January 20, 2025

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

Submitted via regulations.gov

RE: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly [CMS-4208-P]

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Psychiatric Pharmacists (AAPP), we appreciate the opportunity to respond to the "Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program" proposed rule. We appreciate your commitment to improving prior authorization and lowering cost-sharing for behavioral health services under Medicare Advantage.

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 disorders 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 advanced training and expertise to provide direct patient care and medication management for the complete range of psychiatric disorders and SUDs across the lifespan.

Psychiatric pharmacists work 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.

While psychiatric pharmacists are recognized as valued members of interprofessional treatment teams, many also hold decision-making and leadership roles in health care organizations, state and federal organizations, academia, and industry.

Improving Prior Authorization Processes

AAPP is supportive of any policy changes that streamline prior authorization and remove administrative burdens on providers. This includes public availability of internal plan coverage policies, better patient awareness of appeal rights, and data collection of the rationale for and outcomes of denials and appeals.

While prior authorization's goal is to contain health care costs by ensuring that services are medically necessary prior to approval for payment, the requirements currently in place for prior authorization create barriers to care which lead to confusion, delays, and potential harm to patients.[1] As CMS itself has acknowledged, prior authorization has also been identified as a major source of provider burnout and causes providers to expend resources on staff to identify prior authorization requirements that vary across payers and navigate the submission and approval process, which could otherwise be directed to clinical care.[2] In all, prior authorization can cost an estimated $2,140 to $3,430 annually per full-time physician.[3]

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[1] Jeannie Fuglesten Biniek and Nolan Sroczynski, "Over 35 Million Prior Authorization Requests Were submitted to Medicare Advantage Plans in 2021," Kaiser Family Foundation, February 2, 2023. Accessed at: https://www.kff.org/medicare/issue-brief/over-35-million-prior-authorization-requests-were-submitted-to-medicare-advantage-plans-in-2021/#:~:text=Prior%20authorization%20is%20intended%20to,covered%20by%20a%20patient's%20insurance.

[2] CMS. Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule CMS-0057-P: Fact Sheet, December 6, 2022.

[3] Morley CP, Badolato DJ, Hickner J, Epling JW. The impact of prior authorization requirements on primary care physicians' offices: report of two parallel network studies. *J Am Board Fam Med***.** 2013; 26:93–95. doi: 10.3122/jabfm.2013.01.120062

Medicare Advantage prescription drug plans cover retail prescription drugs related to mental health and are required to cover all or substantially all antidepressants, antipsychotics, and anticonvulsants, as each is one of the six protected classes of drugs in Part D. Plans are permitted to impose prior authorization and step therapy requirements for beneficiaries initiating therapy (i.e., new starts) for each of these protected drug classes.

Medicare Advantage plans can require referrals and prior authorization for Part A and B services, including mental health and substance use disorder services. In 2022, according to a Kaiser Family Foundation analysis of CMS Medicare Enrollment and Dashboard Files,[4] virtually all enrollees (99%) are in plans that require prior authorization for some services, including for inpatient stays in a psychiatric hospital (94%), partial hospitalization (92%), opioid treatment program services (85%), mental health specialty services (therapy with other mental health providers besides psychiatrists; 85%), psychiatric services (therapy with a psychiatrist; 85%), and outpatient substance abuse services (83%).

For these reasons, we support the CMS's proposed simplification of the prior authorization processes:

- **Simplifying the appeals process.** Patients rarely appeal prior authorization claim denials, as CMS itself notes, despite an 80% success rate for appeals.[5] While it is likely the low number of appeals stems from the time commitment needed, confusion on the part of the patient vis-à-vis what their care provider will do, and/or the paperwork burden, the appeals process remains opaque. We support CMS instituting transparency requirements to demystify the process.

- **Implementing prior authorization decision-making transparency.** Perhaps the clearest need for additional data collection in prior authorization comes from the lack of transparency in health plans' prior authorization processes. More data will allow patients, providers, and regulators to determine more clearly what, exactly, goes into plans' prior authorization decisions. Plans should be required to disclose their overall rationale, the clinical criteria they use, and the use, if any, of automated or artificial intelligence programs without human review. How clinical coverage criteria are applied is particularly impactful for those seeking mental health services and has been the subject of extensive litigation. Prior authorization decisions should not be a mystery to patients or providers.

  We appreciate that "efforts are underway that will allow CMS to collect detailed information from initial coverage decisions and plan-level appeals, such as decision rationales for items, services, or diagnosis codes,"[6] but we urge CMS to follow through on these efforts as quickly as possible and to make them more comprehensive.

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[4] Meredith Freed, Juliette Cubanski, and Tricia Neuman, FAQs on Mental Health and Substance Use Disorder Coverage in Medicare, January 18, 2023. Accessed at https://www.kff.org/mental-health/issue-brief/faqs-on-mental-health-and-substance-use-disorder-coverage-in-medicare/.

[5] CMS. Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly (CMS-4208-P): Fact Sheet. November 26, 2024.

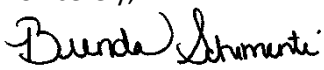
[6] *Ibid.*

Cost-Sharing for Behavioral Health Services

AAPP strongly supports the behavioral health cost-sharing changes in the proposed rule, as parity with Traditional Medicare will lower out-of-pocket costs for patients and thereby allow psychiatric pharmacists to focus more on the proper course of treatment and care. We are especially supportive of zero in-network cost sharing for opioid treatment program services. We urge CMS to institute these limits as soon as feasible.

Thank you again for the opportunity to comment on this 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.

Sincerely,



Brenda K. Schimenti
Executive Director