Government Relations Issue Briefing and Congressional Visit Demonstration

Sunday, March 10, 2019 -- Bridge Rooms

Central and Southeastern States: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, North Carolina, Ohio, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Wisconsin

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Developing Policy Issue: Supporting Psychology Students Impacted by the Argosy Situation
APA’s Message to Congress

• Put Students First

• The Department of Education Should Do Better to Protect Students

• APA is Working to Ensure Students Can Become Psychologists
Capitol Hill Talking Points

“Thank you for meeting with us to speak about how we can expand access to psychological services.”

“We wanted to make you aware of a pressing education issue that is also impacting access to psychological services and more than 1,200 doctoral psychology students at Argosy institutions.”

“Could you please share this packet of information with the staff who covers education issues?”
Agenda

2:30-3:25  Issue Briefing

3:25-3:40  Lobbying Visit Demonstration Video

3:40-4:10  State Delegation Discussions

4:10-4:30  Q & A
They really *DO* care!...

% Agreeing With Statement

**PUBLIC:**
“My representatives in Congress care about what I think”

16%

**CONGRESS:**
“Staying in touch with constituents is the most important part of my job”

95%
Advocacy: What Works?

“If your MoC hasn’t taken a position on an issue, how much influence do the following forms of communication have with her or him?”

- In-Person Issue Visits from Constituents: 94%
- Contact from Constituents' Reps: 94%
- Individualized Email Messages: 92%
- Individualized Postal Letters: 88%
- Local Editorial Referencing Issue Pending: 87%
- Comments During Telephone Town Hall: 87%
- Phone Calls: 84%
- Letter to the Editor Referencing Your Boss: 83%
- Form Email Messages: 56%
- Petitions: 49%
- Postcards: 42%
What do congressional staff get, and what helps?

- A specific request or “ask”
  - Frequently: 59%
  - Helpfulness: 88%

- Constituent’s reason for supporting/opposing the bill or issue
  - Frequently: 50%
  - Helpfulness: 90%

- Personal story related to the bill or issue
  - Frequently: 18%
  - Helpfulness: 79%

- Information on the impact the bill would have on the district
  - Frequently: 9%
  - Helpfulness: 91%
“Congress places a high value on groups and citizens who have built relationships with legislators and staff.”

Don’t let Tuesday’s visits be the only ripple in the pond!
Q: What’s a “cosponsor”?

A: A member of Congress who officially attaches their name to a bill.
Composition of the Current (116th) Congress

100

45 Democrats
2 Independents (Caucus w/ Dems)
53 Republicans

435

235 Democrats
3 Vacancies
197 Republicans
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 Issues...

1. The “Medicare Mental Health Access Act” (H.R. 884) aka “physician” definition bill

2. The “Mental Health Telemedicine Expansion Act” (H.R. 1301)

3. Protecting Coverage for Mental Health and Substance Use Disorder Treatment
ISSUE 1: The “Medicare Mental Health Access Act,” H.R. 884

Rep. Judy Chu (D-CA)  Jason Smith (R-MO)

Rep. Jan Schakowski (D-IL)  Markwayne Mullin (R-OK)

House Ways & Means Committee

House Energy & Commerce Committee

Senate bill not reintroduced...yet!
MMHA Act – Past champions in Congress now

Senate Cosponsors from the 115th Congress
Sen. Sherrod Brown (D-OH)
Sen. Susan Collins (R-ME)
Sen. Kirsten Gillibrand (D-NY)
Sen. Martin Heinrich (D-NM)
Sen. Angus King (I-ME)
Sen. Patrick Leahy (D-VT)
Sen. Jeff Merkley (D-OR)
Sen. Mike Rounds (R-SD)
Sen. Brian Schatz (D-HI)
Sen. Jeanne Shaheen (D-NH)
Sen. Jon Tester (D-MT)
Sen. Elizabeth Warren (D-MA)
Sen. Sheldon Whitehouse (D-RI)

House Cosponsors from the 115th Congress
Rep. Earl Blumenauer (D-OR)
Rep. Matthew Cartwright (D-PA)
Rep. Judy Chu (D-CA)
Rep. Jim Cooper (D-TN)
Rep. Peter DeFazio (D-OR)
Rep. Anna Eshoo (D-CA)
Rep. Raul Grijalva (D-AZ)
Rep. Eleanor Holmes-Norton (D-DC)
Rep. Jared Huffman (D-CA)
Rep. Pramila Jayapal (D-WA)
Rep. Derek Kilmer (D-WA)
Rep. Ron Kind (D-WI)
Rep. Ann Kuster (D-NH)
Rep. John Lewis (D-GA)
Rep. Alan Lowenthal (D-CA)
Rep. Betty McCollum (D-MN)
Rep. Jim McGovern (D-MA)
Rep. Markwayne Mullin (R-OK)
Rep. Grace Napolitano (D-CA)
Rep. Rick Nolan (D-MN)
Rep. Scott Peters (D-CA)
Rep. Collin Peterson (D-MN)
Rep. Bobby Rush (D-IL)
Rep. Tim Ryan (D-OH)
Rep. Jan Schakowsky (D-IL)
Rep. Adrian Smith (R-NE)
Rep. Jason Smith (R-MO)
Rep. Darren Soto (D-FL)
Rep. Paul Tonko (D-NY)
Rep. Peter Visclosky (D-IN)
Rep. John Yarmuth (D-KY)
Medicare Beneficiaries Need Much Better Access to Mental Health Care

By 2030, there will be 80% more older Americans with MH/SU conditions than there are now.

3/4ths of U.S. counties have a severe shortage of mental health professionals, with over half of residents’ treatment needs unmet.

Almost half of nursing home residents age 65 and older have depression.
Projected 2016-2030 Changes in Number of...

Medicare Beneficiaries: 44% rise
Psychiatrists: -27% decline

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 regardless of treatment setting. Medicare does not.
The “Medicare Mental Health Access Act” Removes This Barrier

The bill 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
Facts About the “Medicare Mental Health Access Act”

• 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

• Psychologists would not be allowed to bill for any services they are not already providing under Medicare
"[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
Organizations Endorsing MMHAA:
Those who oppose:
“...deeming [psychologists] to be “physicians” does not equate to medical education and residency training. If enacted, this bill will have serious implications for the medical supervision of Americans with psychiatric illness who are particularly prone to multiple co-occurring medical conditions such as heart disease and diabetes.”

In the 113th Congress legislation has been introduced (H.R. 794, sponsored by Representative Jan Schakowsky (D-IL)) to amend Section 1851(r) of the Social Security Act to include clinical psychologists under Medicare's definition of "physician" on the grounds that doing so would improve patient access to care in rural communities and remove impediments to the provision of patient treatment.
“[C]lassifying psychologists as ‘physicians’ at the federal level sends an unintended message of acceptance to state elected officials who are approached every year to allow psychologists to prescribe potent psychiatric medications without the proper education and experience of a provider trained in the medical model.”

In the 113th Congress legislation has been introduced (H.R. 754, sponsored by Representative Jan Schakowsky (D-Ill.)) to amend Section 1851(r) of the Social Security Act to include clinical psychologists under Medicare’s definition of “physician” on the grounds that doing so would improve patient access to care in rural communities and remove impediments to the provision of patient treatment.
Q: “What would this cost?” / “Do you have a score?”

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

“Score” (noun and verb) = an estimate from CBO of how much a particular piece of legislation would cost, typically over ten years

A: “We don’t have a CBO score yet, but an independent analysis estimated it would cost $239 million over ten years.”
Our 1st Request

**HOUSE:**
“I’d like the Congressman to cosponsor H.R. 884.”

“Please cosponsor the Medicare Mental Health Access Act.”

“We’re asking that the Congresswoman cosponsor this bill.”

**SENATE:**

“Legislation will be introduced soon to let psychologists practice independently in Medicare, like other health plans do. When it is reintroduced, we’d like the Senator to sign on as a cosponsor.”
ISSUE 2:
The “Mental Health Telemedicine Expansion Act,” H.R. 1301

Rep. Suzan DelBene (D-WA)  
Rep. Tom Reed (R-NY)
Reps. DelBene and Reed introduced the bill for the first time in September 2018.

Senator Kamala Harris (D-CA) introduced an identical bill in December 2018.

- Supporters of the bill included national mental health groups representing psychologists, social workers, psychiatric nurses, psychiatric hospitals, psychiatric residential treatment centers, consumers with anxiety, depression, eating disorders, and those affected by suicide.
Telehealth

Electronic delivery of a health care service (interactive, two-way telecommunications, real-time, audio/video). Provider and patient are not at same location for delivery of service.
Why Should Congress Enact H.R. 1301?

To make it easier for older adults to access mental health treatment, including those struggling with depression, suicidal ideation, chronic pain, and substance use disorders.

• An estimated 60% of community-dwelling older adults with major depressive disorder do not receive mental health care
• In a study of depressed primary care patients seeking treatment, twice as many preferred psychotherapy as preferred medication
• Roughly half of older adults who live on their own suffer from chronic pain
• Social isolation and depression are among the risk factors that often trigger thoughts of suicide in older adults, who have the highest rate of suicide of any age group
Barriers Preventing the Expansion of Telehealth Services

According to CMS -

“Current restrictions on eligible telehealth originating sites appear to be the greatest barrier preventing the expansion of Medicare telehealth services. The two most significant Medicare restrictions are: 1) requiring the originating site to be located in certain types of rural areas, and 2) not allowing the beneficiary’s home to be an eligible originating site.”

CMS November 15, 2018 report to Congress
Current Medicare coverage for psychotherapy services via telehealth...

Allowed for **both**:

- Beneficiaries living in rural areas and health professional shortage areas, who access services from a physician’s office, hospital, clinic, or mental health center (aka an “originating site”)

- Beneficiaries who have a substance use disorder, in their own home, regardless of where they live (effective July 1, 2019)
...and under H.R. 1301

Medicare beneficiaries allowed to access psychotherapy services—specifically CPT 90834 (45 minutes) and 90837 (60 minutes)—through real-time, interactive audio and video telecommunications with a patient…

• No matter where they live
• In their own home
• Whether they have a substance use disorder or not

An in-person assessment of the needs of the patient will continue to be required prior to the provision of telehealth services
Medicare Patients with Mental Disorders Top Telehealth Service Use

TOP TEN PRINCIPAL DIAGNOSES FOR MEDICARE BENEFICIARIES RECEIVING TELEHEALTH SERVICES, 2016

- Major depressive disorder, recurrent
- Bipolar disorder
- Schizoaffective disorders
- Schizophrenia
- Major depressive disorder, single episode
- Other anxiety disorders
- Reaction to severe stress and adjustment disorders
- Sleep disorders
- Cerebral infarction
- Alzheimer’s disease

SOURCE: NORC and KPMG Analysis of CMS Medicare Research Identifiable Files

Our 2nd Request

HOUSE:

“I’d like the Congressman to cosponsor H.R. 1301.”

“Please cosponsor the Mental Health Telemedicine Expansion Act.”

“We’re asking that the Congresswoman cosponsor this bill.”

SENATE:

“We expect legislation to be introduced this session to dramatically expand Medicare beneficiaries’ access to telemental health services. When it is reintroduced, we’d like the Senator to sign on as a cosponsor.”
ISSUE 3: Protecting Coverage for Mental Health and Substance Use Disorder Treatment
Why the Affordable Care Act’s mental health protections and coverage are so important

• Two significant public health problems:
  — Opioid epidemic
  — Increases in rates of mental illness and suicides

• Individuals with health coverage are more likely to have access to, and be able to afford, MH/SUD treatment

• Areas of focus for federal action:
  — Protecting coverage in private health plans under the ACA
  — Protecting coverage in Medicaid
### Key Public Health Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Details</th>
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<tbody>
<tr>
<td>Increases in suicide rates</td>
<td>• 10.6M adults had serious thoughts, 3.2M made plans, and 1.4M made nonfatal attempts in 2017</td>
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<tr>
<td>Increases in overdose death rates</td>
<td>• 70,237 Americans in 2017 died of drug overdoses, an increase of 16% per year since 2014</td>
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<tr>
<td>Increases in rates of serious mental illness</td>
<td>• Increases from 2008-2017: Ages 18-25: +117%; Ages 26-49: +17%; Ages 50+: +30%</td>
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<tr>
<td>Increases in treatment gaps</td>
<td>• 57% of 46.6M adults with mental illness receive no treatment</td>
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<td></td>
<td>• 92% of 19.7M Americans with SUD receive no treatment</td>
</tr>
<tr>
<td>Increases in health care costs</td>
<td>• 2 of 5 adults with a mental illness and 1 of 2 with SMI forego mental health care they need because they can’t pay</td>
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Why the Affordable Care Act’s mental health protections and coverage are so important…continued
Congress, the Administration, and Health Care Policy in 2019: ???

- Allow short-term health plans without coverage for essential health benefits (EHB), including mental health and substance use treatment?
- Allow association health plans that don’t include EHB coverage?
- “Medicare for All”?
- Medicaid waivers and work requirements?
- Medicare drug pricing?
- Texas court case on ACA legality?

You will NOT need to know these issues. DON’T get caught up in debating them!
Since 2014, the Affordable Care Act has required most health plans to cover mental health and substance use treatment, and has prohibited plans from charging higher premiums for pre-existing conditions, including diagnoses for mental disorders.
Medicaid is Critical for Mental Health Access and Fighting the Opioid Epidemic

- Medicaid is the nation’s largest payer for mental health services, and covers 27% of all adults with serious mental illness.
- Adults in Medicaid with opioid addiction are significantly more likely to get substance use disorder treatment than those with private plans.

ACA Message

“Please preserve mental health and substance use disorder coverage in Medicaid and private health insurance plans under the Affordable Care Act.”

• Mental health and substance use disorder insurance coverage is critical for Americans’ access to treatment

• Medicaid is the cornerstone of our nation’s mental health treatment system, and is critical for responding to the opioid epidemic
Raising Social Policy Issues in Your Lobbying Visits

- Immigration
- Gun violence
- Racism
- Climate change
- Poverty & homelessness
Steps for Raising Non-Practice Issues in the PLC lobbying visits

1. **Cover the practice issues first**

2. **Clearly separate the APA practice issues from your social issue.** You are representing APA in your visits, and anything you say will be interpreted as advocating an APA position—and the position of everyone in your group—unless and until you explicitly state otherwise. EITHER:

   A. **While still together as a group,** say “Now that we’ve covered the APA issues, there is another issue of personal/professional interest to me that I’d like to mention, if you have a minute,” and briefly discuss the issue. Get the appropriate staff member’s business card before leaving.

   B. **Wait until the group breaks up** and people begin leaving the office, and tell the staffer “Before I leave, there is another issue of personal/professional interest to me, which is ____. Could I get the business card of the person who covers that issue so I can follow up with them later?”
AFTER the Visit (the most important part!)

1. Be sure to note any non-practice issues you talked about with offices on your visit Feedback Forms, so that APA staff responsible for those issues know what’s been discussed with the office.

2. Within 1-2 weeks after you get back home, contact the office...

   A. If you discussed the issue with a staff member, send the same kind of follow-up email as with the practice issues (“I’m writing to follow-up on the issue I discussed with you recently, which is ___. As we discussed, I would like....”)

   B. If you only obtained a business card, email the staff person as you normally would on any other issue. Be succinct, and be specific about the concrete action you want your legislator to take. Address only one issue in your email.

Emails and calls on social issues should be kept separate from the follow-up you and your colleagues do on our practice issues.
Do...

Know if the member of Congress is already doing what you want.

Decide ahead of time who’s going to say what, when

Be clear and specific about what you want the member of Congress to do. Make the “ask”!

Don’t...

• Forget to mute your cell phones

• Expect an immediate answer. These visits are just one (important) point in the process.

• Forget to follow up in two weeks to find out if the member will take action or not.
Filling Out Feedback Forms:

1. Try to take notes immediately after your meeting
2. Report feedback through on-line Hill Visit Reporting Portal. The portal link 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. Include comments and describe any information the legislator or staffer requested as follow-up from your SPTA or APA Practice Organization staff
6. Please note any non-practice issues you discussed with the office, to help APA staff in working on these issues with the office later
Hill Visits
Debriefing: New Location! St. Mark’s Episcopal Church
301 A Street SE
Twitter, Smartphones, etc.

If you Tweet, please feel free to send something out about your lobbying visits, and include #PLC2019 in your tweet.

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!”

**ASK** before you take a photo of anyone.
Hilary Kindsfater @drhkindsfater · 13 Mar 2018
I was so excited to meet with Josh Jorgensen and Mark Johnston with @SenatorRounds office to thank the Senator for his cosponsorship of the #Medicare Mental Health Access Act S.448 and discuss Medicaid concerns thank you from @SDPsychological Association #PLC2018 @APAPractice

Hilary Kindsfater @drhkindsfater · 13 Mar 2018
Thank you Matt Hittle, Legislative Director, for @RepKristiNoem for meeting with @SDPsychological Association to discuss progress of the #Medicare Mental Health Access Act! We so appreciate your continued work & support #PLC2018 @APAPractice

Hilary Kindsfater @drhkindsfater · 13 Mar 2018
Thank you @SenJohnThune and legislative staff for meeting with the @SDPsychological Association to discuss important issues for psychologists #Medicare Mental Health Access Act S.448 #PLC2018 @APAPractice
Enjoy your visit! They want to hear from you!