AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

November 7, 2023

The Honorable Ron Wyden
Chairman
Senate Finance Committee
SD-219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
SD-219 Dirksen Senate Office Bldg.
Washington, D.C. 20510

Dear Chair Wyden and Ranking Member Crapo,

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 38,000 psychiatric physicians who treat mental health and substance use disorders, I write to express our appreciation for the Finance Committee's ongoing work to address our nation's concurrent mental health (MH) and substance use disorder (SUD) crises. As you well know, the COVID-19 pandemic exposed gaps in our country's health workforce and highlighted the urgent need to strengthen our broader health care infrastructure. Given the severity of current and projected behavioral health workforce shortages, we enthusiastically support your efforts to help build a workforce sufficient to meet the nation's future health needs. With that objective in mind, we write an endorsement of the following provisions set to be considered by the Committee.

Enhancing Medicare Payments for Providers who Integrate Behavioral Health and Primary Care

Population and evidence-based integrated care models hold enormous potential to augment our existing workforce and enhance access to care for the millions who struggle with undiagnosed and untreated MH/SUD. The COMPLETE Care Act (S.1378), put forward by Senators Cortez Masto and Cornyn, proposes a temporary increase in Medicare payment rates for behavioral health integration services, including the Collaborative Care Model (CoCM). By taking a population-based approach to better meet the growing demand for services, the CoCM has the capacity to increase the number of patients who can receive care for mental health and substance use disorders relative to traditional 1:1 treatment. Enabling psychiatrists to consult on a registry of 60 to 80 patients via weekly chart review, oversight of medication and therapeutic interventions, and making clinical recommendations to the primary care physician, the CoCM multiplies the number of patients who benefit from a psychiatrists' specialized training. Unfortunately, despite its robust evidence base for improving patient outcomes and the availability of reimbursement, uptake of CoCM by primary care practices, like other integrated care models, remains low due to the up-front costs and sustainability associated with implementation. To help promote and support uptake of evidence based integrated care, and to better leverage the existing behavioral health workforce, APA urges the Committee to pass this commonsense, bipartisan legislation.

Improving Access to Clinicians in Shortage Areas through Medicare Bonus Payments

The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of over 250,000 mental health professionals, including psychiatrists, mental health and substance abuse social workers, clinical and school psychologists, and school counselors. The gap between need and access is especially pronounced in psychiatry, with more than half of U.S. counties presently lacking a single psychiatrist.[1] The shortage and maldistribution of psychiatric care and other high-need specialties limits patient access to cost effective, preventive care, and it will become even more acute in the coming years if no action is taken. Low reimbursement rates for Medicare and Medicaid play an important role in deterring physicians and others from practicing in rural and underserved areas. This is especially true for psychiatrists, who are more likely to treat a higher proportion of socially at-risk patients.[2] Treating patients with more social risk factors increases the complexity of psychiatric visits and requires more resources for treatment, compounding the increased costs of caring for patients with mental health disorders. Further, Medicare does not risk adjust for the most prevalent forms of depression and anxiety disorders which may result in underestimation of the resources required to treat beneficiaries with these conditions. To help attract psychiatrists and other mental health professionals to shortage areas, APA urges support for the proposal from Senators Stabenow and Daines (S.3157) to increase Medicare's Health Professional Shortage Area (HPSA) bonus payments to psychiatrists and other behavioral health clinicians.

Medicaid Demonstration to Expand Behavioral Health Provider Capacity

Increased demand for MH/SUD treatment services, growing administrative burdens, and excessive workloads all contribute to the emotional exhaustion and occupational stress psychiatrists and other behavioral health clinicians face, and ultimately, drive burnout. While there is no simple solution to addressing this problem, improved Medicaid financing could help states and behavioral health providers, including Community Mental Health Centers, Community Behavioral Health Organizations, Certified Community Behavioral Health Clinics (CCBHCs), Opioid Treatment Programs (OTPs), and residential substance use facilities, support the retention, recruitment and training of critical mental health and substance use professionals. Accordingly, APA supports the proposal by Senators Stabenow and Daines, S. 3158, which would require the Secretary of Health and Human Services to issue guidance to States about strategies under Medicaid and CHIP to increase MH/SUD provider education, training, recruitment, and retention.

Protecting Patients from Ghost Networks

Ghost networks are false promises by insurers to provide access to care that shift the expense to the patient. They affect private sector health plans purchased by individuals and employers and public sector plans like Medicaid and Medicare Advantage. More than that, they can have negative health consequences for patients who forego or delay treatment because they cannot find a clinician to provide the mental health care they need.

The administrative burden of sending directory updates to insurers via disparate technologies, schedules, and formats costs physician practices a collective $2.76 billion annually. Some larger systems are forced to invest multiple FTE's chasing down insurance plans for network accuracy purposes, resources that could

[1] https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf

[2] Johnston KJ, Meyers DJ, Hammond G, Joynt Maddox KE. Association of clinician minority patient caseload with performance in the 2019 Medicare Merit-Based Incentive Payment System.JAMA. 2021;325(12):1221-1223. doi:10.1001/jama.2021.0031

instead be devoted to patient care. Private practitioners make up a significant portion of the psychiatric workforce and many do not participate in the networks because of the burdensome requirements imposed by the plans. The burden should be on the plans, whose profits appear sufficiently healthy, to maintain accurate directories, not on the clinicians who are in short supply and should be spending their time treating patients.

APA appreciates the revision in the committee's mark-up draft that clarifies that Medicare Advantage plans must cover out-of-network costs in the same manner as they would if the plan does not have a specialist and must refer out-of-network. It is important to reimburse out-of-network costs resulting from inaccurate provider networks in the same manner as other services are reimbursed, while also protecting patients from related excess costs. We also support seeking stakeholder input on best practices for maintaining accurate provider directories.

Distributions of Additional Residency Positions in Psychiatry and Psychiatry Subspecialities

Due to the thoughtful and bipartisan groundwork laid by the Finance Committee, the Fiscal Year 2023 Consolidated Appropriations Act (FY23 Omnibus) included language to add 200 new graduate medical education (GME) residency slots with 100 of these slots going directly to psychiatry or psychiatric subspecialties beginning in 2026. APA urges the Committee to consider avenues to build on this investment by supporting additional new Medicare-GME slots for psychiatry and psychiatric subspecialties with residencies spread geographically in rural and urban areas, alike. Training more residents in psychiatry is an essential, long-term strategy to enhance access to care, which should be paired with supporting short-term workforce enhancement strategies like the CoCM. Such an investment will help our nation chip away at the workforce shortage and better position the nation to address the growing crisis of access to mental health and substance use-related care and treatment.

Thank you once again for your continued leadership. As you continue your important work to address the country's growing mental and behavioral health crisis, we encourage you to consider these critical proposals and stand ready to assist you in any way possible.

Sincerely,

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Saul Levin, MD, MPA, FRCP-E, FRCPsych
CEO and Medical Director

Saul M. Levin, M.D., M.P.A., FRCP-E
Chief Executive Officer & Medical Director