



November 1, 2019

Honorable Frank Pallone, Jr.
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515-6115

Honorable Greg Walden
Ranking Member
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515-6115

RE: Substance Use Disorder Request for Information

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we appreciate the opportunity to provide feedback on the House Energy and Commerce Committee's *Substance Use Disorder Treatment Request for Information (RFI)*.

CPNP is a professional association of more than 2,300 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate, and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology.

As recognized by the Committee, while approaches to prevention, intervention, and treatment have improved with the work of the Administration and passage of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the SUPPORT ACT), gaps in the health system continue to persist for the treatment of those with substance use, including opioid use, and mental health disorders.

Psychiatric pharmacists are medication experts who stand to play a significant role in helping to ensure proper use of medication assisted treatment (MAT) for those dealing with opioid use disorders (OUDs). Still, we continue to see them omitted from solutions to address the opioid epidemic, despite their ability to serve alongside physicians and psychiatrists in various healthcare settings to address provider shortages, prevent medication related treatment errors, and improve overall care for OUDs. While we have seen a steady growth and recognition among states and various healthcare systems expanding the use of psychiatric pharmacists to provide treatment for vulnerable populations, we believe an underlying lack of awareness has contributed to the severe delay and under-utilization of these key healthcare providers at the federal level.

The following comments seek to highlight the qualifications, expertise, role and benefits of a psychiatric pharmacist and provide recommendations to CMS on how psychiatric pharmacists can and should be used to improve treatment and services for substance use disorders (SUDs), including OUDs.

CPNP Comments

Pharmacists today graduate with a Doctorate of Pharmacy degree, a required six to eight years of higher education to complete, and have more training specific to medication use than any other healthcare professional. Psychiatric



pharmacists, a specialty within clinical pharmacy, are primarily board certified and residency-trained mental healthcare practitioners who have specialized training in providing direct patient care and pharmacotherapy for the complete range of psychiatric and substance use disorders. Because of their specialized training in pharmacology, pharmacokinetics, and drug-drug and drug-disease interactions, psychiatric pharmacists are well positioned to partner, as a member of the healthcare team, with primary care providers (PCPs) or psychiatrists, to make recommendations on initial prescribing and dosing, to identify medication-related problems, and to increase the number of patients who can be treated by providing medication management and counseling, monitoring, and routine follow-up visits for individuals receiving medication assisted treatment (MAT) and other similar treatments for SUDs and mental health disorders.

The successful treatment of SUDs, including OUDs, requires frequent and careful monitoring of medication use by qualified healthcare providers – care that can sometimes exceed or excessively burden a physician or psychiatrist's already stretched capacity to serve their patients, particularly for those living in designated rural or health shortage areas. In addition, many patients struggling with SUDs have underlying or coexisting medical conditions that, whether treated or untreated, can significantly affect their response to medications used to treat their addiction. While psychiatrists, physicians, and non-physician providers such as physician assistants and nurse practitioners are familiar with these medications, they do not always have the recommended expertise to address patients' unique needs and responses to treatment. This lack of time and expertise can often lead to preventable medication related adverse events resulting in patient relapse, hospitalizations, and even death. However, with proper care coordination and use of multidisciplinary teams that include psychiatric pharmacists, these events could be avoided.

Unfortunately, federal limitations on reimbursement and prescriber authority significantly impede psychiatric pharmacists' integration into the healthcare team and their abilities to provide care throughout the system. As a result, their scope of practice varies significantly across states and throughout certain healthcare systems, including the Veterans Affairs Administration (VA). Ideally, when included as an integrated member of the healthcare team, psychiatric pharmacists are able to (1) provide direct patient care, including treatment assessment, optimization of medication regimens, dosing and prescribing; (2) monitor patients for potential adverse drug reactions and interactions; (3) educate providers, patients, and families on psychiatric and addiction medications as well as psychiatric and substance use disorders and other related conditions; and (4) work to reduce medication costs and demonstrate cost savings to healthcare systems.

As an example, for each patient that is considered for opioid therapy, pharmacists can help perform the necessary tasks which include evaluating past and current therapies, counseling and initiating a consent for long-term opioid therapy, identifying and recommending non-pharmacological and non-opioids that might be more appropriate for their disorder, ordering and evaluating baseline urine toxicology screens, providing and interpreting validated risk assessment tools for opioid abuse and misuse, assessing percent risk of opioid-induced respiratory depression, prescribing and counseling about naloxone therapy to prevent overdose, ordering and interpreting pharmacogenetic testing that can affect response and toxicity to opioid and other medications, and more. This scenario is similarly applicable to the care of all patients struggling with mental or substance use disorders as well.



Psychiatric pharmacists also have a deep understanding of MAT that extends beyond that of most other healthcare providers. When included in providing MAT services, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for OUD; reduce per patient dosing of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs for treating patients with SUDs by relieving providers from services including medication management, counseling, monitoring and follow-ups.¹

As with MAT, more general studies of non-MAT related programs have shown that when psychiatric or clinical pharmacists are able to provide the services described in collaboration with healthcare providers, including psychiatrists, they increase the rates of medication adherence, reduce the rates of over prescribing, improve patient satisfaction, increase patient knowledge, and reduce costs.²

Despite these overwhelming benefits, sufficient reimbursement continues to stand in the way of many practices seeking to include a psychiatric pharmacist on the care team. Under existing statute, psychiatric pharmacists, clinical pharmacists, and pharmacists more broadly are not recognized providers under Medicare and therefore, are not permitted to bill directly for the services they provide to patients under the Medicare program. This negatively impacts their ability to serve as part of the healthcare team to improve treatment for those patients dealing with SUDs and mental health disorders. As a result, many healthcare facilities including physician offices consider psychiatric pharmacists a non-revenue generating cost center and therefore are not incentivized to employ them as part of the care team.

Similar to the laws that allow nurse practitioners (NPs) and physician assistants (PAs) to be reimbursed by Medicare, we urge the Committee to consider extending this law for the coverage of services delivered by psychiatric pharmacists. Allowing payment for psychiatric pharmacy services would increase OUD and SUD patients' access to treatment by engaging already trained experts in psychiatric and SUDs and addiction medicine. **Therefore, we strongly recommend the Committee take up consideration of legislation that would allow Medicare to reimburse pharmacists for providing Part B services, which would otherwise be provided by a physician, NP or PA.**

While CPNP continues to advocate for psychiatric pharmacists to be a recognized provider under Medicare, we have also sought to improve reimbursement provided for psychiatric pharmacists' services billed incident to a supervising physician using codes 99211 – 92115. At present, psychiatric pharmacists are recognized by Medicare to provide services incident to a physician consistent with their licensing and states' scope of practice laws. In many cases, the level of services provided by psychiatric pharmacists meet the incident to requirements for billing higher levels of complexity. Still, many of our members have reported being denied reimbursement for billing evaluation and management services using the higher level codes and stated that Medicare Administrative Contractors (MACs) have indicated that only the lowest level (99211) can be billed for pharmacists' services. In

¹ Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team. *Ment Health Clin* [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.

² *Id.*



most cases, reimbursement at the 99211 level is considered inadequate to support employing a psychiatric pharmacist in the physician office setting. **While incident to billing is still not ideal, we encourage the Committee to make inquiries regarding the reimbursement provided for psychiatric pharmacists billing incident to and recommend that CMS provide guidance to all local MACs clarifying psychiatric and clinical pharmacists' ability to bill across the range of CPT codes 99211-99215 when incident to requirements are met. In addition, we request that all payment policies for the treatment of SUDs, including those specific to OUDs, include adequate payment to encourage the use of psychiatric pharmacists across the hospital outpatient, physician office and specialty treatment settings.**

Conclusion

Psychiatric pharmacists play a vital role in ensuring patients with SUDs receive appropriate and effective care, including the safe and effective use of MAT. We know that having a psychiatric pharmacist on site gives other providers more confidence in approaching medically complex patients, increases their comfort level in using MAT, and improves overall access to care.³ To prevent medication related adverse events and ensure proper treatment and management of those dealing with SUDs and mental health disorders, **CPNP strongly recommends that the Committee recognize psychiatric pharmacists and the services they provide as an integral part of the care delivery team and ensure that policies put forward to address treatment for SUDs establish appropriate payment to incentivize utilization of psychiatric pharmacists in and across the hospital outpatient, physician office and specialty treatment settings.**

CPNP appreciates the opportunity to provide comments to the Committee on proposals that seek to expand access to and improve treatments for SUDs and hope our comments demonstrate the important role of psychiatric pharmacists and the potential for them, when fully integrated into the interprofessional healthcare team, to increase access and improve quality and costs of care for the treatment of SUDs. CPNP also welcomes the opportunity to work with the Committee as they explore options to address the concerns outlined in the RFI and to put forward policies to improve treatment for SUDs. In addition to our comments, we'd also like to highlight the resources provided by our members for other pharmacists and health care professionals seeking to learn about best practices for the treatment of SUDs. To view these and other resources created by CPNP, please visit our website at <https://cpnp.org/resource/suds>. Psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the need for an affordable, accessible healthcare system. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Sarah Mills at sarah.mills@dbr.com / 202-230-5182.

Sincerely,

A handwritten signature in black ink that reads "Brenda K. Schimenti".

Brenda K. Schimenti,
Executive Director

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³ <https://cpnp.org/psychpharm/profile?view=link-0-1471880668&.pdf>