



800 Maine Avenue, S.W.
Suite 900
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The Honorable Kevin McCarthy
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Dear Majority Leader Schumer, Speaker Pelosi, Minority Leader McConnell and
Minority Leader McCarthy:

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 37,400 psychiatric physicians who treat mental health and substance use disorders, I write to express our support for several provisions in the 2021 Build Back Better Act. The APA applauds and thanks you for the steps Congress has taken to invest in and expand mental health services and substance use disorder (MH/SUD) care over the past few years, including measures to address the health and economic impact of the COVID-19 crisis. Despite these important efforts, however, the pandemic clearly and considerably exacerbated the mental health and substance use crises that already existed, resulting in a second epidemic our nation must address. There is much more to be done in expanding access to quality MH/SUD care and we are hopeful that the following provisions will be included in the final Reconciliation package, as they stand to benefit millions of mental health and SUD patients.

Health Insurance Cost Sharing Assistance

Lack of affordable health coverage is one of the primary impediments for patients trying to access health care services.¹ Without affordable health insurance coverage, many patients wait until they are in crisis to seek care for both mental and physical conditions. Prior to the Affordable Care Act (ACA), 48 million people were uninsured, and people with mental illness were more likely to live at or below the poverty level and be uninsured. The ACA expanded health insurance coverage and the Medicaid program, which led to an overall drop in the number of uninsured individuals to about 30 million by 2018. Getting both acute and chronic mental and physical conditions under control earlier, which is more likely

¹ Baumgartner, J.C.; Aboulafia, G.N.; McIntosh, A. (2020, April 3). The ACA at 10: How Has It Impacted Mental Health Care? Commonwealth Fund. <https://www.commonwealthfund.org/blog/2020/aca-10-how-has-it-impacted-mental-health-care>

when patients are covered by affordable insurance, is vital to ensuring overall patient health and producing cost savings for the health system and the economy.

Marketplace Cost Sharing Reduction Assistance

The APA is pleased to support provisions in the reconciliation package that provide Affordable Care Act (ACA) Marketplace cost-sharing reduction assistance to individuals with incomes below 138 percent of the Federal Poverty Level (FPL). Assistance in paying for health insurance is crucial as we continue to strive towards the goal of healthcare coverage for all.

Marketplace Premium Tax Credits

In addition, APA also supports the included provisions that expand ACA Marketplace premium tax credits to individuals with incomes below 100 percent of the FPL. Helping low-income individuals afford health insurance coverage is essential to ensure that patients can see their physicians and other practitioners regularly and don't delay care and compromise their health until they are in crisis.

State Reinsurance Assistance

Finally, APA supports provisions that allocate funds to states to establish reinsurance programs or use the funds to provide financial assistance to beneficiaries to reduce out of pocket costs. Given the last few years of uncertainty in the health care marketplace and resulting rise in premiums, assistance provided to states to help lower premiums and out of pocket costs will help to ensure that individuals are able to afford their insurance plans and to keep state marketplaces stable.

Medicaid

Medicaid is the single largest payor of behavioral health services. However, the need for services greatly outpaces the availability of these services. According to the Centers for Disease Control and Prevention (CDC) this demand for services has been even more pronounced during the COVID-19 crisis, as we saw emergency department visits for both suicide attempts and drug overdoses increase by 26 percent and 36 percent during the period of mid-March 2020 through October 2020 compared to the same period in 2019.

Close the Coverage Gap

According to the National Survey of Drug Use and Health,² an estimated 9.8 million adults over the age of 18 had a serious mental illness, including 2.5 million adults who live below the poverty line. As such, APA supports provisions that close the Medicaid coverage gap by establishing a federal Medicaid program for individuals residing in non-Medicaid expansion states beginning in 2025. This provision allows individuals who reside in states that refused to expand their Medicaid programs to access Medicaid coverage through federal pathways.

² Substance Abuse and Mental Health Services Administration; *Serious Mental Illness Among Adults Below the Poverty Line*. 2016 Nov. 15. Available from:

https://www.samhsa.gov/data/sites/default/files/report_2720/Spotlight-2720.html

FMAP Increase

In addition, APA supports providing states with a permanent seven percent federal medical assistance percentage (FMAP) increase if the state implements programs to improve and strengthen home and community-based services. These provisions also provide an enhanced FMAP to cover over eighty percent of the administrative cost of expanding home and community-based services, which can be quite important for those with MH/SUD. Enhanced FMAP assistance for states helps ensure that Medicaid beneficiaries can receive the health care services they need.

Medicaid Post-Partum Coverage

Psychiatric issues during pregnancy and after delivery are some of the most difficult obstacles facing new mothers after they return home from the hospital with their newborns. New mothers are at high risk for postpartum psychiatric illnesses with the most concerning being postpartum manic, depressive, and mixed episodes with psychotic features and psychoses not otherwise specified. It is for these reasons that APA is pleased to support reconciliation provisions that require states to provide full Medicaid benefits to pregnant and post-partum individuals. In addition, we support provisions requiring state Medicaid programs to provide a year of continuous eligibility for children enrolled in Medicaid, and provisions requiring the permanent extension of the express lane eligibility option for children covered by Medicaid.

Medicaid Re-Entry

Medicaid coverage for individuals recently released from incarceration is vital to reducing recidivism, minimizing overdose risk and ensuring that these individuals have their health care needs covered as they re-enter the community. As such, APA supports provisions that require state Medicaid programs to cover incarcerated individuals thirty days prior to their release from detention.

Children's Health Insurance Program

As with the adult population, access to timely health services is closely tied to affordable health coverage. When children are covered by health insurance, they are more likely to receive regular medical and behavioral healthcare. The Children's Health Insurance Program (CHIP) covers 9.6 million children through both state Medicaid and separate CHIP Programs. CHIP covers routine checkups, immunizations, doctor visits, prescriptions, dental and vision care, inpatient and outpatient hospital care, laboratory tests and x-ray services and emergency services. The program is jointly funded by the federal government and states, and uncertainty every few years about the program's reauthorization by Congress often causes difficulty for states. As such, APA is pleased to see a permanent authorization of funding for CHIP included in the reconciliation package. In addition, APA supports provisions allowing states the option to increase and expand CHIP income eligibility levels above the existing statutory ceiling. Lastly, the APA is pleased to see provisions in the reconciliation package that extend 12 months of continuous CHIP coverage to pregnant women, post-partum women, and children.

Expanding the Medical Workforce

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 is pleased to see that the reconciliation package invests heavily in the training and expansion of our medical workforce, including underserved populations.

Pathway to Practice Training Program

Medical students of color and those from rural areas are more likely to practice in the communities they are from, but in many of these places there are limited pathways to enter the medical profession. APA is thus encouraged by the proposed establishment of the Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students. By utilizing scholarships and other financial resources to incentivize those from rural and underserved communities to both pursue medical careers and subsequently practice in shortage areas, this program will help to diversify the physician pipeline and promote greater access to culturally competent care.

Cultural Competency Resident Training

With increasing diversity in the U.S. population and continued evidence of health and health care disparities, it is critically important that our health care workforce be educated on how demographics and cultural factors influence health, health care delivery, and health behaviors. With that in mind, APA is fully supportive of efforts to fund 1,000 additional physician residency training positions for hospitals that commit to training physicians with additional requirements, such as increased mentorship, structural and cultural competency training, and training in the community.

Medical School Construction in Underserved Communities

To help ensure a more robust physician workforce, APA supports proposed funding to augment existing health care training infrastructure and medical school construction. APA likewise applauds the focus of these efforts on establishing and expanding such institutions within communities that lack access to quality health care, to help encourage the recruitment, enrollment, and retention of students from disadvantaged backgrounds.

Graduate Medical Education (GME) Teaching Health Centers

Residency plays a crucial role in preparing physicians to meet the increased demands of a growing, diversifying, and aging population. Fostering a physician workforce able to meet our nation's future health care needs therefore requires an adequate investment in graduate medical education (GME). Accordingly, the APA is fully supportive of proposed new funding for grants and payments to teaching health centers that operate GME residency programs. However, funding should be allocated to those specialties of greatest need and those that meet their cap each year. Funding these vital institutions will help to address persistent physician shortages within psychiatry, and all specialties, by promoting the training of a robust and qualified physician workforce.

Teaching Health Center & Behavioral Health Care Center Grants

The public health and economic fallout from the COVID-19 pandemic will undoubtedly amplify the demand for mental health and substance use disorder treatment in the coming years. To help better streamline access to critical behavioral health and substance use services, APA supports proposed grant funding included in the reconciliation package that would be awarded to qualified teaching and behavioral health care centers, including both substance abuse and mental health care facilities.

Residency Positions at Veterans Administration (VA) Medical Facilities

The Veterans Administration (VA) is the second-largest federal payor for medical training and given the current and expected shortage of qualified health care professionals, APA supports provisions in the reconciliation package that include the proposed increase of up to 700 residency positions at VA medical facilities over seven years. Training health care professionals is part of the VA's statutory mission, and these much-needed training positions will help to promote greater access to care within the VA's health system and will bolster our broader health care infrastructure.

Health Equity

The disproportionate impact of the COVID-19 pandemic on racial and ethnic communities and vulnerable populations has highlighted the necessity of addressing health inequities. Social determinants of health are among the most significant contributors to negative health outcomes and overall health inequity. The APA established a Presidential Task Force of Social Determinants of Mental Health and is encouraged to see that the House sought to address these disparities by prioritizing policies and funding programs to advance access to evidence based and culturally competent care.

Minority Fellowship Program

The APA is encouraged to see additional funding for the Minority Fellowship Program (MFP) included in the reconciliation package. For almost 50 years, the MFP has helped facilitate the entry of more racial and ethnic minority medical students and residents into mental health and/or substance use careers, and helped increase the number of health care professionals trained to teach, administer, and provide culturally competent mental health and substance use disorder services within underserved, minority communities. This additional funding for the MFP will promote greater mental health equity by fostering the growth of the culturally competent minority practitioner pipeline to treat patients with mental health and substance use disorder conditions.

Reducing Discrimination and Bias

Studies show that patients report higher satisfaction and form stronger relationships with culturally competent practitioners. As such, the APA enthusiastically supports the inclusion of funding for grants to develop, disseminate, review, research, and evaluate training for health professionals who interact with patients to reduce discrimination and bias in the provision of health care.

Maternal Mental Health Grants

Many women struggle with their mental health as they transition to motherhood. Mental health disorders such as depression, anxiety, or obsessive-compulsive disorder may surface during or after pregnancy. Additionally, birth-related post-traumatic stress disorder or postpartum psychosis can present following childbirth. Unfortunately, women of color experience a disproportionate burden of these disorders, in part due to ongoing racial disparities in care. To help address these inequities, the APA thus supports proposed funding that would create grants to address maternal mental health conditions and substance use disorders with respect to pregnant, lactating, and postpartum individuals.

Mental Health Parity

The Mental Health Parity and Addiction Equity Act (Federal parity law) requires that insurance coverage for mental health and substance use disorder services be no more restrictive than coverage for other medical care. However, many health plans are not in compliance with the requirements of the law despite it having passed over than ten years ago. Achieving full compliance with the parity law's requirements is essential given the need to access and maintain coverage for mental health and substance use services, especially with the increase in deaths from drug overdoses and suicides during the COVID-19 pandemic. As a follow-up to last year's amendments which strengthened the Federal parity law and were included in the December 2020 Consolidated Appropriations Act, APA supports the provisions levying civil monetary penalties on health plans, issuers and third-party administrators found to be in violation of parity law requirements.

Suicide Lifeline Funding

According to the CDC, suicide is the tenth leading cause of death in the United States accounting for 47,511 deaths in 2019 alone. We know that the COVID-19 pandemic has exacerbated mental health conditions, along with feelings of anxiety, depression, and hopelessness. These are the types of mental health conditions that, if not appropriately managed, can lead to suicide. APA is pleased to see the inclusion of \$75 million in funding for the National Suicide Prevention Lifeline programs. This funding will help expand Lifeline programs to provide more resources and support to individuals in crisis as the Lifeline transitions to the new 9-8-8 number during the summer of 2022.

Environmental and Climate Justice Block Grants

Given our long-standing policy on mental health and climate change, APA is pleased to support the inclusion of \$5 billion in the reconciliation package for investments in community-led projects in disadvantaged communities. We support the use of this funding to build community capacity-building centers to address the disproportionate negative environmental and public health outcomes related to pollution and climate change. APA's [Mental Health and Climate Change policy](#) not only recognizes that climate change poses a threat to public health, but commits the organization to support and collaborate with patients, communities, and other healthcare organizations engaged in efforts to mitigate the adverse health and mental health effects of climate change.

Thank you for the opportunity to submit this letter of support for select provisions in the 2021 Build Back Better Act. We also thank you for your leadership during this challenging time. Please let us know how we can aid your efforts to improve mental health across our nation. If you have any questions, please contact Michelle Greenhalgh at mgreenhalgh@psych.org or 202.459.9708.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "M.D., M.P.A." written in smaller letters to the right.

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych
CEO and Medical Director
American Psychiatric Association