AMERICAN PSYCHIATRIC ASSOCIATION

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July 10, 2020

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
S-230, US Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
US House of Representatives
S-222, US Capitol
Washington, DC 20511

The Honorable Chuck Schumer
Senate Minority Leader
United States Senate
S-221, US Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
US House of Representatives
S-204, US Capitol
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,800 psychiatric physicians, I want to thank you for your hard work on the first four COVID-19 pandemic supplemental support packages. APA applauds you for taking these essential steps to address the COVID-19 crisis; however, as the virus continues to spread and the need to access mental health and substance use disorder services (MH / SUD) continues to rise, it is urgent that the Senate move quickly to do more. The prevalence of anxiety, depression and other mental health illnesses during the pandemic are quickly rising.

Recent data from a Mental Health America online survey showed that over 88,000 Americans have been screened for anxiety or depression over normal baseline screening numbers during the same time period. These symptoms are attributed to the COVID-19 health emergency that has killed almost 133,000 Americans. The same study found that about ten percent of the more than 211,000 people who took the online survey indicated that they had contemplated suicide or harming themselves. In addition, the virus has also taken a toll on our mental health providers. Many mental health and substance use treatment providers across our communities continue to treat patients and need rapid assistance so they will remain financially solvent, to meet the needs of the American people as we work to confront the negative long-term effects of the current crisis. Given the severity of the current and anticipated mental health crises resulting from the pandemic, the APA requests that the Senate move expeditiously to consider the next round of COVID-related relief legislation.

As you deliberate over additional important investments in the recovery and reopening period, **we offer several recommendations, which include (1) enabling data collection on health inequities, (2) supporting patient access to care, (3) making short and long term investments in the mental health system and (4) investing in suicide prevention.** Details are as follows:

Data Collection and Health Inequities
The APA appreciates the work Congress has done to ensure access to vital health services for all communities during this public health emergency. However, there is more to be done, as preliminary data show that the virus disproportionately impacts minority and vulnerable populations. We urge Congress to include language in any upcoming COVID-19 relief **package that requires the Department of Health and Human Services to collect, analyze, and make available to the public, explicit, comprehensive, standardized data on race and ethnicity related to the testing availability and related morbidity results, hospitalization, and mortality associated with the COVID-19.** In addition, we request that **Congress prioritize resources to support critical healthcare services in underserved communities in the next COVID-19 package.**

We cannot begin to remedy systemic issues within health care access and delivery if we do not first have quantifiable data from which to inform our policy proposals. Access to this type of information would empower healthcare providers to allocate the resources to get care to affected individuals in underserved communities. For example, we encourage Congress **to include legislation like H.R. 7078, *the Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act*, introduced by Rep. Robin Kelly (D-IL) to direct HHS Secretary Alex Azar to oversee a telehealth study during COVID-19 and H.R. 7077, also introduced by Rep. Robin Kelly (D-IL) to establish and expand programs to improve health equity as they pertain to COVID-19.**

Support Patient Access to Care
1) Make Permanent the Removal of Certain Telehealth Restrictions and Extend Flexibilities Beyond the Public Health Emergency
The APA applauds Congress for its swift actions over the past few months that have allowed many of our psychiatrists to transition to delivering much of their psychiatric care to their patients via telehealth. The lifting of geographic and site of service restrictions, including allowing the patient to be seen in the home, and the use of audio-only for telehealth when a patient lacks the technology or bandwidth for video, have enabled large numbers of patients to receive care while also remaining compliant with physical distancing requirements that minimize the spread of COVID-19.

Preliminary survey data from almost 600 of our physicians shows they and their patients are generally satisfied or happy with the new virtual delivery system and that appointment no-show rates are reduced. The percentage of psychiatrists who reported that ALL their patients kept their appointments increased from 9% to 32% from before to after their state declared an emergency due to COVID-19. In conjunction, about 85% of respondents said that patients who were seen for the first time via telehealth were either somewhat satisfied or satisfied. This is consistent with nearly a decade of research on telepsychiatry that correlates patient satisfaction with using telehealth for treatment. In general, when patients keep their first appointment, they are more likely to keep subsequent appointments. When patients are satisfied with treatment, they are more likely to continue with their course of therapy. Research also suggests that this results in better medication compliance, fewer presentations to the emergency department, fewer patient admissions to inpatient units, and fewer subsequent readmissions.[1]

However, physicians and patients are beginning to worry about what will happen to the current telehealth delivery model once the public health emergency declaration is lifted. Patients with MH/SUDs

[1] Hilty D, Yellowlees PM, Parrish MB, Chan S. Telepsychiatry: Effective, Evidence-Based, and at a Tipping Point in Health Care Delivery?. Psychiatr Clin North Am. 2015;38(3):559–592. doi:10.1016/j.psc.2015.05.006

are at higher risk for COVID-19 due to comorbid health conditions, the satisfaction of patients and physicians with the delivery of care via telehealth, and the vital need for MH / SUD services beyond the COVID-19 crisis.

Given these correlations, the APA recommends extending the current waiver authority passed by Congress for telehealth for at least a year after the end of the public health emergency declaration. This should be accompanied by a study to continue to collect data so that we can begin to understand the impact of these changes to telehealth access.

In addition, prior to COVID-19, SUD and co-occurring mental health services were exempt from geographic and site of service restrictions under Medicare. However, the exemption did not extend to coverage focused solely on mental health treatment services. **We strongly encourage Congress to make a statutory change to exempt mental health from geographic and site of service restrictions under Medicare.**

Therefore, we request Congress to make these statutory changes to telehealth permanent for mental health along with an extension of the waiver authority prior the end of the emergency declaration to avoid an abrupt disruption in providing these services. This would ensure continuity of care that patients' receive via telehealth—especially for patients who were seen for the first time with a new provider via telehealth, sometimes in locations without immediate access to psychiatric services, during the public health emergency.

In addition to permanently removing originating site and geographic restrictions and continuing to allow audio-only appointments, **APA encourages Congress and the Centers for Medicare and Medicaid Services (CMS) to continue to allow teaching physicians to provide direct supervision of medical residents remotely through telehealth**.

We also urge Congress to **address the workforce shortage by passing legislation that helps psychiatrists with loan repayment and forgiveness to give students who cannot afford medical school the incentive to enter into medicine in order to increase the behavioral health workforce.**

2) Widespread adoption of the Collaborative Care Model

During this challenging time for all Americans, we are seeing increased rates of anxiety, depression, and trauma. We need to meet the increasing demand for early identification and treatment of MH/SUDs. If we do not address these illnesses early, they can lead to long term chronic issues, greater use of emergency care, or the need for higher levels of care. The APA applauds the House for the inclusion of Sec. 30633 and 30634 in the HEROES Act, which authorize grants to support increased behavioral health needs due to COVID-19.

The Collaborative Care Model (CoCM) offers one of the best ways to extend mental health and substance use disorder services to patients within the primary care setting. This model, already being implemented in many large health systems and individual practices, can detect and prevent suicide and overdoses in the primary care setting before they become crises. CoCM is the only evidence-based medical program currently reimbursable in primary care. It has been covered by the Medicare program since 2017 and is now covered by nearly all commercial and many Medicaid payers. With over 90 randomized control trials (RCTs) and many large-scale implementations, it is the only model with strong evidence of cost-savings. A major mechanism driving cost-savings is the ability to detect illness and begin treatment sooner, just as we have accomplished over the last two decades for heart disease and

cancer. The potential cost-savings from widespread implementation are considerable. The 2013 Center for Health Care strategies study noted above found savings in Medicare and Medicaid settings of up to 6 to 1 in total medical costs and estimated $15 billion in Medicaid savings if only 20% of beneficiaries with depression receive such care.

While CMS has covered CoCM since 2017, expansion of the model requires staffing and infrastructure investments that slow implementation. The rationale for incentive payments to the already established primary care billing codes is to cover these costs. **APA recommends increases to the billing codes of: 75% for first year, 50% for second year, 25% for third year.**

To ensure technical assistance and education, **we recommend the Center for Clinical Standards and Quality within CMS establish a national technical assistance (TA) center and 60 regional extension centers to provide technical assistance to primary care practices.** This is modeled on the strategy used in 2010 to accelerate use of electronic health records (EHRs) in primary care settings.

The TA center's key components should include work to:

- Develop financial models and budgets for program launch and sustainability based on practice size.
- Develop staffing models for essential staff roles including care managers, consulting psychiatrists.
- Provide information technology (IT) expertise to assist with building the model requirements into EHRs, including assistance with care manager tools, patient registry, ongoing monitoring, records.
- Support training for all key staff and operational consultation to develop practice workflows.
- Ensure that staff in the TA Centers include individuals with expertise in IT, care management, psychiatric, and program design, to provide the full complement of needed expertise in each practice.

3) International Medical Graduates

The U.S. healthcare system has long experienced shortages in the psychiatric workforce and those shortages have been compounded during the COVID-19 pandemic as frontline providers continue to care for patients and fall sick themselves. As our country continues to respond to the COVID-19 pandemic, our medical workforce needs as much support as possible. At present, many of our members who are providing needed psychiatric care in underserved communities are uncertain whether they will be able to continue to practice due to expiring visas and a green card processing backlog.

One solution that would help meet this workforce need is to engage the non-practicing International Medical Graduate (IMG) population and make it easier for current practicing IMGs, who make up about thirty percent of the psychiatric physician population, to practice in the United States.
In addition, the bipartisan, bicameral *Healthcare Workforce Resilience Act*, H.R. 6788/S. 3599 would ensure the availability of IMGs to provide treatment to U.S. patients by recapturing up to 15,000 unused employment-based visas for use by international physicians and providing for expedited processing of applications. Furthermore, by exempting family members from numerical visa limitations, the legislation ensures that IMGs who would receive recaptured visas can keep their own families and support systems intact. **APA recommends that Congress include H.R. 6788/S.3599 in the next COVID-19 relief package.**

We also support reauthorizing and enhancing the highly successful Conrad State 30 J-1 visa waiver program, as proposed in the *Conrad State 30 and Physician Access Reauthorization Act*, H.R. 2895/S. 948, which provides critical access to physicians in rural and underserved areas. The HEROES Act also included a number of these important IMG provisions. Given the impact these authorizations would have along with the strong bipartisan support on both sides of Capitol Hill, the **APA strongly recommends that Congress include the H.R. 2895 / S. 948 legislation in the next COVID-19 package.**

Funding to Support the Mental Healthcare System

Short Term, Urgent Funding

As our nation strives to move responsibly through and beyond this crisis, we know from experience that the mental health impacts of COVID-19 are likely to persist and deepen. Nonetheless, the economic impact of the COVID-19 crisis is threatening the economic viability of mental health and addiction providers in communities across our nation. The APA and many of our partners across the country have worked closely with you in recent years to make progress by fighting the opioid and suicide epidemics that plagued our country before COVID-19, including efforts to bolster many of the same providers that are now at risk of closure. Without aggressive actions to ensure that either new funds or resources already appropriated through the Public Health and Social Services Emergency Fund reach these providers at a scale that will keep their doors open, our mental health and addiction infrastructure will diminish as mental health and substance use disorders become more widespread due to COVID-19 and the consequent economic downturn.

According to a study done by our colleagues at the National Council for Behavioral Health, by the beginning of April, nearly two-thirds of Community Behavioral Health Organizations (62.1%) estimated that their finances would allow them to survive for three months or less under current COVID-19 conditions, according to a national field survey. **The APA joins our partners in the mental health community in asking that Congress ensure that $38.5 billion reaches these providers, who serve patients in Medicare, Medicaid, and private-pay settings, including individual practices expeditiously, before they are forced to close their doors.**

Long-Term, Sustained Funding for Mental Health

In addition to financially supporting the immediate needs of our mental health and behavioral health clinics and practices, we urge Congress to also invest in the long-term viability of the entire mental health care system. This investment should build upon certain provisions from the HEROES Act, by increasing the $3 billion proposed for the Substance Abuse and Mental Health Services Administration to $4 billion for health surveillance and program support, along with including the $200 million proposed in HEROES for the National Institute of Mental Health to prevent, prepare for and respond to the mental health impacts of COVID-19. Investments in mental health also include the $100 billion Public Health and Social Services Emergency Fund provision from HEROES. Further, **APA recommends that Congress include Sections 20203 and 20204, which provide for tax deductions for supplies and equipment for first responders and front-line employees along with a payroll credit for certain pandemic-related employee benefit expenses paid by employers.**

The APA strongly encourages Congress to bolster the mental health care system by maintaining provisions in the HEROES Act that expand Medicaid FMAP funding and improve Medicare's Accelerated and Advance Payment Programs. We include these asks as we cannot uphold a strong mental health system reinforced with public insurance alone. Patients with private insurance must also receive support during this time in the form of zero cost sharing for COVID-19 related treatment and the

opportunity to enroll in insurance through the state and federal exchanges during the pandemic, provisions which were both included in the HEROES Act.

Suicide Prevention

The APA was pleased to see the inclusion of the National Suicide Prevention and Mental Health Crisis Hotline System as well as funding ($25 million) in the HEROES Act. Given the increase in suicides, suicide attempts and calls to SAMHSA's lifeline, especially during the public health emergency, we encourage Congress to include the three-digit number designation legislation and the appropriations legislation in the final upcoming COVID-19 package. However, health resources and hotlines are not especially useful if patients do not know about them. As such, **we encourage you to also include the bipartisan H.R. 4585, the *Campaign to Prevent Suicide Act*, introduced by Reps. Beyer (D-VA) and Gianforte (R-MT), which creates an awareness campaign to not only highlight the new suicide hotline number, but also to educate the public on suicide and mental health resources and how to better respond to suicidal individuals**. Rebuilding lives and recovering from the devastating impact that COVID-19 is having on our citizens will bring new challenges, including mental health and substance use disorders. We need to ensure that people have access to resources and support to manage these conditions. APA encourages Congress to invest in all aspects of suicide prevention in order to save lives.

Thank you for the opportunity to submit these comments for consideration regarding future COVID-19 supplemental legislation. We also thank you for your leadership during this challenging time. Please let us know how we can aid your efforts to ensure a healthy nation during the COVID-19 pandemic and beyond. If you have any questions, please contact Michelle Greenhalgh at mgreenhalgh@psych.org / 202.459.9708.

Sincerely,

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