Government Relations Issue Briefing and Congressional Visit Demonstration

Sunday, March 5, 2017 — Independence FGHI

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

Brad Steinbrecher, J.D.
Legislative and Regulatory Counsel

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

2:30-3:20  Issue Briefing
3:20-3:40  Lobbying Visit Demonstration Video
3:40-4:10  State Delegation Discussions
4:10-4:30  Q & A
They really *DO* care!...

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

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

- A Lot of Positive Influence
- Some Positive Influence
Survey Questions

“How frequently do messages from constituents include the following?”

“How helpful is it for messages from constituents to include the following?”
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%
Framework of a Lobbying Visit

- Identify the issue/topic
- Describe the problem
- Tell Your Story
- Describe the solution
- Make a specific request!
- Answer questions
# Composition of the Current Congress

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<thead>
<tr>
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<th>Senate</th>
<th>House of Representatives</th>
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<tbody>
<tr>
<td>Republicans</td>
<td>52</td>
<td>238</td>
</tr>
<tr>
<td>Democrats</td>
<td>46</td>
<td>193</td>
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<tr>
<td>Independents</td>
<td>2</td>
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(4 vacancies)
Two Issues...

1. The “Medicare Mental Health Access Act” (H.R. 1173 / S. 448)
a.k.a. “physician” definition legislation

2. The Affordable Care Act
Repeal? Replace?
ISSUE 1: The “Medicare Mental Health Access Act,”
H.R. 1173 / S. 448

Rep. Kristi Noem (R-SD-At Large)
Rep. Jan Schakowsky (D-IL-09)
Sen. Sherrod Brown (D-OH)
Sen. Susan Collins (R-ME)
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.
Beneficiary Access to Psychological Services Should not be Hindered or Delayed

Psychologists provide:

• 67% of inpatient psychotherapy services under Medicare
• 86% of neurobehavioral status exam and testing services
The Problem – 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
Since 1972, the Medicare definition of “physician” has included dentists, optometrists, podiatrists, and chiropractors. Psychologists are the only doctoral-level provider not included in the definition.
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

HOUSE:  “Please Cosponsor H.R. 1173.”

SENATE:  “Please Cosponsor S. 448.”

Practice Leadership Conference
Q: What’s a “cosponsor”?

A: A member of Congress who officially associates themselves with a piece of legislation.
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:
“Who opposes this?”

“We know the American Psychiatric Association opposes the bill, but this isn’t surprising given medical groups’ history of “turf” protection.

We don’t believe turf issues should override patient access.”
“Medicare Mental Health Access Act” - cost

Q: “How much would this cost?”

A: “We don’t have a CBO score yet, but 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, expressed in dollars. Example: “$37 million over five years.”
ISSUE 2: The Affordable Care Act...”Repeal and Replace”
Uninsured Rate Among the Nonelderly Population, 1995-2015

Source: CDC/NCHS, National Health Interview Survey, reported in
http://www.cdc.gov/nchs/health_policy/trends_hc_1968_2011.htm#table01 and
Medicaid eligibility increased for parents and other adults in expansion states under the ACA.

<table>
<thead>
<tr>
<th>Expansion States</th>
<th>Non-expansion States</th>
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<tr>
<td><strong>Parents</strong></td>
<td><strong>Other Adults</strong></td>
</tr>
<tr>
<td>91% (17,772)</td>
<td>0%</td>
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<tr>
<td>138% (27,821)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td><strong>Other Adults</strong></td>
</tr>
<tr>
<td>48% (9,374)</td>
<td>0%</td>
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<tr>
<td>44% (8,870)</td>
<td>0%</td>
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NOTE: Based on limits calculated as a percentage of federal poverty levels (FPL) for a family of three for parents and for an individual for other adults. In 2013, the FPL was $19,530 for a family of 3 and $11,490 for an individual. In 2016, the FPL was $20,160 for a family of three and $11,880 for an individual. 2013 levels take applicable earnings disregards into account. 2016 levels include a disregard equal to five percentage points of the FPL.

SOURCE: Based on national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, January 2013 and January 2016.
Expansion states are split between Republican and Democratic governors as of January 2017.

NOTES: Coverage under the Medicaid expansion became effective January 1, 2014 in all but seven expansion states: Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), Indiana (2/1/2015), Alaska (9/1/2015), Montana (1/1/2016), and Louisiana (7/1/2016). Seven states that will have Republican governors as of January 2017 originally implemented expansion under Democratic governors (AR, IL, KY, MA, MD, NH, VT), and one state has a Democratic governor but originally implemented expansion under a Republican governor (PA). *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers.
Four Key Accomplishments of the ACA:

• Requires all plans to cover a package of **essential health benefits**, including coverage of "mental health and substance use disorder services, including behavioral health treatment"

• **Applies parity requirements** under the Mental Health Parity and Addiction Equity Act (MHPAEA) to plans in the individual and small group market

• **Extends Medicaid coverage** to all Americans below 133% of the federal poverty level (subject to state approval)

• **Establishes an array of basic insurance protections**, prohibits: pre-existing condition exclusions, annual/lifetime coverage limits, discrimination based on health status
  requires: guaranteed renewal of coverage, network adequacy, age rating restrictions, effective appeals processes
December 16, 2016

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Ryan and Majority Leader McConnell:

We are writing on behalf of the American Psychological Association (APA) and the American Psychological Association Practice Organization to urge Congress not to repeal the Patient Protection and Affordable Care Act (ACA) without simultaneously replacing the law with legislation that ensures that all Americans have insurance coverage that provides access to comprehensive mental health, behavioral health, and substance use services. Our organizations comprise more than 117,500 members, who are clinicians, researchers, educators, consultants, and students.
“The ACA can be improved to make coverage more affordable and effective …. Nevertheless, the law has provided high-quality health care coverage to more than 22 million previously uninsured Americans ….”

“Health insurance is a life-or-death issue. It is not the time to repeal the ACA when more Americans with mental disorders are found in prisons, jails, and on the streets than in treatment facilities, and when more Americans are dying of drug overdoses than any other form of accidental death.

We urge Congress not to repeal the ACA without simultaneously putting in place a framework…that is at least as effective as the current law in ensuring adequate access to mental and behavioral health services.”
ACA Repeal/Replace: The Reconciliation Process

• In order to help itself restrain spending and stay within a budget, Congress established a special procedural rule requiring only simple majority approval by the Senate for legislation aimed at meeting budget targets.

• Legislation that changes federal policies and taxes in order to reconcile spending with budget targets is known as “budget reconciliation” legislation.

Senate votes needed: 60 51

• Provisions in reconciliation legislation have to affect the federal budget, so not all of the ACA can be repealed under reconciliation legislation.
Four Key Accomplishments of the ACA:

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• **Extends Medicaid coverage** to all Americans below 133% of the federal poverty level (subject to state approval)

• **Establishes an array of basic insurance protections**, prohibits: pre-existing condition exclusions, annual/lifetime coverage limits, discrimination based on health status; requires: guaranteed renewal of coverage, network adequacy, age rating restrictions, effective appeals processes
At Risk in Reconciliation Bill?

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  requires: guaranteed renewal of coverage, network adequacy, age rating restrictions, effective appeals processes
“Prior to the ACA it was not possible for a small business owner to serve individuals with Medicaid (and survive financially) because the reimbursement was so low and the number of sessions was very limited. Most people using Medicaid have a variety of risk factors including poverty, domestic violence, substance abuse, and untreated psychiatric conditions…. This produced quite a quagmire for psychologists and individuals needing psychiatric care.

That all changed in 2014. I am able to see the population of people I enjoy serving (Medicaid beneficiaries) with little limitation on the number of sessions and at an appropriate reimbursement rate. As a result, I’ve helped keep many patients out of unnecessary emergency room visits and hospitalizations. All of that means money saved for the American tax payer and an appropriate and fair income for a small business owner.”

-- Sheri Anselmi, Ph.D., Watsonville, CA
Our 2nd Request

“Don’t repeal the Affordable Care Act without replacing it with a law that ensures coverage for mental and behavioral health services, at parity.”
Lobbying Visit Demonstration Video
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.
Fill Out Your Feedback Forms!

http://capwiz.com/apappractice/go/2017HillFeedback
Filling Out Feedback Forms:

1. 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

Questions? Email Bryant Robinson at brobinson@apa.org
Twitter, Smartphones, etc.

• If you Tweet, please feel free to send something out about your lobbying visits, and include #PLC2017 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.
Enjoy your visit! They want to hear from you!