



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

**Board of Trustees
2022-2023**

Rebecca W. Brendel, M.D., J.D.
President

Petros Levounis, M.D., M.A.
President-Elect

Sandra M. DeJong, M.D., M.Sc.
Secretary

Richard F. Summers, M.D.
Treasurer

Vivian B. Pender, M.D.
Jeffrey Geller, M.D., M.P.H.
Bruce J. Schwartz, M.D.
Past Presidents

Eric M. Plakun, M.D.
Glenn A. Martin, M.D.
Geetha Jayaram, M.B.B.S., M.B.A.
Cheryl D. Wills, M.D.
Jenny L. Boyer, M.D., Ph.D., J.D.
Barbara Yates Weissman, M.D.
Mary Hasbah Roessel, M.D.
Elie G. Aoun, M.D., M.R.O.
Felix Torres, M.D., M.B.A.
Michele Reid, M.D.
Urooj Yazdani, M.D.
Seth L. Daly Stennis, M.D.
Trustees

**Assembly
2022-2023**

Adam Nelson, M.D.
Speaker

Vasilis K. Pozios, M.D.
Speaker-Elect

Steven M. Starks, M.D.
Recorder

Administration

Saul Levin, M.D., M.P.A.
CEO and Medical Director

December 5, 2022

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Speaker Pelosi, Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell,

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 37,400 psychiatric physicians, I thank you for your continued efforts to address our nation’s concurrent crises of mental health and substance use disorder (MH/SUD).

Over the last several years, Congress, under your leadership, has made important investments in mental health, substance use treatment, and suicide prevention, helping to improve access to care and save lives. However, as you well know, the disruption, isolation, and loss experienced during the COVID-19 pandemic have compounded the pre-existing MH/SUD crisis and laid bare the inadequacy of the resources available to address behavioral health needs. The consequences are plain to see, staggering rates of suicide, record overdose rates, and increased depression and anxiety across nearly all ages and demographics.

We urge you to include the important work in the MH/SUD area that Congress has prepared for enactment on a bipartisan, bicameral basis in the year-end legislative packages. With so many important bipartisan measures prepared for enactment this Congress, it is essential to seize this opportunity now, so Congress may build on it next session rather than delay much needed assistance for the American people. Below we highlight a few key provisions that will make an immediate impact in improving and enhancing access to critically needed mental health and substance use services.

Reauthorizing and Strengthening Key Programs – The Restoring Hope for Mental Health and Well-Being Act of 2022 (H.R. 7666) which passed the House by a margin of 402-20, was an important step towards expeditiously addressing the nation’s mental health crisis. We urge swift passage of this critical and necessary legislation. In addition to reauthorizing critical Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA) programs, H.R. 7666 includes the following important bipartisan provisions:

- **Support for Mental Health Parity:** Recent reports from the Department of Labor (DOL) and Government Accountability Office (GAO) demonstrate that many insurers are still not compliant with the Mental Health Parity and Addiction Equity Act (MHPAEA), leaving millions of beneficiaries struggling to obtain care. Section 331 of the Restoring Hope for Mental Health and Well-Being Act, seeks to authorize grants to states to help enforce and ensure compliance with the mental health parity law. In addition, Section 321 would require self-funded, non-federal governmental plans to comply with mental health parity requirements. These critical provisions would represent an important step towards realizing true mental health parity and help ensuring millions of Americans are receiving the care entitled to them by law.
- **Collaborative Care:** Population and evidence-based integrated care models hold great potential to augment our existing workforce and enhance access for the millions who struggle with undiagnosed and untreated MH/SUD. Section 301 seeks to support uptake of the Collaborative Care Model (CoCM) via grants and technical support to primary care practices to better integrate behavioral healthcare services into primary care settings. CoCM has a robust evidence base demonstrating clinical efficacy, significant cost savings to our health care system, and the ability to function as a workforce multiplier. Supporting this provision would directly improve outcomes, and enhance access to MH/SUD services, alleviating the strain on our behavioral health workforce.
- **Crisis Services:** To fulfill the promise of the new 988, we must ensure the full crisis care continuum, including 24/7 call/text centers, mobile crisis teams, and community-based crisis stabilization options, is available to individuals in crisis across the United States. Strategic crisis services implementation not only result in better care, but cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations and 911 calls. H.R. 7666 directs needed funding through the SAMHSA for 9-8-8 Lifeline implementation and supports state implementation of the lifeline through technical assistance and coordination.

Expanding Graduate Medical Education – In response to the acute shortage of mental health clinicians and providers across our country, the Senate Finance Committee has proposed a series of important measures Congress should enact now. Nearly 150 million people live in Mental Health Professional Shortage Areas (HPSAs) as defined by the Health Resources and Services Administration (HRSA). The gap between need and access is especially pronounced in psychiatry, with more than half of U.S. counties lacking a single psychiatrist.¹ Projections show the country will be short between 14,280 and 31,109 psychiatrists by 2025.² This severe shortage in the near- and long-term merits the swift and aggressive actions proposed in the bipartisan Training Psychiatrists for the Future Act (S. 5041), proposed by Senators Stabenow and Daines and included in the bipartisan proposals released by Senators Wyden and Crapo. This legislation would provide 400 new Medicare-supported graduate medical education (GME) slots for psychiatry and psychiatric subspecialties annually for 10 years, with residencies spread geographically in rural and urban areas, alike. Such an investment in the psychiatric workforce would help

¹https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf

² <https://pubmed.ncbi.nlm.nih.gov/29540118/>

our nation begin to chip away now at the workforce shortage and better position us to address the growing crisis of access to mental health and substance use-related care and treatment.

Supporting Integrated Care – The Senate Finance Committee’s Mental Health Care Integration discussion draft put forward by Senators Cortez Masto and Cornyn proposes a temporary increase in Medicare payment rates for behavioral health integration services, including the CoCM. As noted above, the evidence and population based CoCM can help improve outcomes and alleviate existing workforce shortages by enabling primary care physicians to leverage the expertise of a psychiatric consultant to provide treatment recommendations for a panel of 50-60 patients in as little as 1-2 hours per week. This proposal would incentivize broader use of the CoCM immediately help enhance access to MH/SUD services. APA strongly supports inclusion in any year-end package.

Expanding Access to Tele-Behavioral Health Services – Finally, we ask that Congress extend the current flexibilities for telehealth—something that has strong support on both sides of the aisle, particularly with regard to mental health. The current telehealth flexibilities passed by Congress and implemented by the 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, both critical issues for patients in crisis to begin and continue appropriate treatment. Earlier this year, an amended version of H.R. 4040 the Advancing Telehealth Beyond COVID–19 Act cleared the House by a vote of 416-12. This important legislation would extend multiple telehealth flexibilities implemented in response to the ongoing Public Health Emergency (PHE) until January 2025. The legislation critically also allows audio-only services for behavioral health services, and delays implementation of the 6-month in-person requirement for mental telehealth services 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.

On behalf of our patients and profession, the APA thanks you once again for the continued leadership in investing in care for individuals living with a mental health and substance use disorder. Though we understand that you must consider multiple competing priorities in any year-end package, we respectfully request your support for the essential mental health resources and programs detailed above. We look forward to working with you to continue to strengthen access to necessary and appropriate behavioral health care. If you have any questions, please contact Craig Obey at cobey@psych.org.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "M.D., M.P.A., FRCP-E, FRCPsych" written in smaller text to the right.

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