



April 28, 2021

The Honorable Rosa DeLauro  
Chair  
House Appropriations Subcommittee  
on Labor, Health and Human Services,  
Education, and Related Agencies  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
House Appropriations Subcommittee  
on Labor, Health and Human Services,  
Education, and Related Agencies  
Washington, DC 20515

Dear Chair DeLauro and Ranking Member Cole:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), I write in support of additional funding for substance use and mental health programs, research, and health profession training in the FY2022 Labor-HHS-Education bill. In addition, we urge you to include report language that highlights the role of psychiatric pharmacists in the treatment of mental health and substance use disorders. With the increase in stressors related to COVID-19, there has been an increased demand for behavioral health services. Psychiatric pharmacists could help fill that gap.

CPNP is a professional association of nearly 3,000 members who envision a world where all individuals living with mental illness, substance use and/or neurologic disorders, receive safe, appropriate, and effective treatment. Pharmacists today graduate with a Doctor of Pharmacy degree, a required six to eight years of higher education, and have more training specific to medication use than any other health care professional. Psychiatric pharmacists, a specialty within clinical pharmacy, are primarily board certified and residency-trained mental health care practitioners who have specialized training in providing direct patient care and medication management for the complete range of psychiatric and substance use disorders. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry.

CPNP appreciate your continued leadership in providing funding to address mental health and substance use disorders (SUD) across HHS programs. CPNP supports the funding requests submitted by the [Mental Health Liaison Group](#) and the [Health Professions and Nursing Education Coalition](#).

In addition, we urge you to include the following report language:

**Centers for Medicare and Medicaid Services**

With a significant mental health care professional shortage in the US, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric and/or substance use disorders. The Committee encourages CMS to develop and evaluate value-based models of care that include psychiatric pharmacists as part of the care team.

### Justification

Patients with psychiatric and substance use disorders are currently confronted with a health care system that lacks behavioral health providers and is unable to meet their unique needs. These patients deserve the high-quality, evidence-based, measurement-driven, comprehensive care that psychiatric pharmacists can provide as an integral member of interprofessional teams. Psychiatric pharmacists are an underutilized resource on the frontlines providing direct patient care, optimizing medication outcomes, and supporting fellow health care colleagues in primary care and mental health. Access is improved when psychiatric pharmacists manage patients' medications. This means more appointments and shorter waiting times for new patients to see psychiatrists and nurse practitioners.

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, and routine follow-up visits for individuals with mental health and substance use disorders (SUDs), including medication assisted treatment (MAT). Psychiatric pharmacists also promote preventive health care, medication adherence, and lifestyle modification. Value provided by psychiatric pharmacists includes improvements in patient symptoms, increased medication adherence rates, increased patient satisfaction, and the potential to reduce health care costs.

As to SUDs, psychiatric pharmacists have a deep understanding of 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 SUDs by relieving providers from delivering services including medication management, counseling, monitoring and follow-up.

In closing, psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the enormous need for behavioral health services. 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](mailto:laura.hanen@faegredrinker.com).

Sincerely,



Brenda K. Schimenti  
Executive Director