November 5, 2021

The Honorable Chris Murphy
United States Senate
136 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
United States Senate
520 Hart Senate Office Building
Washington, DC 20510

Dear Senator Murphy and Senator Cassidy:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we write in response to your request for policy recommendations to improve access and remove barriers to mental health and substance use services. We applaud your leadership in assessing the impact of the bipartisan *Mental Health Reform Act of 2016* to craft bipartisan policy solutions to address the increasing need for mental health and substance use disorder services that have been exacerbated by the COVID-19 pandemic.

CPNP is a professional association of nearly 3,000 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. Members are specialty pharmacists, and most are Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology. Like other health care professionals such as physicians or nurse practitioners, pharmacists can specialize and may work in various settings including hospitals and outpatient clinics. With a significant mental health care professional shortage, psychiatric pharmacists offer another resource to improve outcomes for patients with mental health and substance use disorders.

In response to your request for feedback on the federal mental health and substance use disorder programs, CPNP offers the following recommendations –

Promoting Integration of Primary Care and Behavioral Health (42 U.S.C. §290bb-42)

In the United States, there are 5,948 health professional shortage areas with a need of 6,630 practitioners, specific to mental health care. Additionally, 60% of U.S. counties do not have a single practicing psychiatrist. Based on this current data from the Health Resources & Services Administration, CPNP strongly supports continuing this key piece of legislation and recommends the addition of psychiatric pharmacists to be included in the integrated care team definition to help increase mental health care access and improve patient outcomes.

This section award grants and cooperative agreements to eligible entities to fund improvements in integrated care settings with integrated practices. The 21st Century Cures Act helped to expand the population focus to children with serious emotional disturbance (SED), individuals with drug/alcohol addiction and adults with any mental illness. To help advance this goal, psychiatric pharmacists can be a resource on the frontlines with their unique skill set to provide care for complex patient medical needs and add value to the interprofessional patient care team.

Psychiatric pharmacists graduate with a Doctor of Pharmacy degree, which requires six to eight years of higher education, and have more training specific to medication use than any other health care professional. They specialize in treating patients living with psychiatric, neurologic, and substance use disorders. Psychiatric pharmacists have extensive training and expertise in medication treatment and the psychosocial factors inherent within these illnesses. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry. They can extend their reach by partnering with and educating patients, families, and providers and advocating for the appropriate use of medications.

Despite their central role in the health care system, psychiatric pharmacists are not currently eligible to enroll in or bill Medicare. This lack of payment for psychiatric pharmacist services limits access to their services and their ability to increase the capacity of the primary care team. Many psychiatric pharmacists, working as team members often through collaborative practice agreements, provide all levels of care including prescribing medications and managing all medications to optimize outcomes, addressing drug interactions, and promoting adherence to therapies. Psychiatric pharmacists are trained to perform mental status exams and identify symptoms of mental illnesses that respond to, or are poorly responsive to, psychiatric medications.

As to substance use disorders, psychiatric pharmacists have a deep understanding of Medication Assisted Therapy (MAT) that extends beyond that of most other health care providers. When included in the provision of MAT services, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for opioid use disorders; reduce per patient dosing of buprenorphine through improved medication management, monitoring, and titration; and reduce overall costs for treating patients with substance use disorders by relieving providers from delivering services including medication management, counseling, monitoring and follow-ups.

Because the Centers for Medicare & Medicaid Services (CMS) does not directly oversee pharmacists under Medicare, the agency often inadvertently excludes pharmacists during rulemaking. As such CMS will not reimburse health care systems or providers who employ them for their services. In many states, this means that they also are not recognized by private insurers or Medicaid, and many health systems and providers are reluctant to adopt these practices without the ability to be reimbursed for the services provided by psychiatric pharmacists. This is to the detriment of those health systems successfully employing psychiatric pharmacists and is also an opportunity to reach rural patients.

Further, Medicare limits physicians to billing only the lowest-level evaluation and management (E/M) code for pharmacist-provided incident-to services, regardless of the duration and complexity of the E/M services provided. This policy undermines health system care models that leverage care team members, including psychiatric pharmacists to support primary care physicians, thereby threatening patient access to critical services, including comprehensive medication management. The CMS E/M policy is fundamentally at odds with efforts to implement care models that include clinical pharmacists. Many commercial payers as well as states consider pharmacists to be qualified health professionals whose services can be billed incident-to a physician that pay at higher rates than a level one E/M code or use a medication specific CPT code. Until billing and reimbursement are addressed, health care systems and primary care providers who want to employ psychiatric pharmacists will have little incentive to bring them on-board.

Mental and Behavioral Health Education and Training Grants (42 U.S.C. §294e-1)

This section of the bill sought to help recruit students interested in behavioral health, provide graduate students support for training, and develop interprofessional training and integration within primary care and develop accredited field placements and internships. CPNP recommends including pharmacist specialties in the education and clinical experience as currently described in the code.

The nation's need for quality health care services includes the services provided by pharmacy residency programs, which prepare pharmacists to work effectively as an integral part of a multidisciplinary health care team. Residency-trained pharmacists participate directly in clinical decisions regarding the use of medications and are leaders in improving patient outcomes. Due to scientific advancements and the evolution of care delivery models, pharmacy residencies are now essential to performing certain patient care services. There continues to be a need for more pharmacy residency programs, and it is in the public's best interest that such programs be adequately funded.

Parity in mental health and substance use disorder benefits (42 U.S. Code § 300gg–26)

CPNP recommends adoption of the *Parity Implementation Assistance Act (S. 1962/H.R. 3753).* Under the *Consolidated Appropriations Act of 2020 (CAA)*, health insurers are required to perform comparative analyses demonstrating that they are complying with the federal Parity Act. Recognizing that these analyses can be time consuming and labor intensive for state regulators, the *Parity Implementation Assistance Act* authorizes $25 million in annual grant funding to states for five years.

Provide loan repayment for serving in Health Professional Shortage Areas

Currently, pharmacists are not eligible to participate in most of the NHSC student loan repayment programs, which are open to primary care clinicians in a Health Resources and Services (HRSA)-approved service site in a Health Professionals Shortage Area. An exception is the Substance Use Disorder Workforce Loan Repayment Program. To increase greater participation in behavior health, we recommend that pharmacists be eligible for additional NHSC loan repayment programs. CPNP also supports robust funding for Behavioral Health Workforce Education and Training program, the Loan Repayment Program for Substance Use Disorder Treatment Workforce, and the Mental and Substance Use Disorder Workforce Training Demonstration Program.

Remove barriers to Mediation Assisted Therapy

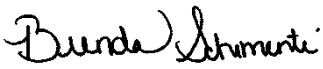
The United States has been grappling with two public health emergencies simultaneously COVID-19 along with the opioid crisis which has been in effect since 2017. There are 9.2 million adults with substance use disorders (SUDs) who also have some form of co-occurring mental illness. CPNP strongly advocates for the recognition of addiction treatment as part of medical care for all patients. 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 health care team, with primary care providers, psychiatrists, and other health care professionals to make recommendations on initial prescribing and dosing, to identify and resolve medication-related problems, and to increase the number of patients who can be treated by providing medication management and counseling, monitoring for individuals with mental health and SUDs, including medication assisted treatment (MAT).

To expand access to medication assisted treatment, CPNP supports the *Mainstreaming Addiction and Treatment Act* (S. 445/H.R. 1384) to eliminate the DATA waiver (or X waiver) requirement to allow buprenorphine to be utilized like other Schedule III drugs. CPNP believes more needs to be done to increase access to substance use treatment and removal of the DATA waiver requirement is an important step. In the absence of the elimination of the X waiver, CPNP urges the "qualifying other practitioner" requirements be revised to include psychiatric pharmacists as eligible for the DATA waiver. At present, the exclusion of psychiatric pharmacists from X-waiver eligibility has deprived patients of access to MAT at a time when demand for care far outstrips capacity.

CPNP supports the vision of the *Mental Health Reform Act of 2016* and welcomes opportunities to build upon these policies. We appreciate the opportunity to provide comments and urge you to consider these actions to increase patient access to psychiatric pharmacists and the important services they provide. CPNP is eager to be a resource to you and your staff as you move forward to develop legislation to increase access to mental health and substance use services.

We commend your leadership in seeking policy solutions to ensure the current federal investments to address mental health and substance use are more impactful, as well as, authorize and fund additional initiatives to enhance the delivery of services across the nation. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at laura.hanen@faegredrinker.com.

Sincerely



Brenda K. Schimenti
Executive Director
bschimenti@cpnp.org