November 15, 2022

The Honorable Ron Wyden
Chair
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Debbie Stabenow
United States Senate
731 Hart Senate Office Building
Washington, DC 20510

The Honorable Steve Daines
United States Senate
320 Hart Senate Office Building
Washington, DC 20510

RE: Enhancing the Mental Health Workforce Discussion Draft

Dear Chair Wyden, Ranking Member Crapo, Senator Stabenow, and Senator Daines:

On behalf of the American Association of Psychiatric Pharmacists (AAPP) (formerly known as the College of Psychiatric and Neurologic Pharmacists), we appreciate the opportunity to provide feedback on the Enhancing the Mental Health Workforce discussion draft. We also laud you and the rest of the Senate Finance Committee for your ongoing efforts to address the mental health and substance use disorder workforce crisis.

AAPP 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 disorders (SUD), receive safe, appropriate, and effective treatment. Members are clinical pharmacists who specialize in psychiatry, SUD, and psychopharmacology.

The Role of a Psychiatric Pharmacists

Psychiatric pharmacists are important members 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. They are distinct from dispensing pharmacists as they do not dispense medications and have extensive additional education beyond the Doctor of Pharmacy degree, including one year of general pharmacy residency, one year of psychiatric residency, and certification through the Board Certified Psychiatric Pharmacist (BCPP) examination.

Psychiatric pharmacists add unique value to the care team as they can:

- Prescribe or recommend appropriate medications;
- Evaluate responses and modify treatment;
- Manage adverse reactions to medication;
- Resolve any issues related to drug interactions;

- Support efforts for medication adherence;
- Manage complex medication for individuals living with multiple chronic conditions including mental illness and/or substance use disorders; and
- Provide medication education.

One of the most important services psychiatric pharmacists provide is expert, evidence-based Comprehensive Medication Management (CMM) services for the most complex patients with mental health and substance use disorders. Psychiatric pharmacists increase capacity of the health care team to deliver care, provide psychopharmacology expertise, as well as improve patient outcomes and reduce overall health care costs. In fact, the Veterans Health Administration[1] has embraced CMM provided by clinical pharmacist practitioners as its standard of care throughout the system.

Although the CMM model is well accepted in some government funded health systems - the VA and federally qualified health centers - it has not gained widespread acceptance. The primary cause for this lag is the lack of recognition of psychiatric pharmacists as qualified health care providers by CMS and failure of Medicare to reimburse practices for CMM as a covered service.

Comments to Mental Health Workforce Draft

Psychiatric pharmacists should be leveraged to help fill gaps in the workforce. As we know, the behavioral health workforce has reached a tipping point. In fact, more than 150 million people live in Mental Health Professional Shortage Areas (HPSAs) as defined by the Health Resources and Services Administration (HRSA).[2] Alarmingly, more 60% of counties in the United States have an unmet need for mental health services.[3] Given the workforce shortages due to burnout, reimbursement issues, and provider capacity, it more important than ever to allow providers to practice at the top of their license and allow other providers to step in and assume more general duties. For example, as is the case with primary care physicians (PCP) and physician's assistants (PA); the PA is able to measure vitals, administer vaccines etc., freeing up the PCP to address more pressing issues. To that end, we appreciate the Committee's thoughtfulness in considering requiring Medicare to provide education and outreach to providers and other interested parties about the ability of occupational therapists to furnish occupational therapy for individuals who have SUD or mental health disorders. Utilizing occupational therapists will alleviate the burden on other providers, serve as a preventive measure for further injury to individuals, and most importantly, assist patients in reclaiming their day to day lives.

Similarly, we strongly urge you to consider the benefits of a psychiatric pharmacists to the mental health workforce as they are an integral part of the care team. Given that psychiatric pharmacists can prescribe, evaluate, manage, triage, and educate patients with mental health and SUD, not leveraging their expertise during this critical time is a missed opportunity.

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[1] VA's Clinical Pharmacy Practice Office, *available at* https://www.pbm.va.gov/PBM/CPPO/Clinical_Pharmacy_Practice_Office_Home.asp. Last visited November 10, 2022.

[2] Health Workforce Shortage Areas, HRSA, November 9, 2022, *available at* https://data.hrsa.gov/topics/health-workforce/shortage-areas. Last visited November 10, 2022.

[3] Id.

Medicare coverage expansion should include psychiatric pharmacists. We applaud the Committee's recognition that expanding the workforce by expanding Medicare for mental health services provided by marriage and family therapists and licensed professional counselors would immediately benefit individuals seeking care for mental health issues. In that same vein, we urge you to also consider expanding Medicare coverage for psychiatric pharmacists. Particularly, we ask you to consider reimbursing psychiatric pharmacists for the service of CMM. Medications are involved in 80% of all treatment plans and affect almost every aspect of a patient's life.[4]

CMM is of the greatest benefit to:

- Patients who have not reached or are not maintaining the intended therapy goal;
- Patients who are experiencing adverse effects from their medications;
- Patients who have difficulty understanding and following their medication regimen;
- Patients in need of preventive therapy; and
- Patients who are often readmitted to the hospital.

CMM has the proven effect of keeping individuals on track to reach their care goals and keeping individuals out of the hospital, both of which are preventive measures that can ultimately save the Medicare program critical dollars.[5]

The benefits of CMM can be quantified through a calculation of return on investment (ROI), or how much value the service adds compared with the cost of delivering the service. The ROI of medication management services has been studied in numerous patient populations. The data from the delivery of this service are positive, with a demonstrated ROI as high as 12:1 with an average of 3:1–5:1. ROI reflects an ability to decrease hospital admissions, physician visits, and emergency department admissions and reduce the use of unnecessary and inappropriate medications. This estimate is conservative; the ROI is likely to be much greater because practitioners routinely underestimate the impact of clinical pharmacists' services on a patient's quality of life. In addition, it is difficult to place a number on high patient satisfaction and physician acceptance.[6] **Data suggest that providing CMM will help the Medicare program avoid almost 6 million physician office visits and 670,000 emergency department visits annually, saving more than $1 billion and more than $500 million, respectively, per year.[7]**

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[4] Comprehensive Medication Management in Team-Based Care, American College of Clinical Pharmacy, p. 3, *available at* https://www.pcpcc.org/sites/default/files/event-attachments/CMM%20Brief.pdf. Last visited November 10, 2022.

[5] Chung, TH et al. The evaluation of comprehensive medication management for chronic disease in primary care clinics, a Texas delivery system reform incentive payment program, NIH PubMed, July 20, 2020, *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7372764/. Last visited November 10, 2022.

[6] Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. Washington, DC: PCPCC, 2012, *available at* www.pcpcc.org/sites/default/files/media/medmanagement.pdf. Last visited November 10, 2022.

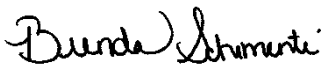
[7] Comprehensive Medication Management in Team-Based Care, American College of Clinical Pharmacy, p. 6, *available at* https://www.pcpcc.org/sites/default/files/event-attachments/CMM%20Brief.pdf. Last visited November 10, 2022.

Lastly, we also note the lack of sufficient reimbursement from Medicare has a cascading effect. Since Medicare does not recognize psychiatric pharmacists as providers, neither does Medicaid in many states. Additionally, many health systems and providers are reluctant to add psychiatric pharmacists to their teams without the ability to be reimbursed for the services that they provide. Those health systems successfully employing psychiatric pharmacists to reach rural patients, an area woefully lacking in mental health providers, are thus hampered in their ability to deliver care. With the increase in stressors related to COVID-19 there has been an increased demand for psychiatric services. Psychiatric pharmacists could help fill that gap if there was payment for their services.

Given the benefit to patients as well as the potential savings to the Medicare program, we request you consider extending Medicare reimbursement to psychiatric pharmacists. To that end, we have attached draft language for your consideration.

Thank you again for the opportunity to comment and we would be happy to discuss this with you further at your convenience. If you have any questions, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at lahanen@venable.com.

Sincerely,



Brenda K. Schimenti
Executive Director

SEC.__ COVERAGE OF CLINICAL PSYCHIATRIC PHARMACIST SERVICES UNDER PART B OF THE MEDICARE PROGRAM.

(a) COVERAGE OF SERVICES.—

(1) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (), by striking "and" after the semicolon at the end;

(B) in subparagraph (), by inserting "and" after the semicolon at the end; and

(C) by adding at the end the following new subparagraph:

"(II) clinical psychiatric pharmacist services (as defined in subsection (lll)(1))".

(2) DEFINITIONS.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

"(lll) CLINICAL PSYCHIATRIC PHARMACIST SERVICES.—(1) The term 'clinical psychiatric services' means services performed by a clinical psychiatric pharmacist (as defined in paragraph (2)) for the treatment of mental illnesses and substance use disorders, which the clinical psychiatric pharmacist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service.

"(2) The term 'clinical psychiatric pharmacist services' means an individual who—

"(A) possesses a pharmacy degree from an Accreditation Council for Pharmacy Education accredited pharmacy program;

"(C) achieves and maintains board certification as a psychiatric pharmacist (BCCP);

"(D) possess a collaborative practice arrangement with a supervising provider; and

"(E) maintains an active license to practice by a state board of pharmacy."

(3) PROVISION FOR PAYMENT UNDER PART B.—Section 1832(a)(2)(B) of the Social Security Act (42 U.S.C. 1395k(a)(2)(B)) is amended by adding at the end the following new clause:

"(v) clinical psychiatric pharmacists services (as defined in section 1861(lll)(1));".

(4) AMOUNT OF PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395 *l*(a)(1)) is amended—

(A) by striking "and ()" and inserting "()"; and

(B) by inserting before the semicolon at the end the following: ", and () with respect to clinical psychiatric pharmacist services under section 1861(s)(2)(II), the amounts paid shall be 85 percent of the lesser of the actual charge for the services".

(5) INCLUSION OF CLINCAL PSYCHIATRIC PHARMACISTS AS PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Section 1842(b)(18)(C) of the Social Security Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clause:

"(vii) A clinical psychiatric pharmacist (as defined in section 1861(lll)(2)).