



October 8, 2021

The Honorable Michael Bennet
United States Senator for Colorado
261 Russell Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
United States Senator for Texas
517 Hart Senate Office Building
Washington, DC 20510

Dear Senator Bennet and Senator Cornyn:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we applaud your white paper *"A Bold Vision for America's Mental Well-being"* to call for immediate resources to address the nation's mental and behavioral health crisis while also seeking modernization of our health care system to prioritize mental health treatment and care.

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. With a significant mental health care professional shortage, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric and substance use disorders.

In response to your request for input on how to reimagine America's mental and behavioral health care system, CPNP offers the following recommendations -

1. Remove Barriers to Increase Access to Behavioral Health Care

Increase access to behavioral health providers by requiring Medicare to pay for patient care services provided by psychiatric pharmacists

Pharmacists today 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. Psychiatric pharmacy practice specializes 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.

www.cnp.org ■ info@cnp.org
402-476-1677 (phone)
888-551-7617 (fax)

Despite their central role in the health care system, 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 care team, including psychiatrists, to see more patients. 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.

Increase access to comprehensive medication management for persons with mental health and substance use disorders

As stated above, psychiatric pharmacists are an important member of the health care team working in collaboration with the patient and other health care providers including psychiatrists, other physicians, therapists, social workers, and nurses. Psychiatric pharmacists provide expert, evidence based Comprehensive Medication Management (CMM) services for the most complex patients with mental health and substance use disorders. This can only happen if these services are covered and psychiatric pharmacists are reimbursed. CMM is a specific set of services that include assessing all a patient's medications— prescription, nonprescription, vitamins, and supplements; assessing each medication to ensure that it is appropriate, effective, safe, and can be taken as intended; identifying and addressing medication-related problems; developing individualized care plans with therapy goals and personalized interventions; prescribing medications and ordering laboratory or other diagnostic tests (varies by state); following up with appointments at regular intervals (e.g., weekly, biweekly or monthly) to evaluate response, adverse effects, progress toward treatment goals, and to adjust medications as needed; educating patient and family about medications and lifestyle modifications; and referring to other providers and specialists for services such as diagnostic clarification, psychotherapy, and dietary counseling.

CMM services benefit patients needing complex care coordination among multiple providers; with multiple chronic conditions; on complex medication regimens; who are not meeting treatment goals; who have serious medication adverse effects; transitioning between health care settings; taking specialty medications like clozapine or long-acting injectable antipsychotic medications; who would benefit from genetic testing to optimize their medication regimen; with tobacco, alcohol, opioid, or other substance use disorders (SUDs) who may benefit from medication treatment; and who have conditions that complicate psychiatric medication treatment such as pregnancy, advanced age, concomitant medical illness; and those receiving antipsychotic medications as children.

To enable patients access to these critical services, Congress can enact legislation requiring the coverage of Comprehensive Medication Management under Medicare Part B. As you are aware, once Medicare provides coverage many private payers and Medicaid programs will follow suit.

Test models of care utilizing pharmacist-provided patient care services

With the shift to value-based care, CPNP urges Congress to support the development and testing of payment models through the Center for Medicare and Medicaid innovation in which psychiatric pharmacists manage medications through the process of CMM. CPNP recommends CMS test a model that incentivizes psychiatric pharmacist involvement across relevant Medicare service lines, including in value-based models such as the Comprehensive Primary Care Plus (CPC+) primary care model. This advanced primary care model integrates pharmacists as part of the care team to provide medication management services, that includes evaluating medication regimens, providing medication self-management support for patients to help them adhere to their prescribed therapies, and promoting clinically-sound, cost-effective medication therapies.

Maintain access to mental health and substance use services delivered via telehealth

The *Consolidated Appropriations (CAA) Act, 2021* removed the geographic restriction for Medicare telehealth services for the diagnosis, evaluation or treatment of a mental health disorder and adds the patient's home as a permissible originating site for these telehealth services. Payment is prohibited unless a physician or practitioner has furnished an item or service in-person within 6 months of the first telehealth visit. CPNP believes that barriers to telehealth for mental health and substance use services should be minimal. Some people with mental health conditions have symptoms that interfere with their ability to attend in-person appointments, such as anxiety or agoraphobia, such that they may prefer telehealth visits for all of their visits. CPNP recommends Congress remove the 6-month in-person visit requirement and leave it to the treating clinician to determine the best interval for their patients to be seen in person if needed. Further with the COVID-19 pandemic both exacerbating and highlighting the vast unmet need for mental and behavioral health services and the lack of access to providers in rural and underserved areas, CPNP urges Congress to facilitate broader access to care for all patients in need of care.

CPNP also supports the provision of mental health services to established patients via audio-only telephone calls. In 2019, the Federal Communications Commission reported that between 21.3 and 42 million Americans lack access to broadband. Audio-only visits will ensure that those in areas with limited or no broadband, older adults and younger individuals with disabilities who rely on

Medicare for essential behavioral health care won't lose access to critically needed services. In addition, CPNP urges that audio-only services should be available for the treatment of substance use disorders particularly in light of recent CDC research showing that over 40 states saw a rise in opioid-related overdose deaths since the start of the pandemic.

Eliminate the waiver requirement through the Drug Enforcement Agency to prescribe buprenorphine for treatment of substance use disorders

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.

2. Support and Enhance the Behavioral Health Workforce

Fund Behavioral Health Professions Training

CPNP supports the investment of resources that strengthen and grow the mental health workforce, including psychiatric pharmacists, and ensure there are enough inpatient and outpatient resources across the country to provide needed care to a broad array of patients. Specifically, we urge support for 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.

Include Pharmacists in the National Health Service Corps (NHSC)

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. CPNP urges that pharmacists be eligible for additional NHSC loan repayment programs.

3. Protect Access to Treatments for Mental Health and Substance Use Disorders

Protect the 340B Drug Pricing Program

The 340B program enables safety net providers to stretch scarce federal resources to provide health care to underserved patients. Covered entities – safety net providers serve low-income patients - generate savings by purchasing 340B outpatient drugs at a discounted rate while receiving the same reimbursement from the insurer. This savings enables covered entities to provide comprehensive health care including free care and discounted or free medication to uninsured, underinsured, or other at-risk patient populations. This includes access to behavioral

health medications and services, as well as training for the health care workforce including advanced practice psychiatric pharmacists needed to care for complex patients.

Maintain the Six Protected Classes Under Medicare Part D to Ensure Access to Mental Health Medications

Current Medicare policy requires insurers offering Medicare Part D plans to include on their formularies all or substantially all drugs in six medication classes. The “Six Protected Classes” include antidepressants and antipsychotics. The Six Protected Classes were put in place as acknowledgment that for some conditions individuals respond differently to different medications and formulations, and that individuals need access to a full range of options in achieving wellness. In recent years CMS has proposed creating exceptions to the Six Protected Classes policy to allow insurers to institute new prior authorization or step therapy requirements or exclude medications entirely under some circumstances. CMS, after concerns raised by Congress, ultimately abandoned their proposal. CPNP urges Congress to continue their steadfast support for maintaining the Six Protected Classes’ policy as it stands today. By having the Six Protected Classes in place, those with Medicare are more likely to access the medications they need for their mental health conditions at reasonable costs.

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 in developing policies to increase access to mental health and substance use services.

We commend your leadership in seeking policy solutions to make the current federal investments to address mental health and substance use 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