Government Relations Issue Briefing and Congressional Visit Rehearsal

Monday, February 29th, 2016
Room: Independence E

PUBLIC EDUCATION COORDINATORS

Scott Barstow, MS
Director of Congressional Affairs

David Hill, Ph.D.
Federal Advocacy Field Team
Schedule

2:00-2:45   Issue Briefing

2:45-3:05   Lobbying Visit Demonstration Video

3:05-4:00   Discussions, Q&A
First of all, pat yourself on the back!

Your lobbying efforts helped Congress repeal the Medicare Sustainable Growth Rate ("SGR") formula with overwhelmingly bi-partisan support.

- Staved off a 21% cut to Medicare payment rates
- Over 13,000 psychologists sent letters to their members of Congress
### Composition of the Current Congress

<table>
<thead>
<tr>
<th></th>
<th>Senate</th>
<th>House of Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republicans</td>
<td>54</td>
<td>246</td>
</tr>
<tr>
<td>Democrats</td>
<td>44</td>
<td>188</td>
</tr>
<tr>
<td>Independents</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1 vacancy)</td>
</tr>
</tbody>
</table>
They really *DO* care!...

- 16%: "My representatives in Congress care about what I think"
- 95%: "Staying in touch with constituents is the most important part of my job"
## How effective are different forms of contact?

<table>
<thead>
<tr>
<th>Contact Method</th>
<th>A Lot of Positive Influence</th>
<th>Some Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit from a constituent</td>
<td>46%</td>
<td>51%</td>
</tr>
<tr>
<td>Contact from a constituent who represents other constituents</td>
<td>36%</td>
<td>60%</td>
</tr>
<tr>
<td>Individualized letter</td>
<td>20%</td>
<td>70%</td>
</tr>
<tr>
<td>Individualized email</td>
<td>19%</td>
<td>69%</td>
</tr>
<tr>
<td>Phone call</td>
<td>14%</td>
<td>72%</td>
</tr>
<tr>
<td>Comment during a telephone town hall</td>
<td>17%</td>
<td>68%</td>
</tr>
<tr>
<td>Visit from a lobbyist</td>
<td>8%</td>
<td>74%</td>
</tr>
<tr>
<td>News editorial endorsement</td>
<td>10%</td>
<td>65%</td>
</tr>
<tr>
<td>Individualized fax</td>
<td>8%</td>
<td>62%</td>
</tr>
<tr>
<td>Form email</td>
<td>1%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Tell Your Story!
Suggested framework for a lobbying visit

— Identify the issue/topic
— Describe the problem
— **Tell Your Story!**
— Describe the solution
— **Make a specific request**
— Answer questions
Two Issues...

1. The “Medicare Mental Health Access Act,” H.R. 4277/S. ___
   • a.k.a. “physician” definition legislation

2. Comprehensive mental health care reform legislation
   • a.k.a. the “Murphy” (H.R. 2646) and “Cassidy/Murphy” (S. 1945) bills
ISSUE 1: The “Medicare Mental Health Access Act,”
H.R. 4277 / S. _____

Rep. Kristi Noem  
(R-SD-At Large)

Rep. Jan Schakowsky  
(D-IL-09)
THE PROBLEM: Medicare Beneficiaries Need Much Better Access to Mental Health Care

“By 2030, expected growth in the older population will increase the number of older people with MH/SU conditions by 80 percent.”  (Institute of Medicine, “In Whose Hands?: The Mental Health and Substance Use Workforce for Older Adults,” 2012.)

77% of U.S. counties have a severe shortage of psychiatrists or other mental health professionals, with over half their need unmet.  (Thomas, Ellis, Konrad, Holzer, Morrisey, 2009.)

49.6% of nursing home residents age 65 and older have depression.  (Institute of Medicine, 2012.)
As we are making huge advances in neuroscience and genomics, the day may come when we can better understand the etiology of mental disorders and devise biologic treatments that target the underlying mechanisms. In one of his blogs, Tom Insel, M.D., immediate past director of the National Institute of Mental Health, wrote about changing the field of psychiatry into the field of clinical neuroscience.

I would argue that psychiatrists need to keep the practice of psychotherapy as one of their essential skills, even as the toolbox that psychiatrists use to diagnose and treat our patients will continue to deepen and expand. In the future, as we add modalities for diagnosis and treatment, we also need to improve on existing
The Problem (con’t.)

• Medicare treats physicians differently than non-physicians
• Since 1972, the Medicare definition of “physician” has included dentists, optometrists, podiatrists, and chiropractors
• Psychologists are the only doctoral-level provider not included
• This has implications for incentive payments (EHRs) and other Medicare policies
Medicare Requires Physician Oversight of Psychologists in Several Settings:

• Inpatient psychiatric hospital
• General hospital outpatient
• Partial hospital
• Skilled nursing facility
• Rural health clinic
• Federally Qualified Health Center
“[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
Psychologists are the Solution

Psychologists provide:

• 67% of inpatient psychotherapy services under Medicare
• 86% of neurobehavioral status exam and testing services

Source: CMS, Medicare Public Use File, 2012
How the “Medicare Mental Health Access Act” Addresses the Problem

Adds psychologists to Medicare’s “physician” definition, which would then include:

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
Our 1st Request

SENATE: “Please Cosponsor Senator Brown’s ‘Medicare Mental Health Access Act,’ which he’s introducing soon.”

HOUSE: “Please Cosponsor H.R. 4277.”
Q: What’s a “cosponsor”? 

A: A member of Congress who officially associates themselves with a piece of legislation
Medicare Mental Health Access Act

Q: How much would this cost?

A: “We don’t have a CBO score yet, but we’re working with the House Ways & Means Committee to try to get one, and we expect it to be very low.”

“CBO” = Congressional Budget Office, Congress’s official source on how much proposed legislation would cost or save

“Score” (noun and verb) = a cost estimate from CBO
Why Should the Medicare Mental Health Access Act Be Enacted?

• Removing physician oversight and referral requirements would make it easier for patients to access services, particularly in rural areas

• Physician oversight is **not** required in Medicare Advantage, VA, TRICARE, or private payer systems

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

• Psychologists would not be considered “physicians” in every instance the term is used — the status would only apply to services within a psychologist’s state licensure
Those who support:
Those who oppose:
ISSUE 2: Comprehensive Mental Health Care Reform
THE PROBLEM:  
Our Mental Health System Isn’t Working

About a quarter of homeless individuals staying in shelters have a serious mental illness. (SAMHSA, *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*, 2011.)

Insurance coverage denials based on medical necessity criteria happen twice as often for mental health care as for physical health care. (NAMI, *A Long Road Ahead*, 2015.)

More than 30% of U.S. adults with a serious mental illness, and 60% of adults with any mental illness, did not receive care in the past year. (SAMHSA, *Results from the 2014 National Survey on Drug Use and Health.*)
Distribution of U.S. Mental Health Spending by Payer, 2014

- Private Insurance: 26%
- Medicare: 14%
- Other Federal: 14%
- Medicaid: 29%
- Other State and Local: 5%
- Out-of-Pocket: 2%
- Other Private

Source: Substance Abuse and Mental Health Services Administration, *Projections of National Expenditures for Treatment of Mental Health and Substance Use Disorders, 2010-2020*
On the House Side
The "Helping Families in Mental Health Crisis Act of 2015"

114TH CONGRESS
1ST SESSION

H. R. 2646

To make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2015

Mr. Murphy of Pennsylvania (for himself, Ms. Eddie Bernice Johnson of Texas, Mr. Buchanan, Mr. Diaz-Balart, Mr. Bilirakis, Mr. Dold, ...
Current Status of H.R. 2646

• Since the bill was introduced in June 2015, over 1100 psychologists have written their members of Congress and urged them to support the bill

• The legislation was marked-up by the Energy & Commerce Committee’s Health Subcommittee in November 2015

• The full Energy & Commerce Committee is expected to consider this legislation soon
On the Senate Side
The "Mental Health Reform Act of 2015"

To make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.

IN THE SENATE OF THE UNITED STATES
AUGUST 5, 2015
Mr. CASSIDY (for himself, Mr. MURPHY, and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL
To make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.
Current Status of S. 1945

• Introduced in August 2015, and referred to the Senate Committee on Health, Education, Labor, and Pensions (“HELP Committee”)

• The HELP Committee has held several hearings on mental health reform, most recently in January

• A mark-up of the bill is scheduled for March 16th
APAPO and APA
Support both H.R. 2646 and S. 1945
Basic Ingredients of SMI Bills

• Restructuring/changes to SAMHSA
• Reauthorization of grant programs, authorization of new ones
• Expansion/extension of Assisted Outpatient Treatment (AOT) and other patient engagement programs (assertive community treatment)
• Reform/clarification of HIPAA
• Medicaid: Same day coverage of MH & physical services, extension of coverage to institutions for mental disease (IMD)
• Medicare: Elimination of 190-day lifetime limit on coverage
• Insurance Parity (MHPAEA) enforcement and reporting
• Changes to protection and advocacy system (PAIMI)
• Behavioral Health IT
HIPAA...a closer look

• “HIPAA” = the Health Insurance Portability and Accountability Act of 1996

• “Privacy Rule” -- national standards for the use and disclosure of a patient’s health information by health care providers

• Widespread lack of certainty among providers regarding what information can be disclosed to a patient’s family members (or other caregivers), and under what circumstances

• Both H.R. 2646 and S. 1945 try to provide some guidance. Each bill tries to maintain patient privacy while permitting some disclosure of information, but their approach differs
HIPAA...a closer look (con’t.)

- You may be asked to comment on one bill or the other.
- If so, you can say: “We want to ensure that privacy is protected, but that family members (and other suitable caregivers) can receive information when appropriate. We understand that the House bill and the Senate bill take different approaches to HIPAA. As both bills move forward, we hope that a consensus solution to this issue can be reached, so that comprehensive mental health reform legislation can be enacted.”
- Also, please inform APAPO Government Relations staff.
Additional Mental Health Bills in Congress

"Comprehensive Behavioral Health Reform and Recovery Act of 2016" (H.R. 4435)
• Introduced by Rep. Gene Green (D-TX)
• APAPPO is currently reviewing this legislation and has not yet taken a position

"Mental Health Awareness and Improvement Act of 2015" (S.1893)
• Introduced by Sen. Lamar Alexander (R-TN)
• Series of mental health reform programs and grants
• APAPPO supported this legislation, which has passed the Senate
Tell Your Story!
Our 2\textsuperscript{nd} Request

\textbf{SENATE:} “Enact consensus, bipartisan mental health reform legislation.” (S. 1945)

\textbf{HOUSE:} “Enact consensus, bipartisan mental health reform legislation.” (H.R. 2646)
Lobbying Visit Demonstration Video
Do’s

• Know if the member of Congress is already doing what you want
• **Know who’s going to say what**
• Separate the issues
• Be specific and clear about what you want the member of Congress to do
• Explain why the member should support you
• Get the business card of the staffer you meet with
Don’ts

• Read directly from the palmcard!
• Be afraid to say “I don’t know.”
• Expect an immediate answer
• Forget to follow up in two weeks to find out if the member will take action or not
Suggested framework for a lobbying visit

— Identify the issue/topic
— Describe the problem
— **Tell Your Story!**
— Describe the solution
— **Make a specific request**
— Answer questions
Medicare reimbursement advocacy update

• Medicare payment rates for psychologists have fallen 20% since 2006

• APAPO and Avalere Health have identified certain aspects of the Medicare payment formula that are causing the reductions

• APAPO is now developing and reviewing legislative solutions to the problem, and determining next steps
FYI: the Hoffman Report; *i.e.*, the “Independent Review”

- Commissioned by APA in November 2014, issued in July 2015
- The Report concluded that certain APA officials coordinated with DoD personnel in 2004/2005 to have APA issue ethical guidelines accommodating military psychologists’ involvement in interrogations under DoD guidelines.
- Last August, the APA Council of Representatives adopted a resolution prohibiting psychologists from involvement in national security interrogations for military or intelligence entities.
In October 2015, the APA notified key executive branch officials and members of Congress of the new policy.

**NO MEMBERS OF CONGRESS HAVE ASKED US ABOUT THIS ISSUE**

*If you are asked about the Report—*

- Please inform the individual that the APA takes the Report very seriously, and that the organization has taken, and will continue to take, steps to address the situation.
- Direct the person to the APA website and/or the Office of Public Affairs for more information.
- Inform APAPO Government Relations staff.
Twitter, Smartphones, etc.

• If you Tweet, please feel free to send something out about your lobbying visits, and include #SLC2016 in your tweet

• **ASK** before you take a photo of anyone

• Be politic, not political: **do NOT** send out a message like “Everyone should vote against Rep. John Smith! I just had a bad meeting with his office!”
Remember to Fill Out Your Feedback Forms!

Filling Out Feedback Forms:

1. Take notes immediately after your meeting

2. Report feedback through on-line Hill Visit Reporting Portal. The portal link was provided to FACs by email earlier this week, and is printed on the feedback form handouts provided in the FAC registration packets

3. Enter your personal contact information and click “Proceed”

4. Pick the legislator(s) you’re reporting on

5. Report on the meeting. Include comments, and describe any information the legislator or staffer requested as follow-up from your SPTA or APAPO staff

Questions? Email Chad Appel at cappel@apa.org
May the Force be with you on Capitol Hill