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

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February 9, 2024

The Honorable Mike Johnson
Speaker
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The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Johnson, and Minority Leader Jeffries:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing nearly 39,000 psychiatric physicians, I write in appreciation of the important steps Congress has taken over the past several years to invest in mental health services and substance use disorder (MH/SUD) care. Your continued bipartisan work has helped to improve access to care, reduce costs to our healthcare system, and, most importantly, save lives. Despite these efforts, our nation continues to confront staggering rates of suicide, record overdose rates, and increased depression and anxiety across nearly all ages and demographics. With these realities in mind, and with the March 8 government funding deadline rapidly approaching, it is essential that Congress act on important, time-sensitive items to help ensure access to high quality, affordable behavioral health care moving forward. To that end, we respectfully offer the below policy recommendations for inclusion in any forthcoming health package:

Promote the Integration of Behavioral Health and Primary Care

Population and evidence-based integrated care models hold enormous potential to augment our existing workforce and enhance access to care for the millions who struggle with undiagnosed and untreated mental health and substance use disorders (MH/SUD). The Collaborative Care Model (CoCM) has proven especially adept in providing prevention, early intervention, and timely treatment of mental illness by ensuring that patients can receive expeditious, and evidence based behavioral health treatment within the office of their primary care physician. By enabling psychiatrists to consult on a registry of 60 to 80 patients via weekly chart review, oversight of medication and therapeutic interventions, and making clinical recommendations to the primary care physician, the CoCM multiplies the number of patients who benefit from a psychiatrists' specialized training. Unfortunately, despite its robust evidence base for improving patient outcomes and the availability of reimbursement, uptake of CoCM by primary care practices, like other integrated care models, remains low due to the up-front costs and changes to clinical processes, associated with implementation. To help encourage primary care to adopt behavioral health integration, APA supports the Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act (H.R. 5819/S. 1378), which seeks to temporarily increase the Medicare payment for integrated care codes for 3 years and provides technical assistance to practices.

The COMPLETE Care Act, which was unanimously advanced by the Senate Finance Committee as part of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act (S.3430), is a logical and much needed step toward ensuring integrated behavioral health care is more widely implemented, so that patients can get the MH/SUD care they require to lead healthy, fulfilling lives. We ask that you include this important legislation in any final FY 2024 package or other must-pass legislation this Congress.

Support Sustainable Physician Reimbursement

APA greatly appreciates the action Congress has previously taken to help mitigate some of the recent Medicare Physician Fee Schedule (MPFS) cuts on a temporary basis, however reimbursement continues to decline. Medicare physician payment rates fell 26% from 2001 to 2023, while practice costs rose by 47% over the same period, accounting for inflation. Lack of adequate reimbursement is particularly problematic in psychiatry due to the lack of parity in payment by commercial payers who pay psychiatrists roughly 30% less than other physicians, despite workforce shortages. Continuing decline in Medicare and commercial in-network rates will mean fewer and fewer psychiatrists can afford to be in-network providers and maintain a financially viable practice. This is devastating to physician practices and the patients they care for, and could necessitate longer wait times, reduced staffing, and office closures. Such cuts often disproportionately affect rural, low-income, or other historically underserved patients and the small, independent, physician practices serving those communities. Patients are most negatively impacted when physicians are forced to limit care or serve fewer people due to increased financial burden or instability. The current MH/SUD workforce needs financial stability and support to continue to grow, and repeated cuts to MPFS make it harder to recruit talented, culturally competent, community-based physicians. **We urge Congress to quickly pass the Preserving Seniors' Access to Physicians Act of 2023 (H.R.6683) to reverse the 3.37 percent Medicare physician payment cuts that took effect on January 1, 2024. With a mental health and substance use disorder crisis that continues to escalate, now is not the time to further destabilize our health care workforce.**

Strengthen the Physician Workforce

The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of over 250,000 behavioral health professionals, including psychiatrists, social workers, clinical and school psychologists, and school counselors. The gap between need and access is especially pronounced in psychiatry, with more than half of US counties lacking a single psychiatrist. Projections show the country will be short between 14,280 and 31,109 psychiatrists by 2025. Congress has recently made important incremental progress addressing these shortfalls through support for CoCM and increased GME slots, but today fewer than half the individuals with MH/SUD have access to treatment. 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. With those realities in mind, we urge consideration of the following in any forthcoming health package:

- **Reauthorization of the Conrad 30 Waiver Program via the Conrad State 30 Physician Access and Reauthorization Act (H.R. 4942/S. 665).** Currently, resident physicians from other countries working in the U.S. on J-1 visa waivers are required to return to their home country after their residency has ended for two years before they can apply for another visa or green card. The Conrad 30 Waiver Program allows these international medical graduates (IMGs) to remain in the U.S. without having to return home if they agree to practice in an underserved area for three years. Many communities, including rural and low-income urban districts, are facing physician workforce shortages that hinder their ability to meet patients' needs and depend on the physicians in this program to provide health care services. Congress can provide much-needed stability for IMGs and the communities and patients they serve, who remain at risk of losing their trusted, usual source of care if authorization of the program lapses.

- **Expanded distributions of Additional Residency Positions in Psychiatry and Psychiatry Subspecialities.** The Fiscal Year 2023 Consolidated Appropriations Act (FY23 Omnibus) included language to add 200 new graduate medical education (GME) residency slots with 100 of these slots going directly to psychiatry or psychiatric subspecialties beginning in 2026. APA urges Congress to consider avenues to build on this investment by supporting additional new Medicare-GME slots for psychiatry and psychiatric subspecialties with residencies spread geographically in rural and urban areas, alike. Training more residents in psychiatry is an essential, long-term strategy to enhance access to care. Such an investment will help our nation chip away at the workforce shortage and better position the nation to address the growing crisis of access to mental health and substance use-related care and treatment.

- **Passage the REDI (Resident Education Deferred Interest) Act (H.R.1202/S.704).** Allowing borrowers to qualify for interest-free deferment on their student loans while in a medical or dental internship or residency program, this bipartisan legislation would make the concept of opening practices in underserved areas more attractive and affordable to residents in shortage fields such as psychiatry.

Extend Current Telepsychiatry Flexibilities

For individuals residing in rural areas, the reality of potentially having to travel long distances for behavioral health services often serves as a deterrent to receiving care. Telehealth can help alleviate the gaps exposed by workforce maldistribution, including in rural areas, by providing a linkage between clients in their home communities and behavioral health providers in other locations. The current telehealth flexibilities passed by Congress and implemented by 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, demonstrating greater patient engagement in their care. Last year, the FY23 Omnibus extended multiple telehealth flexibilities implemented in response to the ongoing Public Health Emergency (PHE) until January 2025. Importantly, the legislation allowed audio-only services for behavioral health, and delayed implementation of the 6-month in-person requirement for mental telehealth services, which would be particularly burdensome for patients who live in rural areas, until December 31, 2024. At a time of unprecedented demand, it is imperative that we remove unnecessary barriers and ensure the continuity of care for those seeking MH/SUD services, regardless of their geographic circumstance. **APA strongly encourages continued coverage of care through a variety of modalities (in-person, telehealth, audio-only), and urges the Committee to consider the CONNECT for Health Care Act (H.R.4189/S. 2016) and Telemental Health Care Access Act (H.R. 3432/S.3651).** These important bills would expand coverage of clinically appropriate telehealth services under Medicare beyond January of 2025. Critically, this legislation would also permanently remove the 6-month in-person requirement for mental telehealth services, which creates an arbitrary and unnecessary barrier to mental health services that could undermine access to services in rural and underserved areas.

Reauthorization the SUPPORT Act

With important down payments such as the 2018 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, we have begun to make important strides to start addressing the upward trend of opioid overdose deaths and reducing stigma surrounding addiction. Reauthorization of SUPPORT is an important and necessary next step. APA appreciates the important bipartisan work of the House Energy and Commerce and Senate Health, Education, Labor and Pension Committees in advancing the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Reauthorization Act (H.R. 4531/S. 3393). Among the many provisions we support in both the House and Senate versions of the legislation is the reauthorization of HRSAs Substance Use Disorder Treatment

and Recovery (STAR) Loan Repayment Program. Providing up to $250,000 in loan repayment for substance use disorder professionals working in underserved communities or federally designated mental health professional shortage areas, STAR is essential to help address the severe shortage clinicians who treat individuals living with addiction in rural and underserved communities. **To help expand the reach and effectiveness of STAR, APA encourages Congress to include the Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023 (H.R. 4933/S.462) in any SUPPORT reauthorization package. By making mental health practitioners eligible for the program's loan forgiveness, this legislation would help expand access to life-saving treatment and strengthen our care system.**

Support Maternal Mental Health

Maternal mortality is a mental health issue. For the first time, in 2021, the leading cause of pregnancy-related death in the United States was underlying mental health conditions (23%). One in 5 women will suffer from MH conditions during pregnancy and the postpartum period, and 75% will go untreated. Maternal mental health conditions include anxiety and depression, PTSD, bipolar disorders, obsessive-compulsive 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, APA urges support Preventing Maternal Deaths, Reauthorization Act (HR 3838/S 2415). This vital bipartisan legislation (H.R. 3838 / S. 2415) continues the funding authorization for state maternal mortality review committees (MMRCS) examining pregnancy-related deaths and promotes dissemination of best practices to providers, including hospitals and maternal care quality collaboratives.**

Thank you once again for your continued leadership. As you continue your important work to address the country's growing mental and behavioral health crisis, we encourage you to consider these critical proposals and stand ready to assist you in any way possible.

Sincerely,

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