

November 1, 2021

The Honorable Ron Wyden  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

Thank you for the opportunity to provide patient-focused solutions to address mental health care access for Medicare beneficiaries. The Michael J. Fox Foundation for Parkinson's Research (MJFF) supports legislative efforts that protect and increase access to health care services for individuals living with Parkinson's disease (PD) and seeking treatment to manage all of its associated symptoms. Within this comment to the Senate Finance Committee in response to its request for information on legislative proposals to increase access and coordination of care, we submit information on three policy themes for the Committee to consider. The patient-focused solutions are passing S.828, the Mental Health Access Improvement Act, preserving Medicare's six protected classes policy, and expanding telehealth to improve access to care.

MJFF advocates on behalf of the Parkinson's disease (PD) community, including both individuals living with the disease, and their caregivers. PD is a progressive neurological disorder for which there is no treatment to stop, slow, or reverse the progression of the disease, nor is there a cure. It is estimated that more than 1 million people in the United States are living with PD, and the disease costs the country \$58 billion every year. Approximately 90% of the individuals living with PD are Medicare beneficiaries. The federal government is responsible for nearly \$29 billion due to the cost of care. This annual total cost is expected to be nearly \$80 billion by 2037 when more than 1.6 million Americans are projected to be living with PD.

#### **Expanding Access to Mental Health Care for Medicare Beneficiaries**

S.828, the *Mental Health Access Improvement Act*, is a common-sense solution to improve and expand Medicare beneficiaries' access to mental health care services. This legislation allows licensed mental health counselors and marriage and family therapists to receive Medicare reimbursement, thus alleviating the mental health workforce shortage in critical communities such as rural areas.

PD and Alzheimer's disease are the most common neurodegenerative diseases.<sup>1</sup> For many of those individuals living with PD, mood disorders, such as anxiety and depression, are often debilitating clinical symptoms that profoundly impact the individual's health, quality of life, and independence. Up to half of all people with PD may suffer from a mental health disorder at some point during the course of their disease.

While PD is most often characterized as a movement disorder, many non-motor symptoms are associated with it- cognitive decline, depression, psychosis, impulse control, anxiety, sleep disorders, fatigue, and autonomic dysfunction. Within the patient community, one analysis evaluating ten studies determined that the prevalence rate for major depression is 24.8% and minor depression is 36.6%.<sup>2</sup> Questionnaires to determine the prevalence of anxiety disorders within the patient population concluded that 34% live with an anxiety disorder, and an additional 11.4% had clinical anxiety symptoms but were not diagnosed with a disorder.<sup>3</sup> Approximately 20% experience hallucinations.<sup>4</sup> At least 75% of PD patients who live for ten years after diagnosis will develop dementia.<sup>5</sup> Lastly, compared to other psychiatric disorders, there is limited data on PD and suicidal behavior. The studies that have evaluated suicidal ideations and PD report rates up to 30%.<sup>6</sup>

One of the reasons why mental health stigma exists is due to the lack of attention and communication about it, especially among aging adults. The current pandemic continues to highlight the stressful burden on health care workers, parents, and families suffering through the disease, but older adults are left out. The legislative package that the Senate Finance Committee organizes must include efforts to address mental health among older adults and Medicare beneficiaries. About one in four Medicare beneficiaries live with a mental illness<sup>7</sup>, but a majority (71%) of seniors have never been screened for a mental health condition.<sup>8</sup> A lack of access to mental health providers contributes to this problem.

S. 828, the *Mental Health Access Improvement Act*, brings in more qualified mental health care providers to provide care to Medicare beneficiaries. Once this legislation is passed, there will be more than 225,000 providers coming off the sidelines to participate in Medicare. This will increase access to services, especially in rural areas where access to mental health treatment is often unavailable. It is time

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<sup>1</sup> National Institute of Environmental Health Sciences. Neurodegenerative Diseases.

<https://www.niehs.nih.gov/research/supported/health/neurodegenerative/index.cfm>

<sup>2</sup> Chen JJ, Marsh L. Depression in Parkinson's Disease: Identification and Management. *Pharmacotherapy*. 2013; 33: 972-983.

<sup>3</sup> Leentjens AF, Dujardin K, Marsh L, Richard IH, Starkstein SE, Martinez-Martin P. Anxiety Rating Scales in Parkinson's Disease: A Validation Study of the Hamilton Anxiety Rating Scale, the Beck Anxiety Inventory, and the Hospital Anxiety and Depression Scale. *Movement Disorders*. 2011; 26: 407-415.

<sup>4</sup> Schrag A, Ben-Shlomo Y, Quinn N. How Common are Complications of Parkinson's Disease? *Journal of Neurology*. 2002; 249: 419-423.

<sup>5</sup> Aarsland D, Kurz MW. The Epidemiology of Dementia Associated with Parkinson's Disease. *Journal of the Neurological Sciences*. 2010; 289: 18- 22.

<sup>6</sup> Grover S, Somaiya M, Kumar S. Psychiatric Aspects of Parkinson's Disease. *Journal of Neuroscience in Rural Practice*. 2015; 6: 65-76.

<sup>7</sup> McGinty B. Medicare's Mental Health Coverage: How COVID-19 Highlights Gaps and Opportunities for Improvement. The Commonwealth Fund. July 9, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/jul/medicare-mental-health-coverage-covid-19-gaps-opportunities>

<sup>8</sup> Patient Access Network. Mental Health Concerns Among Seniors with Chronic Illnesses. May 2021. <https://www.panfoundation.org/app/uploads/2021/05/PAN-Mental-Health-Analysis.pdf>

to expand and improve access to mental health care so Medicare beneficiaries, including individuals living with PD, can obtain the mental health care services they urgently need.

### **Preserving Medicare's Six Protected Classes**

MJFF supports the continued protection of the six protected classes policy for medications within Medicare Part D as a commitment to individuals living with PD that they will maintain access to the medications necessary to treat the hallucinations and delusions often associated with PD. Without strong support from Congress on this issue, patients are at risk for losing affordable access to vital antipsychotics and antidepressants to ensure safety, independence, and a healthy quality of life.

The six protected classes policy was established to guarantee patients living with challenging chronic conditions have access to the full range of treatment options recommended to them by their physicians. It requires Medicare Part D plans to cover substantially all medications within six classes. When Congress created the Medicare Part D benefit, it recognized that certain drugs were necessary to beneficiaries who rely on them. Protecting and preserving this policy is essential for mental health treatment so patients living with mental illnesses can manage their symptoms with FDA-approved therapies. Individuals with complex medical conditions have complicated medical needs. They cannot lead a healthy lifestyle without access to these types of medications.

There has been bipartisan support for the six protected classes policy previously, especially among members on the Committee. I encourage the Committee to use this opportunity to protect patients and ensure that there are no changes to undermine Medicare's six protected classes policy.

### **Telehealth Access for Mental Health Care**

MJFF appreciates and is grateful for the telehealth flexibilities provided through the public health emergency. Eliminating obstacles to care for individuals living with PD is critical. MJFF conducted a study through its online clinical study, Fox Insight, to identify the impacts of the COVID-19 pandemic on Parkinson's patients, their symptoms, and the disruptions in their care. Results show the pandemic's effects on individuals living with chronic diseases, such as PD. Patients' responses show that 62% had issues accessing health care, including canceled appointments or difficulty in obtaining medications. Thirty-nine percent of patients reported using telehealth during the early months of the public health emergency.<sup>9</sup> Anecdotes from patients also indicate using telehealth during the pandemic to see a movement disorder specialist for the first time with their PD diagnosis.

There is one policy we request you consider and modify, and that is the in-person visit requirement for individuals using telehealth for mental health care services. MJFF does not support the inclusion of an in-person requirement every six months for mental health services furnished through telehealth. In-person requirements create barriers to care and are burdensome for patients seeking mental health care. With a nationwide shortage of mental health providers, especially in rural areas, removing the in-person requirement is critical. Adding this unnecessary burden will discourage patients from seeking care.

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<sup>9</sup> Brown, E. G., Chahine, L. M., Goldman, S. M., Korell, M., Mann, E., Kinel, D. R., Arnedo, V., Marek, K. L., & Tanner, C. M. (2020). The Effect of the COVID-19 Pandemic on People with Parkinson's Disease. *Journal of Parkinson's disease*, 10(4), 1365–1377.

Thank you for your consideration of these comments and your support of patients' access to mental health care services, vital prescription medications, and improved access to care through telehealth. If you have questions or requests for further information, please contact Dustin Watson at [dwatson@michaeljfox.org](mailto:dwatson@michaeljfox.org).

Sincerely,

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The Michael J. Fox Foundation for Parkinson's Research