrowding and waiting lists for acute care.

2. Make Investments in Mental Health and Substance Use System

Support Short-term Funding: As our nation strives to move responsibly through and beyond this crisis, we know from experience that the mental health impacts of COVID-19 are likely to persist and deepen. Nonetheless, the economic impact of the COVID-19 crisis is threatening the economic viability of mental health and addiction providers in communities across our nation. The APA and our partners across the country have made progress in fighting the opioid and suicide epidemics that plagued our country before COVID-19, including efforts to bolster many of the same providers that are now at risk of closure. Without aggressive actions to ensure that either new funds or resources already appropriated through the Public Health and Social Services Emergency Fund reach these providers at a scale that will keep their doors open, our mental health and addiction infrastructure will diminish as mental health and substance use disorders become more widespread due to COVID-19 and the consequent economic downturn. **The APA joins our partners in the mental health and addiction community in asking that you work with Congress to ensure that $38.5 billion reaches these providers who serve patients in Medicare, Medicaid, and private-pay settings, including individual practices expeditiously, before they are forced to close their doors.**

Increase Long-term, Sustainable Funding: In addition to financially supporting the immediate needs of our mental health and behavioral health clinics and practices, we urge you to request long-term viability funding of the entire mental health care system. This investment should build upon certain provisions from the HEROES Act by increasing the $3 billion proposed for the Substance Abuse and Mental Health Services Administration to $4 billion for health surveillance and program support, in addition to the $200 million proposed in HEROES for the National Institute of Mental Health to prevent, prepare for, and respond to the mental health impacts of COVID-19. Investments in mental health also include the $100 billion Public Health and Social Services Emergency Fund provision from HEROES.

If we do not invest in mental health and substance use disorder treatment our systems will continue to get overwhelmed. We can do this by increasing the budget for SAMHSA and all agencies providing evidence-based mental health and substance use programs. It is also important that we see better coordination between SAMHSA, CMS, and HRSA on all mental health and substance use programs.

3. Improve Data Collection and Address Health Inequities

We were deeply concerned by the Trump administration's lack of focus on minority communities, including Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), in the Department of Health and Human Services (HHS) Draft Strategic Plan for FY 2018-2022, and in subsequent actions taken by the Department. The mission of HHS is "to enhance and protect the health and well-being of all Americans." This should be clearly articulated in all HHS plans, with a special focus on how to achieve better health outcomes for all minority populations.

Data show, and the COVID-19 pandemic exacerbated, health inequities in minority and vulnerable populations. **The administration must urgently collect, analyze, and make available to the public, explicit, comprehensive, standardized data on race and ethnicity across the department.** We cannot begin to remedy systemic issues within health care access and delivery if we do not first have quantifiable data from which to inform our policy proposals. Access to this type of information would empower healthcare providers to allocate the resources to get care to affected individuals in underserved communities.

4. Repeal Regulations and Executive Orders Aimed at Weakening the Affordable Care Act and Reduce Protections Against Discrimination, While Supporting Regulations That Improve Access to Treatment.

APA is concerned about many rules and executive orders that the current administration put into place and we urgently request you to repeal them.

Regulatory Changes That Weaken the Affordable Care Act:

- ***Short-Term, Limited-Duration Insurance:*** Prior to 2018, short-term, limited-duration plans were intended to be temporary insurance for people between jobs. CMS changed the definition to allow for the plans to remain in effect for up to 12 months with the opportunity for renewal. These plans are not required to comply with the ACA regulations, raising concerns that healthier individuals would purchase them rather than comprehensive coverage.

- ***Network Adequacy*****:** On November 9, 2020, the Trump Administration finalized a rule to roll back Obama-era Medicaid and Children's Health Insurance Plans managed care regulations by, among other things, easing network adequacy requirements, which will make it difficult for patients to access needed care.
- ***Medicaid Work Requirements:*** CMS issued guidance supporting state efforts to test incentives that make participation in work or other community engagement a requirement for continued Medicaid eligibility or coverage for certain adult Medicaid beneficiaries in demonstration projects authorized under section 1115 of the SSA. This change caused many low-income adults to lose coverage.
- ***1557 of the Affordable Care Act*****:** On June 19, 2020, HHS finalized a rule that eliminates nondiscrimination protections based on gender identity, as well as specific health insurance coverage protections for transgender individuals, adopts blanket abortion and religious freedom exemptions for health care providers, reduces protections for those with limited English proficiency, and limits the activities and entities covered, among other provisions. It also eliminates prohibitions on discrimination based on gender identity and sexual orientation in ten other federal regulations outside Section 1557. Parts of the rule have been blocked with legal challenges pending.

Discriminatory Regulations and Executive Orders:

- **Public Charge Rule - U.S. Citizen and Immigration Services**: Under the rule, immigrants to the United States classified as likely or liable to become a Public Charge may be denied visas or permission to enter the country due to their disabilities or lack of economic resources. This has been especially concerning with the economic and health impacts of COVID-19.
- ***Flores*** **Agreement Settlement:** Although a judge denied the government's motion to terminate the *Flores* Settlement Agreement, the Settlement remains in effect and will terminate when the government issues regulations that are consistent with the terms of the Settlement. We urge you to no longer separate families, help to unite those that have been separated, improve conditions in detention centers, and ensure appropriate health and mental health care is given to these children and families.
- **Executive Order on Combatting Race and Sex Stereotyping:** The Executive Order prohibits certain diversity training that the administration says amounts to "divisive, anti-American propaganda." The order has had a chilling effect across the federal government as departments and agencies have stopped initiatives to figure out how to comply with the order.
- **J-1 Visa Proposed Rule:** Department of Homeland Security issued a proposed rule to change the duration of the status of J-1 Visa holders that would likely prevent **thousands of J-1 physicians from continuing their training programs on July 1 each year, thus, disrupting their pre-assigned clinical physician services over thousands of hospitals.**

Regulations to Enhance and Release:

- **42 CFR Part 2:** We encourage SAMHSA to release proposed rules in accordance with the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act to better align Part 2 with the Health Insurance Portability and Accountability Act. The current regulatory framework that treats SUD confidentiality differently than the rest of care has hindered the ability to integrate care for people with substance use disorders and allow for patients with substance use disorders to benefit from new, innovative models of care. We must improve care coordination among providers while ensuring strong penalties and enforcement of provisions prohibiting the inappropriate sharing of patient records.

- **Patients Over Paperwork:** We encourage you to build on the "Patients Over Paperwork" framework to reduce administrative burdens physicians face, specifically to standardize the use of prior authorization.

Thank you for your consideration. We look forward to working with you to improve coverage and access for patients to effective psychiatric services across the country. If you have any questions, please contact me at slevin@psych.org and Kristin Kroeger, Chief of Policy, Programs, and Partnerships at kkroeger@psych.org.

Sincerely,

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CEO and Medical Director