

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

# Board of Trustees 2024-2025

Ramaswamy Viswanathan, M.D., Dr.Med.Sc. .President Theresa M. Miskimen Rivera, M.D. President-Elect Gabrielle L. Shapiro, M.D. Secretary Steve Koh, M.D., M.P.H., M.B.A. Treasurer

Petros Levounis, M.D., M.A. Rebecca W. Brendel, M.D., J.D. Vivian B. Pender, M.D. *Past Presidents* 

Patricia Westmoreland, M.D. *Trustee-at-Large* John C. Bradley, M.D. *Area 1 Trustee* Kenneth B. Ashley, M.D. *Area 2 Trustee* Geetha Jayaram, M.B.B.S., M.B.A. *Area 3 Trustee* Dionne Hart, M.D. *Area 4 Trustee* Heather Hauck, M.D. *Area 5 Trustee* Barbara Yates Weissman, M.D. *Area 6 Trustee* Barbara Yates Weissman, M.D. *Area 6 Trustee* Barbara Yates Weissman, M.D. *Area 7 Trustee* Barbara Yates Weissman, M.D. *Area 7 Trustee* Sudhakar K. Shenoy, M.D. *ECP Trustee* Kamalika Roy, M.D., M.C.R. *M/UR Trustee* Kanneth Certa, M.D. *Parliamentarian* Sarah El Halabi, M.D., M.S.A. *RFM Trustee-Elect* 

### Assembly 2024-2025

Steven M. Starks, M.D., M.B.A. Speaker A. Evan Eyler, M.D., M.P.H. Speaker-Elect Ray Hsiao, M.D. Recorder

Administration Marketa Wills, M.D., M.B.A. *CEO and Medical Director*  January 3, 2025

To Members of the United States Congress:

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 39,000 psychiatric physicians who treat mental health and substance use disorders (MH/SUD), I write to congratulate you on your election to the 119th Congress.

Your election comes at a time when the United States is experiencing a profound crisis of mental health and well-being. With suicide and opioid deaths exceeding 100,000 annually, we are hopeful that Congress will use the 119th session to pursue bipartisan policies to enhance access and coverage to MH/SUD services for all Americans. To that end, we offer the suggestions below for your consideration:

## **Ensure Clinically Appropriate Access to Telehealth Services**

The current Medicare telehealth flexibilities passed by Congress and implemented by the past and current Administrations have been a lifeline for patients in need of MH/SUD services. We have seen strong patient-clinician satisfaction with telehealth services, and a decrease in no-show rates, both critical issues for patients in crisis to begin and continue appropriate treatment. To promote access and ensure continuity of care, we encourage Congress to permanently eliminate the mental health coverage requirement for an in-person visit within six months of the first telehealth appointment. Permanently codifying this into statute will help to ensure timely and clinically appropriate care for all Americans, especially benefitting those in rural and underserved communities.

## Incentivize Implementation of the Collaborative Care Model

Population and evidence-based integrated care models hold great potential to augment our existing workforce and enhance access for the millions who struggle with undiagnosed and untreated MH/SUD. The Collaborative Care Model (CoCM) in particular, has a robust evidence base demonstrating clinical efficacy, significant cost savings to our health care system, and the ability to function as a workforce multiplier. CoCM has been shown to reduce depression symptoms by fifty percent – possibly resulting in fewer overdoses and suicides. Given the immediate need for increased access to mental health services and substance use disorder treatment, APA recommends that Congress prioritize support for this and other innovative models by pursuing a temporary increase in Medicare payment rates for behavioral health integration services, including the CoCM.

#### **Expand the Behavioral Health Workforce**

The shortage and maldistribution of psychiatric 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. We encourage Congress to make MH/SUD workforce a priority this session by incentivizing mental health professionals to practice in underserved areas via loan repayment and other programs that are proven to build the psychiatric workforce, including the Substance Abuse and Mental Health Services Administration's (SAMHSA) Minority Fellowship Program. We would likewise encourage further expansion of Medicare-supported graduate medical education (GME) slots for psychiatry and psychiatry subspecialties, to increase access to high-quality care and strengthen our long-term health care infrastructure.

#### **Support Maternal Mental Health**

Maternal mortality is a mental health issue. For the first time, in 2021, the leading cause of pregnancyrelated death in the United States was underlying mental health conditions (23%). One in 5 women will suffer from a MH condition during pregnancy and the postpartum period, and 75% will go untreated. Maternal mental health conditions include anxiety and depression, PTSD, bipolar disorders, obsessivecompulsive conditions, and substance use disorders. Maternal morbidity across all US births cost America an estimated \$32.3 billion in 2019, with maternal MH conditions accounting for \$18.1 billion. To help better protect the wellbeing of mothers, children, and families, we urge Congress to prioritize funding for programs and resources aimed at curbing maternal mortality.

On behalf of our patients and profession, the APA congratulates you once again on your election to Congress. We stand ready to partner with you to work through the behavioral health challenges facing our nation. Please contact APA's Government Relations Officer Mike Troubh at <a href="mailto:mtroubh@psych.org">mtroubh@psych.org</a> should you have any questions about MH/SUD or wish to explore ways we can collaborate further to improve the health of your constituents.

Sincerely,

MO, MOA, FAPA

Marketa M. Wills, MD, MBA, FAPA CEO & Medical Director, American Psychiatric Association