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June 25, 2026

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The Honorable Morgan Griffith
Chairman, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Diana DeGette
Ranking Member, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Griffith and Ranking Member DeGette:

On behalf of the American Psychiatric Association (APA) and its more than 40,400 physician members specializing in the diagnosis, treatment, and prevention of mental illness and substance use disorders (SUD), we write to commend the Subcommittee on Health's markup of legislation to advance health care price transparency and strengthen protections against illicit substances.

We were particularly encouraged to see consideration of H.R. 3514, the Improving Seniors' Timely Access to Care Act of 2025. With more than 35 million Americans now enrolled in Medicare Advantage (MA), prior authorization has become one of the most significant administrative barriers to timely, evidence-based care. While prior authorization affects all medical specialties, its consequences are especially acute in psychiatry. Unlike many physical health conditions, psychiatric diagnoses and treatment decisions rely heavily on clinical assessment, symptom trajectories, and individualized treatment plans that do not readily conform to rigid utilization management criteria.

Unfortunately, MA plans frequently apply internal coverage standards that are more restrictive than Medicare requirements and rely on authorization reviews conducted by individuals without specialized behavioral health expertise.¹ For individuals living with mental illness or substance use disorders, the consequences are not merely administrative. When an MA plan delays or denies authorization for inpatient psychiatric care, partial hospitalization services, or medications for opioid use disorder, the result may be relapse, crisis escalation, emergency department utilization, hospitalization, or, in the most tragic cases, loss of life.

The transparency provisions contained in H.R. 3514 are particularly valuable for behavioral health. An estimated 84 percent of Medicare Advantage enrollees are enrolled in plans that impose prior authorization requirements on mental health services.² Public reporting of prior authorization approval and denial rates would provide patients, clinicians, policymakers, and researchers with critical information to

identify patterns of inappropriate denials, assess potential disparities, and promote accountability among plans.


While H.R. 3514 represents an important step forward, prior authorization reform addresses only one dimension of the nation's behavioral health access challenges. Too many Medicare beneficiaries, particularly those in rural and underserved communities, continue to face significant barriers to accessing psychiatrists and other behavioral health professionals, regardless of insurance coverage.

The COMPLETE Care Act (H.R. 2509/S. 931) would address these workforce and access challenges by temporarily increasing Medicare reimbursement for integrated behavioral health services delivered through the Collaborative Care Model and the Primary Care Behavioral Health Model, while providing technical assistance to practices seeking to implement these evidence-based approaches. By enabling a psychiatric consultant to support primary care teams remotely, the Collaborative Care Model expands the reach of scarce psychiatric expertise and allows significantly more patients to receive timely behavioral health care. In this way, the COMPLETE Care Act complements prior authorization reform by helping ensure that, once barriers to coverage are reduced, patients can access the services they need.

Your markup reflects the Subcommittee's continued commitment to improving transparency, access, and patient-centered care. The APA strongly supports H.R. 3514 and urges its swift advancement by the full Committee. We also encourage the Committee to build upon this progress by considering the COMPLETE Care Act during the 119th Congress. Together, these policies would reduce unnecessary administrative barriers while strengthening the behavioral health infrastructure needed to serve Medicare beneficiaries nationwide.

Thank you for your leadership on these important issues. APA stands ready to provide data, clinical expertise, and other resources as the Committee continues its work to improve access to high-quality behavioral health care. Please reach out to Mike Troubh at mtroubh@psych.org with any questions.

Sincerely,



M.D., M.B.A., FAPA

Marketa M. Wills, M.D., M.B.A., FAPA
CEO and Medical Director
American Psychiatric Association

cc:

The Honorable Brett Guthrie, Chairman, Committee on Energy and Commerce
The Honorable Frank Pallone, Ranking Member, Committee on Energy and Commerce