Advocacy Office Issues Briefing and Congressional Visit Demonstration

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Constitution BCDE

Sunday, March 8, 2020
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<td>Issue Briefing</td>
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<td>3:40-4:05</td>
<td>Lobbying Visit Demonstration</td>
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<td>4:05-4:30</td>
<td>State Delegation Discussions</td>
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<td>4:30-4:45</td>
<td>Q &amp; A</td>
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Framework of a Lobbying Visit

- Identify the issue/topic
- Describe the problem
- Tell your story
- Describe the solution
- Make a specific request
- Answer questions
Three “Asks”...

1. Co-sponsor the “Medicare Mental Health Access Act” (H.R. 884/S. 2772) aka “physician definition” bill

2. Tell CMS to safeguard psychologists’ services from Medicare reimbursement cuts next year

3. Please include the Graduate Psychology Education (GPE) Program and Minority Fellowship Program (MFP) among your appropriations priorities for FY21
- Get agreement with group ahead of time to a raise personally important issue.
- Discuss after you have advocated for our priority issues.
- Make clear that you are not representing APA.
- Your FAC can give you tips on how to raise these to make an impact.
What Happened to the Mental Telehealth Bill From Last Year?

Mental Health Telemedicine Expansion Act, H.R. 1301 (DelBene (D-WA) and Reed (R-NY))

Expands Medicare beneficiary access to psychotherapy by allowing telehealth at home, no matter where the person lives

32 bi-partisan co-sponsors due to active lobbying

Included in the bipartisan Beneficiary Education Tools Telehealth Extender Reauthorization (BETTER) Act of 2019 (H.R. 3417)
Questions? **ASK!!!**

- At end of our briefing
- During this session while you strategize on your Tuesday meetings
- Ask questions at Monday’s Q&A Capitol Hill Follow Up session at 5:00 PM
- During Tuesday morning’s breakfast
- At the Advocacy booth in the front of the conference hall
- Anytime during conference and before our Hill meetings
Environmental Scan–Congressional Atmosphere

116th Congressional Breakdown

House:
- 197 Republicans
- 232 Democrats
- 1 Independent
- 5 Vacancies

Senate:
- 53 Republicans
- 45 Democrats
- 2 Independents
(Caucuses with Democrats)
Gridlock
Medicare Mental Health Access Act
S. 2772/H.R. 884
#1 Identify the Issue/Topic

- One in four older adults experiences some mental disorder, including depression and anxiety disorders, and dementia.

- The number of older adults with mental health disorders is expected to double to 15 million by 2030.

- Untreated substance abuse and mental health problems among older adults are associated with poor health outcomes, higher health care utilization, increased complexity of the course and prognosis of many illnesses, increased disability and impairment, compromised quality of life, increased caregiver stress, increased mortality, and higher risk of suicide.

- Psychologists play a significant role in addressing the mental health needs of our growing population of older adults.
Psychologists are the major providers of Medicare behavioral and mental health services.
Medicare Requires Physician Sign-off or Oversight of Psychologists’ Services in Several Settings

- Inpatient psychiatric hospitals
- General hospital outpatient departments
- Partial hospitalization programs
- Skilled nursing facilities
- Rural health clinics
- Federally Qualified Health Centers
The VA, TRICARE, and private-sector plans all let psychologists practice independently in all inpatient and outpatient settings.
End unnecessary physician sign-off and oversight of psychologists’ services.

- Outdated
- Inefficient

→ Administrative Barrier to timely and appropriate mental and behavioral health care provided by psychologists
“[W]ith Medicare patients ... I find treatment almost invariably delayed when waiting for approval or authorization action from a referring physician. It is most concerning when the patient is suicidal which is common when they are seeking help for depression and anxiety.

It is common for treatment to be delayed for 2-6 weeks waiting for physician approval during which time the client is not seen or if seen is not reimbursable because the authorization was not finalized.”

-- John Griffin, Ph.D., Arlington, WA
Congress should enact the Medicare Mental Health Access Act

(1) doctors of medicine or osteopathy
(2) doctors of dental surgery or dental medicine
(3) doctors of podiatric medicine
(4) doctors of optometry
(5) chiropractors
(6) clinical psychologists
Facts About the “Medicare Mental Health Access Act”

• The legislation would not expand psychologists’ scope of practice — only changes in state law can do that.

• The legislation would not make psychologists medical doctors (MD/DO) - just as chiropractors, podiatrists, dentists, and optometrists now included in Medicare’s “physician” definition are not.

• Psychologists would not be allowed to bill for any services they are not already providing under Medicare.
#5 Make a Specific Request

Please cosponsor the Medicare Mental Health Access Act

HOUSE: H.R. 884 (Chu/Smith/Schakowsky/Mullin)

SENATE: S. 2772 (Brown/Collins/Gillibrand)
Q: “What would the bill cost? “ / “Do you have a score?”
A: “ We do not have a CBO score yet, but an independent analysis estimated it would cost $239 million over ten years.”

“CBO” = Congressional Budget Office. Congress’s official source on how much proposed legislation would cost or save
“Score” = an estimate from CBO on how much a particular piece of legislation would cost, typically over ten years
February 11, 2020

The Honorable Josh Hawley
212 Russell Senate Office Building
Washington, DC 20510

Dear Senator Hawley,

On behalf of the Missouri Psychological Association, please accept our thanks for your ongoing support of mental health services in Missouri. We are grateful for your sponsorship of legislation last year that provided millions of dollars in grants for suicide prevention and mental health services for law enforcement officers, as well as your efforts to provide resources to fight the opioid crisis in Missouri.
#1 Identify the Issue/Topic:

7% Cut to Psychologists’ Medicare Payments in 2021
CMS is proposing to cut psychologist payment rates by 7% in 2021, in order to pay higher rates for evaluation and management (E/M) services.

Patients will lose access to services: With this cut even more psychologists will leave Medicare or see fewer patients, exacerbating the shortage of providers for seniors and disabled persons in the program.

Several other providers will see their payments cut, impacting patient access to their services, including various kinds of surgeons, chiropractors, anesthesiologists, social workers, radiologists, nurse anesthetists, ophthalmologists and physical therapists.
In Medicare, all services are paid relative to each other under a finite allocation of funding.

Cost neutrality required by law—when CMS increases payments for some services—it must reduce payments for other services.

The Problem: 7% Medicare Pay Cut

Why Do Psychologists’ Payments Go Down When E/M Payments Go Up?
The Problem: Adding Insult to Injury...

- Psychologists are not permitted to bill E/M codes.
- Psychologists and other Medicare providers who can’t bill E/M services are particularly impacted because they can’t offset payment losses with increased payment for E/M services.
- Other providers “in the same boat” with psychologists, who will see reduced payments for their services and can’t bill for E/M services, include social workers, physical therapists and chiropractors.
The Problem: Medicare Patients Will Lose Access to the Mental and Behavioral Services They Need

Simple economics: Lower pay means fewer psychologists treating fewer patients in Medicare

Survey: Psychologists cite low reimbursement as the reason they leave Medicare

As “baby boomers” age into Medicare (increased demand), fewer psychologists will be available to provide services (decreased supply).
The Problem: Medicare Patients Will Lose Access to the Mental and Behavioral Services They Need

**PROPORTION OF MEDICARE MENTAL AND BEHAVIORAL HEALTHCARE SERVICES PROVIDED, BY SPECIALTY**

- **Psychiatric Diagnostic Services**: 37%
- **Psychotherapy**: 39%
- **Health and Behavior Services**: 94%
- **Psych/Neuropsych Tests and Assessments**: 74%

**SOURCE:** Medicare Physician and Other Supplier Public Use File, CY2017, Centers for Medicare and Medicaid Services
The Problem: Psychologists’ Medicare Payments Still Haven’t Recovered From Decreases A Decade Ago
“I am the only psychologist in Medicare for many miles around. I care about my Medicare patients, but Medicare already pays low, and another pay cut will force me to . . . .”

“I provide testing services for Alzheimer’s patients. Nobody else can provide this testing in the tri-county area. . . .”

“I am a student and will one day soon licensed. I have a lot of student debt, and while I want to provide services to Medicare patients, I also need to pay off my debt, I’m not sure I can afford to see Medicare patients . . . .”
#4 Describe The Solution

- CMS should safeguard psychologists’ mental and behavioral health services from harmful cuts when increasing payments for E/M services.

- No legislative “fix” . . . yet.
“Please send an email, letter or message to CMS asking the agency to safeguard psychologists’ services from Medicare reimbursement cuts next year.”

“I’m including a sample message for you to use when communicating to CMS.”
APA Advocacy to Prevent Reimbursement Cuts

APA Comment letter to CMS (Sept. 2019): “... [F]ind another way to address the impact ... of the E/M code value increases ...”

APA Grassroots Action (Sept. thru Nov. 2019): “Exclude psychologists’ services from the projected 7% payment reduction in 2021”.
• 6,094 Responses from Psychologists

Advocacy Staff meetings with CMS political appointees and staff (Dec. 2019 thru Jan. 2020)

Approaching agency with possible solutions
APA Advocacy to Prevent Reimbursement Cuts—Coalition Work

House of Representatives Letter to CMS (Feb. 2020):
“What was your methodology for the impact of your decision?”

• 99 Members of Congress sign on

Joint meeting with CMS (Feb. 2020)

Working on possible legislative fix

Joint lobbying visits and coordinated grassroots
Q: Have you talked to CMS about this?
A: Yes. APA has been talking about the impact of 2021 cut since last year, when the CMS first proposed it. The agency has not indicated that it will prevent the cut from occurring.

Q: Is there legislation?
A: Not yet. Many providers are impacted by CMS’s plan to increase E/M payments. Several provider groups are discussing support for legislation to prevent cuts to “pay for” the E/M increase.
#1 Identify the Issue/Topic:

Increasing Funding for Psychology Workforce Programs
What’s an “Appropriations Ask?”

“The Power of the Purse”

“No money shall be drawn from the Treasury but in Consequence of Appropriations made by Law”

U.S. Constitution Article I, Section 9, Clause 7

- A funding request to Congress
- 12 bills put together annually by Members of House and Senate Appropriations Committees
- Appropriations season is typically February – April
Please include the Graduate Psychology Education (GPE) Program and Minority Fellowship Program (MFP) among your appropriations priorities for FY21.

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<th>Program</th>
<th>Current (FY20) Funding</th>
<th>APA’s FY21 Request</th>
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<tr>
<td>The Graduate Psychology Education (GPE) Program</td>
<td>$18 million</td>
<td>$23 million (+$5.0 vs FY20)</td>
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<tr>
<td>The Minority Fellowship Program (MFP)</td>
<td>$14.2 million</td>
<td>$15.7 million ($1.5 vs FY20)</td>
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#2 Describe the Problem

Trends in the Psychology Workforce:

- Distribution of psychologists is uneven across the U.S.
- Shortage of psychologists, which is projected to grow.
- Psychology workforce is less diverse than other doctorate holders, and the U.S. population.
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- Psychology workforce is less diverse than other doctorate holders, and the U.S. population.

![Diversity of the Psychology Workforce, 2019](image)

Source:
American Psychological Association. (2019). Demographics of the U.S. Psychology Workforce [Interactive data tool].
www.apa.org/workforce/data-tools/demographics
What do these gaps look like in your community?

- “In rural parts of the state, sometimes patients need to drive two hours to see a psychologist.”

- “Due to the shortage of mental/behavioral health providers in our community, the wait time to see a psychologist can be weeks or months.”

- We have a large ethnic/minority population in our community – providing culturally competent care is critical to meeting their needs.

Underserved populations:
- Older adults
- Children
- Individuals with chronic illness
- Veterans
- Victims of abuse
- Ethnic minority populations
- Victims of natural disasters
#4: The Solution:

**Graduate Psychology Education (GPE) Program**

- Administered by the Health Resources and Services Administration (HRSA)

- The nation’s primary federal program dedicated to the interprofessional education and training of doctoral-level psychologists.

- Provides grants to APA-accredited doctoral, internship and postdoctoral training programs to support training of doctoral students and expand access to mental and behavioral health services for vulnerable and underserved populations in rural and urban communities.

"Two-for-One" Federal Activity

- GPE supports the interprofessional training of psychology doctoral students.
- GPE provides supervised mental and behavioral health services to underserved communities.

There are currently 49 GPE grants.
#4: The Solution: Minority Fellowship Program (MFP)

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by APA.

- MFP supports training, mentoring, and career development for psychology master’s, doctoral, and postdoctoral graduate students who demonstrate a commitment to improving mental and behavioral health outcomes for racial and ethnic minorities.

- Since 1974, the APA MFP has helped to support the training of 2,094 psychology fellows.

Mission of MFP:

- Increase the number of racial/ethnic minority psychologists
- Increase the number of psychologists with expertise in racial/ethnic minority behavioral health
- Improve the well-being of racial and ethnic minorities

There are currently 73 MFP fellows.
Please include the Graduate Psychology Education (GPE) Program and Minority Fellowship Program (MFP) among your appropriations priorities for FY21.

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- Because GPE and MFP are critical to addressing our nation’s treatment gap in mental and behavioral health care.

- Providing robust funding for both programs in FY21 will increase the nation’s supply of health service psychologists trained to provide culturally-competent, integrated mental and behavioral health services.

- This funding is key to reducing health disparities and improving health care outcomes for high-need, underserved populations in rural and urban communities.
Lobbying Visit Demonstration

Scenario

• Three psychologists meet with a Republican member of the House, who does not sit on a health or appropriations committee and who has not co-sponsored any APA legislation.

• Psychologists met with her last year during PLC and she seemed receptive to supporting the Medicare Mental Health Access Act.

• Her district is largely rural, although Smithville is a sizable urban center on its western edge.
State Delegation Discussions
Q&A?