September 9, 2025

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

RE: Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments (CMS-1807-P)

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Psychiatric Pharmacists (AAPP), we appreciate the opportunity to provide feedback on the Centers for Medicare and Medicaid Services' (CMS) 2025 Physician Fee Schedule Proposed Rule. Overall, we applaud CMS for the proposed changes in the rule. Our comments are outlined below.

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 (SUDs), 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 are not only integral to interprofessional treatment teams but also for decision-making and leadership roles in health care organizations, state and federal organizations, academia, and industry.

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 to 2025 Proposed Physician Fee Schedule

1. ***Substance Use Disorder and Mental Health Service Provisions***

We commend CMS for recognizing the critical need to integrate community resources that address social determinants of health (SDOH) with SUD treatment and mental health services. By linking patients to harm reduction programs and support services that address housing, transportation, and other unmet needs, the proposed rule acknowledges the holistic nature of effective treatment. These measures will help patient engagement, adherence to treatment plans, and overall health outcomes. We also commend CMS for proposing separate payment and coding for practitioners who are assisting people at high risk of suicide or overdose, including separate payment for safety planning interventions (SPI) and post-discharge follow-up contacts. These are critically important services that require separate payment and coding.

AAPP also supports the inclusion of payment and coding for digital mental health treatment devices as reimbursable services under Medicare. These devices allow for the use of innovative technologies to enhance treatment options for mental health conditions, making care more accessible and responsive to patient needs.

Furthermore, we support payment and coding to make it easier for practitioners to consult behavioral health specialists. The CPT codes describing interprofessional consultation are currently limited to being billed by practitioners who can independently bill Medicare for E/M visits. The new codes would allow clinical psychologists, clinical social workers, marriage and family therapists, and mental health counselors to bill for interprofessional consultations with other practitioners whose practice is similarly limited, as well as with physicians and practitioners who can bill Medicare for E/M services and would use the current CPT codes to bill for interpersonal consultations.

2. ***Direct Supervision Provision***

AAPP applauds CMS's proposal to update the definition of direct supervision to incorporate advancements in communication technology to allow for direct supervision requirements to be met

using real-time, two-way audio and video communication technology, rather than requiring the supervising practitioner to be physically present in the same location as the performing practitioner. This change will enable more flexible supervision arrangements while maintaining the necessary oversight, benefitting rural and underserved area where on-site supervision may not be feasible.

3. Telehealth Provisions

We strongly support the proposed extension of telehealth flexibilities, including the allowance for audio-only telehealth for certain mental health services. Telehealth has been a vital tool in maintaining access to care, especially during the COVID-19 pandemic, and continues to be essential for patients who face barriers to accessing in-person services, such as those in rural areas or with limited mobility. Furthermore, the ability to initiate treatment for opioid use disorder via telehealth, including the use of audio-only communication, is a significant step forward as it helps to ensure that individuals with opioid use disorder (OUD) can begin treatment promptly, ultimately saving lives.

While we recognize that CMS could not make all telehealth flexibilities permanent, we urge CMS to work with Congress to do so quickly. The telehealth flexibilities allowed during COVID-19 were vital to delivering care to vulnerable populations and ending them will negatively impact these communities.

4. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

As we have stated in the past, AAPP supports the changes made by the Consolidated Appropriations Act, 2023 regarding RHCs and FQHCs and calls on CMS to implement these policies quickly. We thank CMS for making many RHC and FQHC telehealth flexibilities permanent, but we continue to urge CMS to make permanent any remaining temporary flexibilities, including those related to: continuing payment for telehealth services using the methodology established for telehealth services during the PHE; removing the in-person visit requirements for mental health visits; expanding the originating site requirements to include any site in the U.S. the beneficiary is located, including the individual's home; and extending coverage and payment of telehealth services that are furnished via audio-only communications.

5. Electronic Prescribing of Controlled Substances (EPCS)

AAPP expresses support for the continued implementation of EPCS, as it is a crucial tool in enhancing the security and efficiency of prescribing controlled substances, reducing the risk of prescription fraud, and improving patient safety. However, we recognize the unique challenges that may arise, particularly in long-term care settings, and support CMS's decision to delay compliance enforcement for these facilities until January 1, 2028.

6. Opioid Treatment Programs (OTPs)

AAPP express strong support for the provisions concerning OTPs. Specifically, we appreciate the continued allowance of telecommunication flexibilities for periodic assessments and methadone treatment initiation, including audio-only communication. Such flexibilities are a critical step in maintaining access to essential OUD treatments, particularly for patients in rural or underserved areas who may face barriers to in-person care. We support establishing new codes for FDA-approved medications for the treatment of OUD and known or suspected opioid overdose and an increase in payment for intake activities to provide more comprehensive services for the treatment of OUD,

including assessing for unmet health-related social needs, harm reduction intervention needs, and recovery support service needs.

7. Modernizing Medicare Mental Health and Substance Use Disorder Benefits

AAPP lauds CMS for including in the FY2025 President's budget proposal for the Department of Health and Human Services a call to Congress to allow "Medicare to identify and designate additional professionals who could enroll in Medicare and be paid when furnishing behavioral health services within their applicable state licensure or scope of practice that would otherwise be covered when furnished by a physician. The proposal also establishes a Medicare benefit category for these professionals that authorizes direct billing and payment for these practitioners…By authorizing Medicare to add professionals in statute that are able to receive direct Medicare payment for their mental health services, this proposal expands access to mental health services in Medicare, especially in rural and underserved areas with fewer mental health professionals, or communities more likely to receive care from the referenced professionals (FY2025 HHS Budget in Brief, page 78)."

AAPP has long called on called on CMS to work with Congress on recognizing clinical pharmacists as Qualified Health Providers in the same way as Marriage and Family Therapists and Mental Health Counselors, given the role they play on health care teams to provide mental health substance use comprehensive medication management. This is consistent with the CMS Behavioral Health Strategy that aims "to strengthen quality and equity in behavioral health care; improve access to substance use disorders prevention, treatment, and recovery services; ensure effective pain treatment and management; improve mental health care and services; and utilize data for effective actions and impact." The Veterans Administration, the Bureau of Prisons, the Indian Health Service and tribal health authorities utilize and pay for psychiatric pharmacists as part of the care team to treat patients with mental health and substance use disorders. Medicare is long overdue in expanding the list of mental health and SUD providers to expand access to behavioral health services. Therefore, we strongly encourage CMS to include an authorizing language request to this effect in its FY2026 presidential budget submission which would allow any licensed pharmacist to provide Part B services as authorized by State law, licensure or scope of practice to provide behavioral health services.

Conclusion

Thank you again for the opportunity to comment on the 2025 PFS Proposed Rule. If you have any questions, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at lahanen@venable.com. We look forward to working with you.

Sincerely,

Brenda Schimenti

Brenda K. Schimenti
Executive Director