September 11, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1850-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Medicare Program; Calendar Year (CY) 2027 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Proposed Rule

Dear Administrator Oz:

On behalf of the American Association of Psychiatric Pharmacists (AAPP), thank you for the opportunity to comment on the Calendar Year (CY) 2027 Medicare Physician Fee Schedule (PFS) proposed rule.

We appreciate CMS's continued efforts to strengthen behavioral healthcare delivery while ensuring program integrity and promoting appropriate use of Medicare resources. 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 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, substance use disorders (SUDs), and psychopharmacology. With a significant shortage of mental health care professionals, psychiatric pharmacists offer another resource to improve outcomes for patients with psychiatric conditions 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, 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 disorders 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 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.

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 for treating patients with SUDs by relieving providers from delivering services including medication management, counseling, monitoring and follow-ups.

1. Remote Patient Monitoring and Remote Therapeutic Monitoring

AAPP appreciates CMS's efforts to strengthen oversight of Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) services and agrees that Medicare payment policies should include appropriate safeguards to prevent fraud, waste, and abuse. However, we encourage CMS to implement these changes in a manner that does not hinder beneficiary access to clinically appropriate remote monitoring services, particularly for individuals with chronic behavioral health conditions who may require more frequent follow-up and medication management.

For many patients receiving treatment for serious mental illness or substance use disorders, ongoing monitoring outside of traditional office visits plays a vital role in maintaining the patient's clinical stability and medication effectiveness. Remote monitoring can help identify adverse effects, monitor adherence, and identify changes in symptoms before they result in emergency department visits, hospitalization, or other costly interventions.

Psychiatric pharmacists frequently contribute to these activities as members of interdisciplinary behavioral healthcare teams working under collaborative practice arrangements with physicians. Working collaboratively with other providers, psychiatric pharmacists can recommend therapy adjustments, educate patients, and support ongoing monitoring throughout the course of treatment. These collaborative care models improve access to medication expertise while allowing each member of the healthcare team to practice at the top of their education and training.

As CMS finalizes these policies, we encourage the agency to balance appropriate program integrity safeguards with the flexibility needed for interdisciplinary behavioral health teams to

continue delivering coordinated remote monitoring services. Additionally, we urge CMS to avoid creating unintended barriers to participation for psychiatric pharmacists in medication management and care coordination.

2. Psychiatric Collaborative Care Model

AAPP strongly supports CMS's proposal to increase payment for the Psychiatric Collaborative Care Model (CoCM) services. CoCM has demonstrated significant improvements in access to behavioral healthcare, patient outcomes, and care coordination while helping address longstanding shortages in the behavioral health workforce.

Medication management is a central component of CoCM and psychiatric pharmacists possess specialized expertise in psychopharmacology and routinely assist healthcare teams with medication selection, adjustments and discontinuation, adverse effect management, and patient education. Their contributions help ensure patient safety and medication effectiveness. Unfortunately, psychiatric pharmacists are not considered psychiatric consultants under the model which inhibits access to their patient care services.

We appreciate CMS's recognition that the work involved in furnishing services under CoCM has been undervalued and support appropriately recognizing the resources necessary to deliver high-quality, team-based behavioral healthcare. As CMS continues to strengthen advanced primary care and behavioral health integration, appropriately valuing collaborative care services will help support the interdisciplinary teams necessary to deliver these evidence-based models of care.

3. Behavioral Health Integration Services

AAPP appreciates CMS's request for comment on the design of future primary care capitation models. We agree that prospective payment should support the comprehensive care that beneficiaries with chronic physical and behavioral health conditions require. CMS's discussion of advanced primary care recognizes that high-quality primary care increasingly depends on team-based care that integrates behavioral health into routine clinical practice. The services CMS identifies, particularly behavioral health integration and collaborative care, demonstrate how effective primary care increasingly depends on coordinated, team-based management rather than isolated office visits.

As CMS considers the scope of services included in future capitated payment models, we encourage the agency to also consider whether current Medicare payment policies fully recognize the healthcare professionals needed to deliver those services. Psychiatric pharmacists are medication experts who work as part of physician-led care teams to optimize treatment, improve medication adherence, and help patients successfully manage complex behavioral health conditions over time. However, Medicare payment policy has not kept pace with the evolution of team-based behavioral healthcare. **Because psychiatric pharmacists are not recognized as Medicare providers, many physician practices cannot fully incorporate their medication expertise into advanced primary care and behavioral health integration models**

despite CMS's increasing emphasis on coordinated care. As CMS continues to develop advanced primary care payment models, we encourage the agency to recognize psychiatric pharmacists as Medicare providers so they can fully contribute to the delivery of integrated behavioral health services.

4. Telehealth for Behavioral Health Services

AAPP appreciates CMS's proposal to implement the statutory extension of Medicare telehealth flexibilities through December 31, 2027. These policies have improved access to behavioral healthcare and supported continuity of care for Medicare beneficiaries. We encourage CMS to continue working with Congress toward permanent authorization of these flexibilities so that patients and providers have the long-term certainty needed to fully integrate telehealth into behavioral healthcare delivery.

5. Merit-based Incentive Payment System (MIPS) Improvement Activities

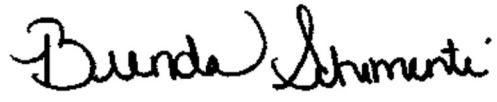
AAPP supports CMS's transition to MIPS Value Pathways (MVPs). As the agency continues this transition, we encourage CMS to ensure that the Antipsychotic-Medication-Associated Physical Health Condition Assessment and Monitoring (IA_BMH_1) is incorporated into relevant MVPs. Monitoring for medication-related adverse effects, including tardive dyskinesia, remains an important component of safe psychiatric care and should continue to be recognized under Medicare's quality programs.

6. Conclusion

AAPP appreciates CMS's continued commitment to improving access to behavioral healthcare while strengthening program integrity. We support the agency's efforts to advance payment policies that promote coordinated, team-based care and encourage CMS to finalize these proposals in a manner that preserves flexibility for interdisciplinary behavioral healthcare teams and recognizes the important role that medication management plays in improving patient outcomes.

We welcome opportunities to provide additional clinical and practice-based information regarding the role of psychiatric pharmacists in these important services. 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,



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