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December 21, 2018

Seema Verma, M.P.H., Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS-1690-P Mail Stop C4-26-05 7500 Security Boulevard Baltimore, MD 21244-1850

Re: Medicare Program; Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder Under the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (83 Fed.Reg.59452, November 23, 2018)

## Dear Administrator Verma:

The American Psychiatric Association (APA), the national medical specialty society representing over 37,800 psychiatric physicians and their patients, would like to take the opportunity to comment on the 2019 final rule for the Medicare Physician Fee Schedule and Quality Payment Program. Our comments focus specifically on issues that affect the care of patients with mental health and substance use disorders (MH/SUDs).

The APA appreciates CMS's decision to remove Medicare's telehealth originating site requirements for reimbursement purposes for those beneficiaries with substance use disorders and co-occurring mental health diagnoses. This will mitigate barriers to treatment for this population—especially those affected by the ongoing opioid crisis—by 1) decreasing stigma associated with seeking mental health and SUD services caused by presenting at a qualified originating site; 2) allow patients to receive services in the home; and 3) opening access to telehealth services for patients living in urban areas. The APA urges CMS to consider expanding this rule change to beneficiaries without SUDs, which would vastly improve access to telehealth services for those with other mental health disorders.

As we stated in our September 10, 2018, comment letter dated we support Medicare coverage for care provided in Opioid Treatment Programs (OTP) and encourage CMS to work with OTPs to ensure appropriate reimbursement and inclusion of evidence-based services to improve quality and meet the individual needs of patients.

Regarding the development of a bundled episode of care for management and counseling treatment for substance use disorders, we again encourage CMS to review existing models of care and emerging alternative payment models as coverage is contemplated. We strongly recommend evaluating promising models via a demonstration project(s) designed to evaluate the impact on patients and physicians. This is particularly important for this patient population due to varying level of treatment needs and the chronicity of the disease. We understand a number of commercial payers will be piloting an alternative payment model developed by The Alliance for Recovery-Centered Health Services in 2019, which may be a source for additional information.

We welcome the opportunity to work collaboratively with you on these important matters. If you have any questions or would like to discuss any of these comments, please contact Rebecca Yowell, Director of Reimbursement Policy (byowell@psych.org or (202) 683 – 8298).

Sincerely,

Saul Levin, M.D., M.P.A., FRCP-E CEO and Medical Director

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