



March 20, 2023

The Honorable Bernard Sanders
Chair
Senate HELP Committee
Washington, DC 20510

The Honorable Bill Cassidy, MD
Ranking Member
Senate HELP Committee
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the American Association of Psychiatric Pharmacists ([AAPP](#)), we appreciate the opportunity to provide feedback on the Committee's health care workforce shortage request for information. As health care team members that treat patients with mental health and substance use disorders (SUDs), we laud your focus on this important topic. Further, while it is critically important to expand the health care workforce, it is prudent to also expand the capacity of the current workforce.

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 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, SUDs, psychopharmacology, and neurology. 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 today 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, 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 SUDs. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry.

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 SUDs. Psychiatric pharmacists increase capacity of the health care team to care, provide psychopharmacology expertise, as well as improve patient outcomes and reduce overall health care costs.

Behavioral Health Workforce Shortages

Access to behavioral health services has been an ongoing issue in our country, one that was severely exacerbated by the COVID-19 pandemic. Workforce shortages, attrition, and burnout affect Americans living with mental health and SUD issues, and the data highlight the severity of the problem. The demand for mental health services is greater than ever, and providers are not able to keep pace. Currently, more than 158 million individuals live in a designated Mental Health Professional Shortage

area.¹ Studies demonstrate that one in five adults experience mental illness each year² and 27% of metropolitan counties and 65% of non-metropolitan counties lack a single practicing psychiatrist.³ The issue is also dire in the youth population. There is a severe child and adolescent psychiatrist shortage. The American Academy of Child & Adolescent Psychiatry stated on May 4, 2022, “ratios of child and adolescent psychiatrists per 100,000 children range by state from 4 to 65, with a national average of 14 child and adolescent psychiatrists per 100,000 children” and “Only half of children and adolescents with diagnosable mental health problems receive the treatment they need.”⁴

Regarding SUDs, of the 41.1 million people who needed treatment for SUDs in 2020, only 4 million (9.7%) received any treatment.⁵ There are an estimated 2.5 million Americans experiencing an opioid use disorder, yet only 11.2% received treatment in 2020.⁶ Treatment with methadone or buprenorphine is effective yet limited. There are roughly only 1,800 programs available to provide methadone to the 409,000 Americans who need it. Rural communities are particularly affected as more than 50% of rural counties lack even one buprenorphine provider.⁷

Furthermore, of the adults with co-occurring mental illness and SUD, nearly half (49.5%) received neither substance use treatment nor mental health services; and only 5.7% received treatment for both.⁸

AAPP Recommendations to address Workforce Shortages

1. Fund Behavioral Health Professions Training that includes Clinical Pharmacists

¹ HRSA, Designated Health Professional Shortage Areas Statistics, December 31, 2022. Accessed at: file:///C:/Users/dal05/Downloads/BCD_HPSA_SCR50_Qtr_Smry.pdf.

² National Alliance on Mental Illness [Internet]. [cited 2020 Dec 31]. Mental Health By the Numbers. Accessed at: <https://www.nami.org/mhstats>.

³ Andrilla CHA, Patterson DG, Garberson LA, Coulthard C, Larson EH. Geographic Variation in the Supply of Selected Behavioral Health Providers. Am J Prev Medicine. 2018;54(6):S199- S207. DOI: [10.1016/j.amepre.2018.01.004](https://doi.org/10.1016/j.amepre.2018.01.004) . PubMed PMID: [29779543](https://pubmed.ncbi.nlm.nih.gov/29779543/)

⁴ American Academy of Child and Adolescent Psychiatry. Severe Shortage of Child and Adolescent Psychiatrists Illustrated in AACAP Workforce Maps, May 4, 2022. Accessed at: https://www.aacap.org/AACAP/zLatest_News/Severe_Shortage_Child_Adolescent_Psychiatrists_Illustrated_AACA_P_Workforce_Maps.aspx

⁵ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Accessed at: <https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>

⁶ Id.

⁷ Pew Charitable Trusts Issue Brief. (2021). Opioid Treatment Programs: A Key Treatment System Component. Accessed at: <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/07/opioid-treatment-programs-a-key-treatment-system-component>

⁸ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Accessed at: <https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>.

AAPP urges you to invest resources that strengthen and grow the mental health workforce by recognizing psychiatric pharmacists as behavioral health professionals with the education, training and experience to expertly provide behavioral health services. Currently, pharmacists are only eligible for a very limited number of HRSA's workforce programs. Including clinical pharmacists in eligibility criteria has the potential to incentivize more psychiatric pharmacists to enter the field. Specifically, we urge support for robust funding for the Behavioral Health Workforce Education and Training Program, the Loan Repayment Program for Substance Use Disorder Treatment Workforce, and the Mental Health and Substance Use Disorder Workforce Training Demonstration Program.

2. Include Pharmacists in the National Health Service Corps (NHSC)

Currently, with the exception of the Substance Use Disorder Workforce Loan Repayment Program, 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. Given the potential for psychiatric pharmacists to contribute valuable CMM services in the behavioral health setting, we recommend that pharmacists be eligible for additional NHSC loan repayment programs.

3. Safeguard the 340B Drug Pricing Program

The federal 340B drug pricing program helps clinics and hospitals maximize federal resources while providing access to lifesaving medications and supporting patient services that might otherwise be unavailable. These 340B eligible clinics and hospitals use savings from the program to help expand access to mental health and SUD services to low-income patients through the following:

- Training the health care workforce, including psychiatric pharmacists needed to care for complex patients.
- Providing medications for the treatment of mental health and substance use disorders at no cost to patients who are otherwise unable to afford them.
- Providing clinical pharmacy services through innovative models of care to improve patient outcomes and reduce overall health costs.
- Providing uncompensated or charity care.

Additional Considerations for the Committee's Collaborative Efforts to Address Workforce Shortages

1. Increase Access to Mental Health and Substance Use Services by Providing Reimbursement for Psychiatric Pharmacists' Services

Despite their central role in the health care system, Medicare does not currently consider clinical pharmacists as qualified health providers (QHPs). Psychiatric [or clinical] pharmacists are therefore ineligible to enroll in or bill Medicare directly. Clinical pharmacist services can be billed "incident to," but only at the lowest Evaluation and Management (E&M) code (not being a QHP), which is entirely insufficient payment for the time, intensity, and level of comprehensive medication management provided. This lack of payment for psychiatric pharmacist services limits access to their services and their ability to increase the capacity of the care team, to see more patients. This in turn impacts the financial sustainability of practices wanting to hire psychiatric pharmacists, limits the ability to integrate behavioral health into primary care practices, and prevents psychiatric pharmacists from practicing at

the top of their license. Furthermore, the lack of reimbursement creates a barrier to expanding access to mental health and SUD services in federally defined medically underserved communities. AAPP urges Congress to add psychiatric pharmacists as QHPs under Medicare to increase patient access to mental health and SUD services and to allow them to work at the top of their scope of practice as determined by the states to help alleviate the workforce shortage.

Many psychiatric pharmacists, working as team members often through collaborative practice agreements, provide all levels of care including prescribing medications, managing all medications to optimize outcomes, addressing drug interactions, evaluating patients for adverse effects, providing patient education, 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.

Specific to SUDs, psychiatric pharmacists have a deep understanding of Medications for Opioid Use Disorders (MOUD) that extends beyond that of most other health care providers. When included in the provision of MOUD services, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine and reduce per patient dosing of buprenorphine through improved medication management, monitoring and titration. Further, psychiatric pharmacists reduce overall costs for treating patients with SUDs by relieving providers from delivering services including medication management, counseling, monitoring and follow-up visits.

Because the Centers for Medicare & Medicaid Services (CMS) does not currently recognize clinical pharmacists as QHPs under Medicare, pharmacists are excluded in rulemaking. We urge your support for legislation such as the *Pharmacy and Medically Underserved Areas Enhancement Act* that would allow pharmacists to deliver care within their scope of practice to patients in federally defined medically underserved communities. This change would expand access to mental health and SUD services to areas most in need.

2. Fund Psychiatric Pharmacist Training to Increase Pool of Mental Health and SUD Providers

The nation's need for quality health care services includes the services provided by pharmacy residency training programs, which prepare pharmacists to work effectively as an integral part of an interdisciplinary health care team. Residency-trained pharmacists participate directly in clinical decisions regarding the use of medications and are leaders in improving patient outcomes. 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. Due to scientific advancements and the evolution of care delivery models, pharmacy residencies are now essential to performing certain patient care services. AAPP specifically urges Congress to direct CMS to allow pass through funds to be used to fund all ASHP-accredited psychiatric residency training programs to increase the number of psychiatric pharmacists that are trained and entering the workforce each year.

3. Make Permanent Telehealth Flexibilities to Increase Access to MH and SUD Services

While we appreciate that many of the Medicare telehealth flexibilities have been extended through December 31, 2024, AAPP urges Congress to utilize the data collected thus far to begin making decisions on which flexibilities can be made permanent. Specifically, AAPP believes the in-person requirement for telehealth mental health services should be left to the clinician's discretion. Telehealth has been largely successful for behavioral health services, allowing those who cannot leave their home due to their

mental illness or SUD or transportation concerns to have timely access to care.⁹ This is particularly important in rural and underserved communities as it may be an important step in closing the health disparities gap.¹⁰ We recommend that the clinician is best suited to decide if an in-person evaluation is required and should be allowed to use their professional judgment for these decisions.

Thank you again for the opportunity to comment, and your leadership in seeking solutions to the nation's health care workforce challenges. If you have any questions, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at lahanen@venable.com.

Sincerely,

A handwritten signature in black ink that reads "Brenda Schimenti". The signature is fluid and cursive, with the first name "Brenda" and last name "Schimenti" clearly distinguishable.

Brenda K. Schimenti
Executive Director

⁹ Demi Zhu et al., Exploring telemental health practice before, during, and after the COVID19 pandemic, Journal of Telemedicine and Telecare, July 9, 2021, <https://doi.org/10.1177/1357633X211025943>.

¹⁰ *Id.*