



September 8, 2023

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Psychiatric Pharmacists (AAPP) (f.k.a. the College of Psychiatric and Neurologic Pharmacists), we appreciate the opportunity to provide feedback on the Centers for Medicare and Medicaid Services' (CMS) proposed rule related to the hospital outpatient prospective system proposed rule (proposed rule). We appreciate your leadership in ensuring access to behavioral health services.

About AAPP

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, receive safe, appropriate, and effective treatment. Pharmacist members specialize in psychiatry, substance use disorders (SUD), and psychopharmacology and most are residency trained and Board certified in psychiatric pharmacy holding the BCPP credential (Board Certified Psychiatric Pharmacist). With a significant shortage of mental health care professionals, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric and SUDs.

Role of Psychiatric Pharmacists

Pharmacists graduate with a Doctor of Pharmacy degree, requiring six to eight years of higher education to complete, and have more training specific to medication use than any other health care professional. Psychiatric pharmacists, a specialty within clinical pharmacy have specialized training in providing direct patient care and medication management for the complete range of psychiatric disorders and SUDs. Psychiatric pharmacists work as important members of interprofessional treatment teams but also in decision-making and leadership roles in health care organizations, state and federal organizations, academia, and industry.

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Psychiatric pharmacists are important members of the health care team working in collaboration with the patient and other health care providers including, but not limited to, psychiatrists, other physicians, therapists, social workers, and nurses (including advanced practice nurses). Psychiatric pharmacists provide expert, evidence-based Comprehensive Medication Management (CMM) services for the most complex patients with mental health disorders and SUDs. Psychiatric pharmacists increase capacity of the health care team to provide care and psychopharmacology expertise, as well as improve patient outcomes and reduce overall health care costs. As medication experts, psychiatric pharmacists are uniquely positioned to facilitate medication access and adherence by identifying and helping to address potential treatment barriers, including prior authorizations and high out-of-pocket patient costs.

Psychiatric pharmacists have a deep understanding of Medications for Opioid Use Disorder (MOUD) that extends beyond that of most other health care providers. When included in the provision of MOUD services through a collaborative practice arrangement, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for opioid use disorders; reduce per patient dosage of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs. Furthermore, given the insufficient number of providers in addiction medicine, psychiatric pharmacists increase access to SUD treatment by providing medication management, education, monitoring, and follow-up care.

AAPP Comments on the Proposed Rule

Intensive Outpatient Program (IOP)

Section 4124(b) of the CAA, 2023, established Medicare coverage for intensive outpatient services beginning in CY 2024. Intensive outpatient services are furnished under IOPs, which are distinct and organized outpatient programs of psychiatric services provided for individuals who have an acute mental illness, including conditions such as depression, schizophrenia and substance use disorders. CMS is proposing the payment and program requirements for the new IOP benefit. The proposed rule includes the scope of benefits, physician certification requirements, coding and billing, and payment rates under the IOP benefit. CMS proposes that IOP services may be furnished in hospital outpatient departments, community mental health centers, federally qualified health centers and rural health clinics.

As CMS is aware, the need for mental health and SUD services has increased during COVID-19 as has the workforce shortage in health care. We believe psychiatric pharmacists are positioned to be an integral part of the care team for outpatient mental health services furnished by intensive outpatient programs (IOPs). Our members possess not only the education and training, but they are highly trusted by patients. Furthermore, given that psychiatric pharmacists are trained to address both mental health and substance use disorders, they are often a front-line resource to keep individuals in crises safe without using a hospital setting. As such, we urge CMS to expand patient access to psychiatric pharmacists as a regular part of the IOP care team as well as consider payment for services provided by psychiatric pharmacists in IOPs. To that end, we also urge you to meet with stakeholders to determine the scope, intensity, and value of IOP services. We stand ready to work with you on this important issue.

Secondly, we are supportive of the establishment of payment and program requirements across a comprehensive list of health care settings, including hospital outpatient departments, community mental health centers, federally qualified health centers, rural health clinics, and Opioid Treatment Programs. Reimbursement services in these settings will increase access to care for a group of individuals who need more than just individual outpatient therapy visits but less intensive than partial

hospitalization. In that vein, we are confident that psychiatric pharmacists can be an asset to the health care team in these settings when patients are receiving mental health and SUDs treatment.


Unfortunately, Medicare does not currently recognize clinical psychiatric pharmacists as providers and as such 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 add psychiatric pharmacists to their teams without the ability to be reimbursed for their services that they provide. This is to the detriment of those health systems successfully employing psychiatric pharmacists to reach patients experiencing mental health and SUDs issues. With the increase in stressors related to COVID-19, there has been an increased demand for psychiatric services in which psychiatric pharmacists could help fill that gap if there was payment for their services.

One area where CMS can bridge the reimbursement gap is with reimbursement for Comprehensive Medication Management (CMM), an integral service for those with mental health issues or substance use disorders provided by psychiatric pharmacists. CMM is a comprehensive, evidence-based process used to ensure that each medication is appropriate, safe, and effective given a patient's medical conditions, while considering the patient's and provider's treatment goals.¹ CMM allows pharmacists to identify and resolve drug therapy problems as part of a team approach to care. Pharmacist-provided CMM leads to better outcomes, lower costs, improved patient and provider satisfaction, and increased access to care, and provider work-life balance.² We encourage CMS to consider using CMM in the Part D, as well as Part B, program. This will allow Parts B and D to use the same process to ensure fidelity to the evidence-based model of care, thus streamlining and improving care. Unfortunately, CMS does not cover services provided by BCPPs or payment for CMM. We urge CMS to revisit reimbursement policies to ensure that these vital services are properly paid for given their proven benefit to patients and the Medicare program at large.

As behavioral health issues become more prominent and it becomes clear that their integration into primary care is necessary, policy changes are needed to ensure greater access to behavioral health. One way to accomplish this goal is to utilize psychiatric pharmacists to the fullest of their abilities. We look forward to working with CMS to ensure psychiatric pharmacists are available to assist care teams to ensure patient-centered care.

Again, we appreciate these bold policy proposals to ensure that individuals who need mental health and substance disorder services have access to the care they need. If you have any questions, please do not hesitate to contact me at bschimenti@aapp.org or our Health Policy Consultant, Laura Hanen at lahanen@venable.com.

Sincerely,



Brenda K. Schimenti
Executive Director

¹ The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018, *available at* https://www.accp.com/docs/positions/misc/CMM_Care_Process.pdf. Last visited February 2, 2023.

² Optimizing Medication Use Through Comprehensive Medication Management (CMM) in Practice, GTMRx Payment Policy Recommendations, May 2022, *available at* https://gtmr.wpenginepowered.com/wp-content/uploads/2022/05/GTMRx-Payment-Policy-Recommendations-Discussion-Documnt_5.11.22.pdf. Last visited February 6, 2023.