March 2, 2021

The Honorable Chuck Schumer
Senate Majority Leader
United States Senate
S-221, 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 Mitch McConnell
Senate Minority Leader
United States Senate
S-230, US Capitol
Washington, DC 20510

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

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 last year to enact multiple COVID-19 pandemic relief packages. APA applauds the steps Congress took to invest in mental health and substance use disorder (MH/SUD) care and other essential measures to address the health and economic impact of the COVID-19 crisis.

Over the past year, the COVID-19 pandemic has exacerbated mental health conditions, including substance use disorders, at a time when the nation was in the midst of simultaneous suicide and opioid overdose epidemics. It is urgent that Congress move expeditiously to do more to ensure that Americans receive access to MH/SUD treatment. Last month, the Centers for Disease Control and Prevention\(^1\) reported a record-breaking 81,230 drug overdoses during the previous 12-month period ending in May 2020. This represents an eighteen percent increase in drug overdose deaths over the previous 12-month period. Last month, the Kaiser Family Foundation reported\(^2\) that during the pandemic, about four in ten adults in the United States have reported experiencing anxiety or depression -- an increase from one in ten individuals during the previous year. Despite progress in the distribution of COVID-19 vaccines and the inoculation of increasing numbers of individuals, social isolation and the economic repercussions caused by the pandemic will continue to compound the challenges for individuals across the country for a long time. Given the impact of rising MH/SUDs, including

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suicidal thoughts and behaviors, it is vital that Congress act expeditiously to pass a new COVID-19 relief package. As you consider the American Rescue Plan Act of 2021, APA offers several comments and recommendations.

APA-Supported Mental Health/Substance Use Disorder-Specific Provisions
APA applauds Congress for its inclusion of several MH/SUD related provisions in the American Rescue Plan Act of 2021. Specifically, we support the inclusion of over $4 billion for MH/SUD services through programs like the Community Mental Health Services Block Grant and Prevention and Treatment of Substance Abuse Block Grants. Further, we support the inclusion of behavioral health training for specified providers and public health officials. APA is also pleased to see the inclusion of funding for behavioral health education and awareness campaigns for medical professionals, as well as funding for programs that help support the behavioral health needs of our frontline healthcare workers. In addition, the APA also supports the inclusion of funding for community behavioral health services, the National Child Traumatic Stress Network, Project AWARE, youth suicide prevention and other funding to support behavioral health workforce education and training. Lastly, APA supports the inclusion of increased Medicaid funding for mobile crisis services, Medicaid re-entry, and other community based and local behavioral health needs, including for the implementation of collaborative care models as described in Sec. 3057. The inclusion of these provisions demonstrates the recognition that Congress must take additional steps to increase access for all patients to MH/SUD services and treatment.

APA-Supported Health Coverage Provisions
APA has long advocated for increased access to health care for all populations. As we know, one of the biggest impediments to seeking care, especially MH/SUD treatment, is lack of affordable health coverage. As such, APA is pleased to see the inclusion of multiple provisions in the American Rescue Plan Act of 2021 that expand eligibility for premium assistance for individuals. The APA is particularly supportive of provisions such as coverage of subsidies for people earning up to 150 percent of the federal poverty level and for those who receive unemployment insurance. In addition, the APA supports ending the so-called “subsidy cliff” by allowing people who make over 400 percent of the federal poverty level to receive subsidies and capping their premium costs at no more than 8.5 percent of their income. Further, the APA supports providing additional financial support to those who have been laid off or otherwise have suffered the loss of their jobs during the pandemic. We were pleased to see that the American Rescue Plan Act of 2021 also includes provisions allowing for assistance to these workers via federal government coverage of 85 percent of the cost of private insurance plans.

Though the APA is pleased by the inclusion of several provisions mentioned above, we encourage Congress to consider the following suggestions as you deliberate over additional important investments in the recovery and reopening period. Below, we offer several policy recommendations for Congressional action related to (1) telehealth, (2) health inequities, (3) workforce and (4) the collaborative care model. Details are as follows:
Expand Telehealth Access

Bipartisan agreement during 2020 allowed Congress and the Administration to increase access to telehealth services to treat mental illness during the COVID-19 public health emergency. Prior to COVID-19, SUD and co-occurring MH services were exempt from geographic and site of service restrictions under Medicare, but mental health treatment services alone were not. At the end of 2020, Congress took the important step of permanently waiving these restrictions for mental health, but required patients receiving care via telehealth to have an in-person evaluation with their mental health provider within the six-month period prior to their first telehealth visit and at subsequent periods as required by the Secretary. This requirement has not been applied to those with substance use disorders or co-occurring substance use disorders and mental health conditions who see their clinicians via telehealth. APA supported numerous legislative proposals during the 116th Congress to expand the use of telehealth including H.R. 5201 and S. 3999. As Congress considers additions to the American Rescue Plan Act of 2021, the APA encourages the inclusion of the following telehealth provisions:

1. Eliminate the newly enacted requirement for mental health patient in-person visits, so mental illness is treated the same as substance use disorders and co-occurring MH/SUD.
2. Allow for the use of audio-only treatment via telehealth when there lacks a reasonable alternative and it is medically appropriate for both MH/SUD services to ensure equitable access for those lacking broadband coverage or for those without the means to use audio-video capabilities.
3. Extend current telehealth flexibilities for at least a year after the public health emergency declaration is lifted to ensure the continuity of care for patients seeking MH/SUD services via telehealth.

Address Health Inequities

Given the disproportionate impact that the COVID-19 pandemic has had on racial and ethnic communities and vulnerable populations, the past year has further highlighted the need to address disparities and inequities within our health care system. We have also seen health disparities persist in vaccination distribution plans where white patients are being vaccinated at much higher rates than BIPOC communities. Congress must address this inequality by including policies in the American Rescue Plan Act of 2021 relief package that focus on health disparities, specifically those that impact populations who have been historically underserved, marginalized and adversely affected by persistent poverty and inequity. As such, the APA encourages Congress to consider adding the following provisions to the American Rescue Plan Act of 2021:

1. Provide grants to establish best practices for MH/SUD health professionals to address health disparities and inequities within communities of color and historically underserved populations.
2. Prioritize data collection, interoperability and programs designed to eliminate health care disparities and address social determinants of health.
3. Increase funding for MH/SUD studies focused on examining and eliminating health disparities and health inequities experienced by adults and youth of color.
4. Increase funding for programs that target health disparities and inequities within our MH/SUD systems.
5. Direct the Department of Health and Human Services (HHS) to oversee a telehealth and audio-only study during COVID-19 including data collection on utilization rates and trends by race, ethnicity, gender, disability, income, veteran status, and other key demographic variables.
6. Minimize unnecessary MH/SUD patient interactions with the criminal justice system by diverting responses to appropriately trained MH/SUD professionals and funding improved access to crisis care services.
7. Fund adequate enforcement of MH/SUD parity laws to end discrimination against those with MH/SUD conditions.

**Invest in Workforce Enhancements to Expand Access**

The increased need for MH/SUD services has highlighted the significant workforce shortage, especially for patients of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. To expand patient access to MH/SUD treatment, these workforce shortages must be addressed across the continuum of care. APA encourages Congress to make increasing access to MH/SUD a priority by investing heavily in the MH/SUD workforce and in evidence-based care delivery models. As such, the APA recommends that Congress consider the following policies for inclusion in the *American Rescue Plan Act of 2021* relief package:

1. Expand and increase funding for Medicare’s Graduate Medical Education program and the National Health Service Corps, with a focus on specialties that have a severe shortage such as psychiatry.
2. Improve health care worker education and training for treating substance use disorders.
3. Enhance funding for the Minority Fellowship Program that trains a diverse mental health workforce, to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations.
4. Support new loan repayment programs for psychiatric and subspecialty trainees who treat MH/SUD patients with public insurance.

**Incentivize Implementation of the Collaborative Care Model**

As detailed above, our health system already faces a workforce shortage, especially in the MH/SUD treatment sector. The most promising strategy for providing prevention, early intervention and treatment of mental illness and substance use disorders is the implementation of evidence-based integrated care models using a population-based approach. The Collaborative Care Model (CoCM) is a proactive approach to providing treatment in a primary care office. This model, supported by over 90 randomized control studies, improves access to care and has been shown to reduce depression symptoms by fifty percent – possibly resulting in fewer overdoses and suicides. It is currently being implemented in many large health care systems and individual practices. Given the immediate need for increased access to MH/SUD services in the primary care setting, APA recommends that Congress include the following policies in the *American Rescue Plan Act of 2021*:

1. Provide funding to primary care practices to implement the CoCM.
2. Establish national and regional technical assistance centers to assist practices with direct implementation of CoCM.
3. Expand research on promising integrated care models.

Thank you for the opportunity to submit these comments for consideration regarding the American Rescue Plan Act of 2021 COVID-19 relief legislation. We also thank you for your leadership during this challenging time. Please let us know how we can aid your efforts to improve health across our 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,

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CEO and Medical Director