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April 13, 2020

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Recorder

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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
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 three COVID-19 pandemic supplemental support packages. APA applauds you for taking essential steps through COVID-19 phase I, II and III legislation to address the coronavirus crisis, including provisions to facilitate and broaden patient access for much needed mental health and substance use disorder (MH/SUD) services. As the crisis unfolds, our nation has experienced a considerable spike in need for MH/SUD services. The APA recommends several policy changes to address immediate needs, and to plan for and invest in the recovery period. The following policy recommendations are detailed below:

Immediate Need:

- **Telehealth**
 - Medicare coverage and payment parity of telehealth audio-only visits,
 - Require ERISA plans to cover telehealth visits.
- **Protecting Health Care Clinicians**
 - Update Medical Liability protection to cover physicians who are called to treat COVID-19 patients and practice outside of their usual medical specialty,
 - Provide appropriate personal protective equipment (PPE),
 - Fund mental health support services for healthcare workers.

- **Mental Health Parity**
 - Enact the Mental Health Parity Compliance Act,
 - Appropriate \$20 million for the Department of Labor to implement and enforce mental health parity, including telemedicine.
- **Emergency Funding for Community Mental Health Care and Treatment**
 - Appropriate \$40 billion to reimburse behavioral health organizations for healthcare related expenses or lost revenue that are attributable to COVID-19.

Planning for recovery:

- **Increasing Access to Mental Health Services**
 - Increase reimbursement for the collaborative care model in private and public insurance programs and provide direct practice support,
 - Implement psychiatric loan forgiveness programs to increase the psychiatric workforce,
 - Increase funding for psychiatric beds.

Telehealth

Congress took early and important action to allow increased access to telehealth, and this has been proven vital to our patients. However, two significant gaps remain that are impacting access to essential care. First, many patients, especially those with Medicare coverage or in rural areas, do not have access to smartphones or technology with video capability, or may be unskilled in the use of that technology, therefore our psychiatrists are unable to treat them via telehealth. [As we asked](#) the Centers for Medicare and Medicaid Services last week, we urge you to expand Medicare telehealth coverage to include, but not be limited to, evaluation and management and psychotherapy services provided by telephone (audio-only) and require reimbursement of those services equal to in-office visits in the next COVID-19 supplemental spending package.

Second, we ask that you expand the coverage of telehealth under private insurance by requiring all ERISA plans to provide and cover telehealth visits during this crisis and treat them as equivalent to in-person visits. Given physical distancing guidelines, it is vital that patients be able to receive important medical care from their own homes, just as Medicare beneficiaries can. We recommend that such a requirement include: (1) access to the complete range of telehealth services, including telephone-only service delivery; (2) reimbursement parity for telehealth services with in-office visits; (3) a waiver of penalties and restrictions of out-of-network utilization of telehealth services; and (4) explicit language requiring that coverage clearly include MH/SUD treatment. Requiring telemedicine coverage for patients with ERISA plans that cover 2.2 million Americans will keep patients and physicians safe while facilitating much needed access to essential health care services throughout the COVID-19 crisis.

Protect Health Care Clinicians

Medical Liability

As our healthcare system struggles to treat the onslaught of COVID-19 patients in addition to the regular patient caseload, our psychiatrists are helping in a variety of settings. Psychiatrists

continue to provide mental health and substance use disorder services, while also contributing to the health care system in a medical capacity wherever they are needed. This provision of services where needed often includes delivering services and performing procedures that are outside the services that psychiatrists usually perform. For the duration of this pandemic, we ask that Congress ensure that health care professionals and health care facilities are immune from suit for civil liability for any injury or death alleged to have been caused by the provider's good faith actions while providing necessary health services. This protection should include, but not be limited to, decisions made due to lack of resources, attributable to the COVID-19 pandemic, that render the health care professional or facility unable to provide the appropriate standard of care. Assurance of these protections for physicians will assist in strengthening our workforce response to the pandemic.

Personal Protective Equipment

A healthy workforce is essential to being able to deliver care to patients afflicted with COVID-19. Congress must ensure that all healthcare workers, including those treating psychiatric patients in inpatient units, residential centers etc., are physically protected as they treat patients throughout this pandemic. APA encourages Congress to ensure that all medical staff have access to appropriate personal protective equipment and other medical equipment while treating COVID-19 patients.

Mental Health Support for Healthcare Providers

A physically and mentally healthy medical workforce is crucial to beating this pandemic. Congress must do everything in its power to ensure that healthcare workers have access to mental health support. APA encourages Congress to appropriate funding to:

- Healthcare employers to assist in the provision of mental health and support services for their employees who need it during and after this pandemic,
- Substance Abuse and Mental Health Services Administration (SAMHSA) for crisis/grief counseling and other mental health needs for health care workers, first responders, grocery store workers, and others front-line workers in the COVID-19 crisis, and
- The National Institute of Mental Health to conduct a study on the impact of COVID-19 on health care workers in upcoming COVID-19 related legislation.

Mental Health Parity

The COVID-19 epidemic [is already having enormous mental health impacts](#) throughout our country. Ensuring that individuals who need mental health care in the COVID-19 era do not experience insurance discrimination is essential. In 2008, Congress passed the Mental Health Parity and Addiction Equity Act in order to bring coverage of mental health and substance use disorder services to parity with coverage of physical health services. Unfortunately, a lack of transparency and enforcement of parity has failed to produce genuine accountability for true coverage by insurers. As a result, our patients have struggled to find appropriate MH/SUD care, leaving manageable mental health problems and substance use disorders untreated. These illnesses tend to follow the same trend as physical ailments, where when left untreated, they tend to worsen, and oftentimes cause more serious harm to patients than they would have had they been treated earlier. Given the increase in stress, trauma and other mental health issues

during the COVID-19 pandemic, and susceptibility of patients with MH/SUD because of comorbidities, now it is more vital than ever for patients to be able to access mental health and substance use disorder treatment. In order to ensure that patients have access to care, the APA asks that Congress include the bipartisan, bicameral language from the Mental Health Parity Compliance Act, H.R. 3165/S. 1735 in upcoming COVID-19 related legislation, and appropriate \$20 million to the Employee Benefits Security Administrations of the Department of Labor to enforce the Federal parity law including telehealth.

Emergency Funding for Community Mental Health Care and Treatment

With the pandemic already producing a massive need for enhanced mental health and substance use treatment capacity and services, many behavioral health organizations are being forced to lay off staff, cut programs and, if they do not receive rapid economic assistance, close facilities. Unless Congress takes aggressive action, the COVID-19 pandemic could result in the rapid loss of vital mental health care capacity in communities across the United States. Programs that serve individuals with the most acute behavioral needs have experienced dramatic COVID-19-related escalations in operational costs that place critical access to real-time care in jeopardy. If these organizations are forced to close or dramatically reduce services, tens of thousands will be left without vital mental health care and addiction treatment.

APA recommends the Congress establish an emergency \$40 billion fund that would reimburse, through grants or other mechanisms, eligible behavioral health organizations for health care-related expenses or lost revenues that are attributable to COVID-19. The fund would provide critically needed operational resources and facilitate construction of temporary structures, leasing of properties, purchase of medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and training expenses, establishment of telehealth infrastructure and cover equipment and data costs, continuation or establishment of emergency operation centers, retrofitting facilities, and addressing surge capacity. These funds would enable accredited organizations and practices primarily treating individuals with mental health and/or substance use disorders, including all levels of care (intensive outpatient, inpatient, crisis stabilization, etc.) to continue to serve those with mental health and addiction needs during and beyond the COVID-19 pandemic. Without a rapid infusion of cash, many such entities may not exist when the pandemic is finally behind us.

In addition, APA also supports immediate funding for the following items: technology upgrades and other resources necessary to implement the 9-8-8 suicide hotline number; provision of grief counseling and other mental health needs for health care workers, first responders, and other workers on the front lines of the COVID-19 crisis; facilitate diversion of the homeless and recently incarcerated into appropriate care; and facilitate the workforce development and medical research necessary to address the needs that have been made evident through the course of the pandemic and the health care system's response to it.

Improving Access to Mental Health & Substance Abuse Care in Primary Care

A recent APA survey indicated that more than one-third of Americans (36%) say coronavirus is having a serious impact on their mental health. Almost a third of Americans in urban areas and

over half in rural areas receive their mental health care through their primary care physician. These primary care physicians often serve as the sole providers treating the mental and physical health needs of children, adolescents, and adults. As sole providers, primary care practices – including pediatric and OB/GYN practices, are the front-line for mental health and substance use care. Many more Americans are experiencing mental health problems due to increasing anxiety associated with themselves or loved ones becoming infected, suffering and possibly dying from COVID 19. These anxieties, coupled with the economic stress on families as they struggle to maintain employment and income, further exacerbate mental health issues. The urgent need to address access to mental health and substance use care will continue well beyond the period of recovery from the crisis and must be dealt with now. Congress must ensure that Americans have access to timely and effective mental health and substance use care through the future COVID-19 supplemental legislation.

Further, in order to best equip primary care practitioners in their front-line role meeting mental health needs, Congress should include collaborative care-related language in upcoming COVID-19 legislation. In 2017, CMS approved specific billing codes for an evidence-based mode of care to deliver mental health and substance use care in primary care – The Collaborative Care Model (CoCM). This model treats patients in the primary care office by pairing them with a behavioral health care manager. Through consultation with a psychiatrist, this model includes measurement and accountability protocols to ensure universal screening and detection and accountability for early intervention and treatment efficacy of mental health issues. There are more than 90 randomized control studies showing this model expands access to care and improves outcomes. Primary care physicians on the front lines greatly appreciate the support provided by this model, and as an added bonus, the CoCM reduces costs to the overall health system.

We need to support primary care providers as the need for mental health and substance use treatment increases. As our nation works together to address the crisis created by this pandemic, **Congress must ensure that Americans receive timely access to effective mental health and substance use treatment now and in the future through the following actions:**

- Providing a minimum of a 75% increase in the current Medicare payment for CoCM billing codes for the first year to help these practices expand access to cover escalating demand for evaluation, and initiation of treatment for mental health and substance use disorders,
 - Provide a 50% increase in the second year,
 - Provide a 25% increase in subsequent years.
- Mandate Medicaid coverage for the CoCM billing codes in all 50 states at a minimum of Medicare rates, including the 75% increase in the initial year,
 - 50% in the second year,
 - 25% in subsequent years.
- Mandate commercial insurer coverage (including coverage by ERISA plans) for the CoCM billing codes at a minimum of Medicare rates, including the 75% increase in the initial year,
 - 50% in the second year,
 - 25% in subsequent years.

- Establish a national technical assistance (TA) center and 60 regional extension centers to provide technical assistance to 6,000 primary care practices (100 per-center) per year (minimum of \$300 million over five years). This translates into approximately 30,000 practitioners per year out of the 250,000 practicing nationally, 60% of which can be reached across five years. Given the variance in practices across the country, regional extension centers will support primary care practice needs in implementing the CoCM, using a model similar to Regional Extension Centers established to adopt and optimize use of electronic health record technology. This structure would advance the use of the evidence based CoCM to meet the increased demand for mental health and substance use disorder services.

We estimate that the costs of the incentives and TA would cost less than \$10 billion over five years. Preliminary estimates – subject to CMS verification – are that current expenditures are in the hundreds of millions annually and would increase between \$1 and \$3 billion annually with these incentives in Medicare alone; costs in Medicaid and commercial plans would be in a similar range. The primary effect of these incentives would be to accelerate access to CoCM, which is both more feasible and cost-effective than an attempt to expand access only to mental health specialists. According to studies by [Milliman](#) and [McKinsey](#) this expansion and implementation of the CoCM would save resources given the high cost of comorbidities associated with depression and other psychiatric illnesses.

Psychiatric Loan Forgiveness

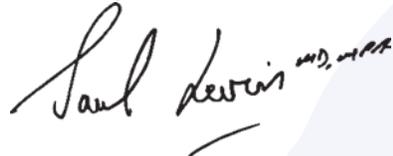
As mentioned above, there is a severe shortage of psychiatrists in the United States. Psychiatrists provide desperately needed behavioral health treatment throughout our county by working in settings ranging from long-term care facilities, to homeless programs, to 'field hospitals', jails, and prisons. Many of these systems were overburdened by unmet mental health and substance use disorder needs prior to the COVID-9 pandemic. However, with the onslaught of COVID-19 related illness, it is even more evident how under-resourced our health care system has been in providing mental health care. These workforce needs will likely be exacerbated following the pandemic given the devastating mental health and economic impact many people are experiencing. If early reports on mental health issues continue to rise as expected, we will have even more Americans in need of critical psychiatric care. As such, we urge Congress to provide incentives to psychiatrists to provide care for Medicare, Medicaid and dual beneficiaries through programs like loan forgiveness of up to \$250,000 for psychiatrists who agree to treat these patients for 5 years.

Funding for Psychiatric Inpatient Beds

The shortage of psychiatric hospital beds throughout this county is a crisis. The epidemic of suicide, the boarding of patients needing care in emergency departments is a nationwide problem in part due to substantial reductions in psychiatric inpatient beds and the absence of needed ambulatory services. Due to a shortage of beds, patients in psychiatric units who contract COVID 19 need to be separated from other patients, while also continuing to provide quality, effective psychiatric care for patients both infected and those not infected with COVID 19. Congress must appropriate funding for additional psychiatric inpatient beds to ensure there are an adequate number for this population.

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

Sincerely,

A handwritten signature in black ink that reads "Saul Levin" followed by "MD, MPA" in smaller letters. The signature is written in a cursive style.

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