Johnson & Johnson

WORLDWIDE GOVERNMENT AFFAIRS & POLICY

November 15, 2021

U.S. Senate Committee on Finance

The Honorable Ron Wyden
221 Dirksen Senate Office Bldg.
Washington, D.C., 20510

The Honorable Mike Crapo
239 Dirksen Senate Office Bldg.
Washington, D.C. 2010

RE: U.S. Senate Committee on Finance Effort to Address Barriers to Mental Health Care

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Senate Finance Committee:

Johnson & Johnson (J&J) appreciates the opportunity to respond to the Senate Finance Committee (the Committee)'s call for input on legislative proposals that will improve access to mental healthcare services. In recent months, the Committee has led a bipartisan effort to better understand behavioral health care needs and the factors that contribute to gaps in care. As part of this effort, it has held hearings and engaged Committee members to analyze system challenges and possible data-driven solutions to improve access. At present, the Committee is seeking feedback from stakeholders from both the public and private sectors on legislative proposals that will improve access to health care services for Americans with mental health and substance use disorders.

We share in the Committee's deep concern for the lack of timely and easy access to high-quality and effective mental healthcare. The number of individuals living with mental health and substance use disorders has significantly increased during the pandemic putting even greater stress on the U.S. mental health care system. Particularly important and timely is the need to address such challenges as a crucial component of recovery from the COVID-19 health pandemic.

At J&J, we are guided by Our Credo, which has charged us with the responsibility of putting the needs and well-being of the people and communities we serve first. To this end, we are deeply motivated to advance scientific and medical innovation, policies that improve patient access to care, and strengthen meaningful partnerships with a wide range of health care stakeholders. Innovation remains at our core and we continue to work on finding new ways to reduce the burden of disease for those affected by mental illness.

We are committed to improving the way in which mental health disorders are prevented, diagnosed, and treated in order to change the lives of people living with mental illness. J&J is

proud to have invested in the research and development of therapies for mental health disorders. Notably, we have introduced long-acting injectable anti-psychotics for adult patients with schizophrenia and schizoaffective disorder and SPRAVATO®, a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist, for patients with treatment-resistant depression and major depressive disorder with acute suicidal ideation or behavior. SPRAVATO® is the first and only approved medicine that has been shown to reduce depressive symptoms within 24 hours, providing a new option for significant symptom relief until a longer-term, comprehensive treatment plan can take effect.[1,2] Experience has shown the importance of ensuring that patients have consistent and coordinated access to such therapies across various levels and sites of care for successful and sustainable long-term treatment.

We offer the following recommendations to help the Committee advance legislation that seeks to bolster the healthcare system to more effectively address mental health and substance use disorders.

Promote adoption of evidence-based care models to address care gaps in mental health

Crisis Care

Mental health crises, similar to physical health crises, require organized services and evidence-based approaches to appropriately respond to and care for individuals facing such challenges.[3] Unfortunately, most communities do not have the appropriate infrastructure to address mental health crises in a timely manner leading to inappropriate response from law enforcement, overutilization of emergency services, or other ineffective and inefficient responses.

Critical to successful mental health care services is the ability to offer comprehensive behavioral health crisis services. It is important to advance and implement a nationally standardized crisis care model that at a minimum includes integrated crisis care as it serves as the first line of defense against public and patient safety threats, waste of resources, and many other tragedies.[4] While allowing local entities to develop tailored programs, it is important to ensure increased resources and knowledge that improve the response to mental health crises. Such resources should be utilized to develop crisis services in communities across the United States such as 988 crisis hotlines and call centers, mobile crisis services, behavioral health urgent care facilities, crisis stabilization and observation beds, and short-term crisis residential options.

We are pleased by and applaud the inclusion of planning grant programs for twenty Medicaid programs in support of the development of multi-disciplinary and mobile crisis interventions. As

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[1] SPRAVATO® [Prescribing Information]. Titusville, N.J., Janssen Pharmaceuticals, Inc. July 2020.
[2] https://www.jnj.com/janssen-announces-u-s-fda-approval-of-spravato-esketamine-ciii-nasal-spray-to-treat-depressive-symptoms-in-adults-with-major-depressive-disorder-with-acute-suicidal-ideation-or-behavior
[3] Substance Abuse and Mental Health Services Administration (SAMHSA). *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit*. 2020. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
[4] Ibid. SAMHSA.

evidence continues to be gathered, we encourage the analysis of key learnings and program benefits and the expansion of such programs based on the evidence.

Certified Community Behavioral Health Clinics (CCBHCs)

Critically important to addressing care gaps in mental health care is the transition of care from hospital, jail, or other settings to the community. CCBHCs have provided critical care for people with mental health and substance use challenges. This care model was launched in 2017 and has demonstrated success in improving access to care, coordination with hospitals and emergency departments, and coordination with law enforcement and criminal justice agencies. **We recommend that the Committee advance legislation S. 2069 Excellence in Mental Health and Addiction Treatment Act** which would expand this model to every state.

Similarly important is the need to ensure continuity in coverage as incarcerated individuals requiring mental health care are released. Facilitating a successful transition out of the criminal justice system requires the appropriate support and access to health care and possible mental health or addiction recovery treatment resources. At present, such infrastructure does not exist, and upon release, individuals are at significant risk for relapse and recidivism if they do not have adequate access to healthcare. To this end, we strongly encourage the Committee to close the coverage gap experienced by many incarcerated individuals who require mental health care and addiction treatment during the critically sensitive transition period.

The Collaborative Care Model (CoCM)

Evidence has demonstrated the importance of integrating behavioral heath care with physical care to best serve patients and contain costs.[5] The CoCM is an evidence-based model in which a primary care physician, a psychiatric consultant, and care manager work as a team to treat patients. Specifically, the CoCM team seeks to provide evidence-based treatment for mental health conditions, measure patients' progress, and adjust care as appropriate. To date, this model is supported by over 90 research studies and has demonstrated efficacy in improving patient outcomes. It has been adopted by a number of private insurers, Medicare, and several state Medicaid programs. Despite its evidence and Medicare approved codes, the model's adoption has been limited. We encourage the Committee to introduce and advance legislation that provides grants, resources, and technical assistance to providers and healthcare practices that adopt the CoCM model.

[5] Center for Health Care Strategies and Mathematica Policy Research. *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. 2013. https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf

Advance coverage of behavioral health services and treatments for pregnant and postpartum women

Perinatal mood and anxiety disorders (PMADs) are one of the most common obstetric complications, affecting one in seven pregnant and postpartum women.[6] Often, these conditions are undiagnosed and untreated which has been linked to negative multigenerational and long-term impacts on the physical, emotional, and developmental health of the mother and child.[7] The COVID-19 health pandemic has exacerbated these challenges making the incidence of anxiety and depression significantly higher than pre-pandemic periods.[8] Women of color and women who live in poverty are disproportionately impacted by PMADs, which are simultaneously exacerbated by and contribute to larger structural challenges affecting social mobility, and physical and mental health.

The consequence of untreated and undiagnosed PMADs is significant and far-reaching. Specifically, they result in income loss and reduced productivity among mothers and increased use of public sector services among both the child and mother. As such, advancement of legislation that seeks to improve diagnosis and coverage of necessary services and therapies for mothers is critical. Specifically, we continue to advocate for more states to extend Medicaid post-partum coverage to 12 months as an essential first step to improving maternal health outcomes. Additionally, we support policies that seek to enhance coverage of telehealth services that specifically support women throughout and after pregnancy after the public health emergency ends. Doing so not only increases access but also and improves data and research to better understand and diagnose PMADs.[9]

Address racial disparities and advance equity in care and outcomes in mental health care

Last year, J&J announced its $100 million commitment over the next five years through Our Race to Health Equity (https://www.jnj.com/our-race-to-health-equity), to invest in and promote health equity solutions. Through this initiative, J&J aspires to help eradicate racial and social injustice as a public health threat by eliminating health inequities for people of color. These efforts are carried out in accordance with three key pillars: putting our people first, healthier communities, and enduring alliances. Within this effort, we have continued to be focused on improving mental health care and addressing care gaps that exist in the current system.

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[6] Luca, D., et al (2019). Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematic Policy Research.*

[7] Ibid Luca, D.

[8] 7 Berthelot N,. et al (2020). Uptrend in Distress and Psychiatric Symptomatology in Pregnant Women During the Coronavirus Disease 2019 Pandemic. *Acta Obstetricia et Gynecologica Scandinavica* .

[9] Moore, J. E., McLemore, M. R., Glenn, N., & Zivin, K. (2021). Policy Opportunities to Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions: Study examines policy opportunities to improve prevention, diagnosis, and treatment of perinatal mental health. *Health Affairs*, *40*(10), 1534-1542.

Black, indigenous, and people of color are more likely to be uninsured or have insurance that does not adequately meet their health needs.[10] As such, the Committee should consider policies that promote expanded coverage, ensure equity in access to mental health treatment, and promote coverage parity. We recommend **the Committee advance the S. 1727 Medicaid Bump Act, which seeks to provide a higher Federal matching rate for expenditures under Medicaid for behavioral health services**.

Policies that focus on increasing the inclusion of diverse population in research will help overcome discriminatory evidence gaps that inform the US Preventative Services Task Force. Efforts focused on gathering such evidence should improve screening capabilities, which are essential to understanding disease burden and providing patients with timely and effective care. Such research should seek to address social factors such as the social, economic, and structural contexts of disease.

Continue to protect Medicare Part D's six protected classes

Patient access to appropriate treatments is a critical component to both immediate and long-term care delivery. To this end, we continue to stress the importance of preserving medical decision making between patients and their health care provider. Protecting access and sustaining adherence to treatment regimens is critical to improving outcomes and avoiding unnecessary healthcare costs.

The six protected classes policy protects patient access to appropriate therapies by requiring Medicare Part D plans to cover all medications within six classes including anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants. Enactment of this policy was rooted in the recognition that patients and providers depended on access to the full range of treatment options available for beneficiaries living with complex chronic diseases treated by those drugs – especially true for patients with mental illness, who often must try many different therapies before finding one that works for them. These medications often include prescriptions to therapies such as antidepressants and antipsychotics used to treat individuals with mental illness. We strongly believe that protecting access to the full range of therapies available is a critical element of preventing additional complexities and gaps in mental health care. Further, this policy has protected many Americans living with complex chronic diseases such as cancer and HIV/AIDs, who tend to suffer from disproportionately high rates of mental illness.

We strongly support the six protected classes within Medicare Part D and urge the Committee to maintain this policy because it provides patients with mental illnesses access to the appropriate, FDA-approved therapies.

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[10] Ndugga, N. and Artiga, S. *Disparities in health and Health Care: 5 Key Questions and Answers.* KFF Issue Brief. 2021. https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Telehealth

J&J continues to believe that telehealth is a critical enabler to expanding access to care – including mental healthcare – as it ensures patients have access to services regardless of their location. Particularly important is the promise telehealth services hold in the closing the gap in administering mental health services. Flexibilities to telehealth services allowed during the COVID-19 public health emergency have demonstrated the value of expanding such services.

Thus, reimbursement for telehealth services should support both the provider investment in the necessary infrastructure and the value provided to patients. We appreciate Congress's decision to permanently increase flexibilities supporting telehealth services for the treatment of mental health conditions. Further, we are encouraged by the Centers for Medicare and Medicaid Services' (CMS) swift implementation of this benefit in the most recent Physician Fee Schedule final rule. As more beneficiaries are able to more easily access mental healthcare services, we encourage the Committee to consider further expansion of telehealth benefits.

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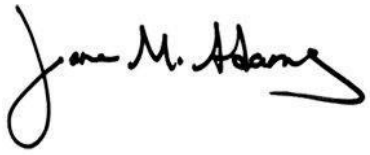
We applaud the U.S. Senate Committee on Finance's continued efforts to understand and address gaps in care for Americans living with mental health disorders and appreciate the opportunity to provide comments on this critical issue. For question and follow up, please e-mail Jane Adams at JAdams@its.jnj.com and Andrea Masciale at AMascial@its.jnj.com. We look forward to future conversations and serving as a resource.

Sincerely,



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