CE-Eligible Session: Understanding the Asks and Issues

2 presentations within 1 session, 1.5 credits available.

Advocacy Office

June 10, 2024

#APAAdvocacy

SIGN IN

Use this QR code to sign into this session.

Full attendance is mandatory to receive credit.

Legislative Issue Briefing

Andrew Strickland, JD
Senior Legislative and Regulatory Counsel

Scott Barstow, MSc
Senior Director, Congressional and Federal Relations

Advocacy Office

June 10, 2024

#APAAdvocacy

Overview of Legislative Requests

House	Senate
Co-Sponsor the Telemental Health Care Access Act (H.R. 3432)	Co-Sponsor the Telemental Health Care Access Act (S. 3651)
Co-Sponsor the Increasing Mental Health Options Act (H.R. 8458)	Co-Sponsor the Increasing Mental Health Options Act (S. 669)
Co-Sponsor the COMPLETE Care Act (H.R. 5819)	Co-Sponsor the COMPLETE Care Act (S. 1378)

Legislative Request #1:

Co-Sponsor the Telemental Health Care Access Act

H.R. 3432 / S. 3651

Details on the Legislative Request

We are asking members of Congress to co-sponsor the Telemental Health Care Access Act (H.R. 3432 / S. 3651)

- Lead House Co-Sponsors: Rep. Doris Matsui (D-CA) / Rep. Troy Balderson (R-OH)
- Lead Senate Co-Sponsors: Sen. Bill Cassidy (R-LA) / Sen. Tina Smith (D-MN)

Note: Both bills are supported by APA, though with a preference the language in the House version due to its "behavioral health" fix.

What is The Problem?

Several Medicare telehealth coverage flexibilities are set to expire after December 31, 2024

A new Medicare in-person visit requirement for telehealth coverage is set to go into effect after December 31, 2024

Congress must act now to avoid an "access cliff" for tele-mental and tele-behavioral health services

How Did We Get Here on Telehealth?

March 2020	March 2020	Dec. 2020	March 2022	Dec. 2022
Coronavirus Preparedness and Response Supplemental Approps. Act Expands Medicare coverage of telehealth during public health emergency (PHE)	**CARES Act** Allows Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide telehealth services during the PHE	**Consolidated Appropriations Act of 2021** Permanently allows patients to receive MH services from home Imposes 6-month in-person service req. (delayed through 2024)	**Consolidated Appropriations Act of 2022** Extends telehealth flexibilities tied to the PHE for an additional 151 days after the end of the PHE	**Consolidated Appropriations Act of 2023** Separates Medicare telehealth flexibility from length of PHE Sets Medicare telehealth flexibilities to expire after December 31, 2024

Why Should Congress Support This Proposal?

- This bill repeals Medicare's in-person visit requirement for continued coverage of telehealth services
  - Unnecessary barrier to treatment
  - Only applies to mental health services and furthers bias against coverage of mental health services
  - Interferes in the provider/patient relationship
  - Interferes with operation of interstate licensure compacts
- The House version also permanently allows patients to receive behavioral health services via telehealth from their own homes
  - Already permanent for "mental health" services
  - Critical distinction between "mental" and "behavioral" health services
  - Some services may not be considered "mental health" services where the patient does not have a primary mental health diagnosis

Why *This* Bill in Particular?

- Telehealth enjoys broad bipartisan support in Congress
- There are several bills – some of which are also supported by APA Services – that seek to address telehealth access in some way (i.e. CONNECT for Health Act)
- We are bringing the Telemental Health Care Access Act to their attention now because of its specific impact on services provided by *psychologists.*
- If asked...
  - *"Thank you for bringing this to my attention and for your work to ensure continued telehealth access. Please let my consult with our Advocacy team. In the meantime, we welcome an opportunity to collaborate with your office on this issue."*

What Concerns Might Offices Raise?

Will this bill lead to over-utilization or raise costs for the Medicare program?

According to a recent analysis of Medicare claims data, claims for two key services – psychotherapy and diagnostic interview – continue to decline despite telehealth expansion.

Telehealth enables access to early and preventative measures, which tends to avert costs from more expensive crisis services.

Will repeal of the in-person requirement enable fraud, waste, and abuse within Medicare?

I am not aware of any evidence that a uniform in-person requirement deters fraud, waste, or abuse. Instead, I am concerned it will deter *legitimate* claims for mental and behavioral health treatment.

Legislative Request #2:

Co-Sponsor the Increasing Mental Health Options Act

H.R. 8458 / S. 669

Details on the Legislative Request

We are asking members of Congress to co-sponsor the Increasing Mental Health Options Act (H.R. 8458 / S. 669)

- Lead House Co-Sponsors: **Rep. Nicole Malliotakis (R-NY)**, Rep. Judy Chu (D-CA), Rep. August Pfluger (R-TX), Rep. Jan Schakowsky (D-IL)
- Lead Senate Co-Sponsors: **Sen. Sherrod Brown (D-OH)** / Sen. Susan Collins (R-ME)

What is The Problem?

- Psychologists participating in Medicare can practice independently in traditional office-based settings BUT...
- Patients have to wait for a physician’s authorization before receiving psychologists' services in several care settings, including:
  - Skilled Nursing Facilities
  - Partial Hospitalization Programs
  - Comprehensive Outpatient Rehabilitation Facilities
  - Inpatient Psychiatry Hospitals
  - Home Health Agency Services

Why Should Congress Support This Proposal?

- The IMHO Act would repeal these oversight requirements, which are also not required in Medicaid/CHIP programs, private sector health insurance plans, TRICARE, or the VA.
- These requirements needlessly delay and disrupt treatment, which can result in escalation of symptoms. Physicians often have little to no mental health and behavioral health training, and mental health treatment often consists solely of prescribing psychotropic medications.
- The Act also supports the behavioral health workforce in mental health professional shortage areas (MHPSAs) by making psychologists Medicare bonus payments for services provided in these areas.

What Questions or Concerns Might Offices Raise?

Does this change what services psychologists provide in Medicare?

No. The bill will in no way impact the scope of services that psychologists are allowed to provide in Medicare.

Does this bill expand the range of settings psychologists work in?

No. Psychologists already provide services in these settings, but currently must wait for a physician's approval, delaying treatment.

Does this bill allow psychologists to provide services without communicating with the patient's physician?

No. The bill explicitly retains the requirement that psychologists consult with the patient's physician in accordance with ethical standards.

Legislative Request #3:

Co-Sponsor the COMPLETE Care Act

H.R. 5819 / S. 1378

Details on the Legislative Request

We are asking members of Congress to cosponsor the COMPLETE Care Act (H.R. 5819 / S. 1378)

- Lead House Co-Sponsors: **Reps. Michelle Steel (R-CA),** Dale Kildee (D-MI), Lizzie Fletcher (D-TX), Gus Bilirakis (R-FL), August Pfluger (R-TX), Susie Lee (D-NV), and Marc Molinaro (R-NY)
- Lead Senate Co-Sponsors: **Sen. Catherine Cortez Masto (D-NV)** / Sen. John Cornyn (R-TX)

What is The Problem?

- Need to improve access to behavioral health treatment
- Need to address patients' behavioral health needs in treating and managing chronic/physical conditions
- Need to reduce health care spending and improve patient outcomes

What is Integrated Care?

- Integrated primary and behavioral healthcare brings primary care providers (PCPs) and mental/behavioral health specialists together as a team to provide whole-person care
- Integrated care can take different forms, but the two leading models are the Primary Care Behavioral Health (PCBH) model and the Collaborative Care Model (CoCM)
- Shifting from typical siloed care to integrated care can be difficult due to challenges related to:
  - Finding and training clinical and administrative staff
  - Changes to physical office space
  - Upgrades to Health IT systems
  - Changes in practice and billing patterns

Why Should Congress Support This Proposal?

- The COMPLETE Care Act would encourage adoption of integrated care by:
  - Increasing Medicare reimbursement rates for behavioral health integration (BHI) services for three years
  - Requiring CMS to provide technical assistance to primary care providers on integrated care
  - Establishing quality measurement reporting requirements for BHI for clinicians participating in Medicare alternative payment models
- The bill is model-neutral, allowing primary care providers to select the model that best suits their practice and community

What Questions or Concerns Might Offices Raise?

Is there a single model of integrated care that works for everyone?

No. How integrated care is implemented can vary depending on the patient population and available workforce in the community.

How does this affect patients covered under other health insurance programs?

This bill would help pave the way for practitioners' adoption of integrated care for patients with other forms of health insurance.

Can practitioners currently bill for integrated care services?

Yes, reimbursement codes were established for BHI services in 2017, but they remain under-used because of the steep barriers to adoption.

How much would the bill cost?

CBO said the BHI rate increases in legislation approved by the Senate Finance Cmte last December would cost only $58 million over ten years.

Resources

Available on the Summit Action Center:

- Issue fact sheets
- Practice talking points work sheet
- Practice pitch work sheet

AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

QUESTIONS?

Scott Barstow – sbarstow@apa.org (IMHO Act / COMPLETE Care Act)

Andrew Strickland – astrickland@apa.org (Telemental Health Care Access Act)

#APAAdvocacy

Overview of Integrated Primary and Behavioral Healthcare

Scott Barstow, MSc
Senior Director,
Congressional & Federal Relations

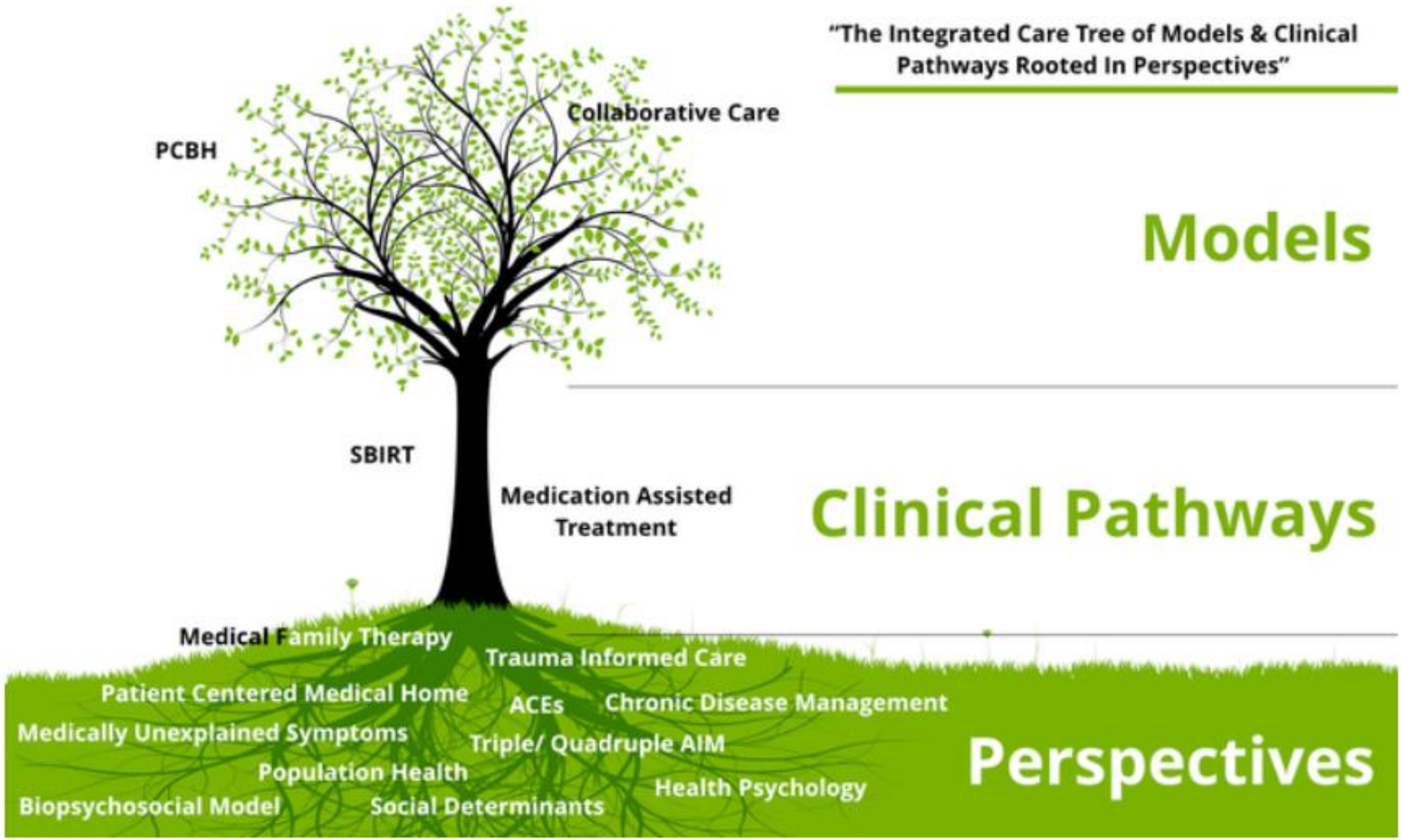
Molly Gabriel-Champine, PhD
Behavioral Health Academic Program Director-
Internal Medicine Residency, McLaren Flint

Stephen Gillaspy, PhD
Senior Director, Health & Health Care Financing
Practice Directorate

June 10, 2024

#APAAdvocacy

Integrated Primary and Behavioral Healthcare



https://www.cfha.net/learn-network/what-is-integrated-care/

Comparing the Two Leading Models

	Primary Care Behavioral Health Model (PCBH)	Collaborative Care Model (CoCM)
Team-based care led by the primary care provider (PCP)	✓	✓
Structured care management	✓	✓
Regular assessments of clinical status, and modification of treatment as appropriate	✓	Yes, using a patient registry
Lead behavioral health specialist	Co-located with PCP	Off-site psychiatrist, assisted by on-site behavioral health manager
Primary focus	Population-based (30-40% of patient population)	Patients with hard-to-treat depression, anxiety, other MH conditions

Primary Care Behavioral Health (PCBH)

- PCBH Model of Integrated Primary Care
  - In Practice
  - Case Examples & Outcomes
  - Barriers to Implementation

Integrated Primary Care- In Practice

- PCBH Model of Integrated Primary Care:
  - Embedded Behavioral Health Consultant (BHC)
  - BHC works collaboratively with the PCP to address biopsychosocial & population health focused concerns
  - Co-located & team based

- Through a warm-handoff BHC will see patients for 15-20 minutes
  - Brief screening/diagnosis
  - Evidenced-based intervention
  - Referrals
  - Recommendations to patient & provider

Integrated Primary Care- Examples

- Addresses both *behavioral health and mental health* concerns
  - BH: chronic pain, weight management, medication adherence, motivational factors, diabetic management, sleep concerns, coping with illness, tobacco cessation
  - MH: depression, anxiety, SUD, etc.

- In the PCBH model, focus is often on behavioral modification and lifestyle changes related to *physical health,* not necessarily mental health

- Addressed access-to-care & stigma

Integrated Primary Care- Outcomes

- Prior research:
  - Increased medication adherence
  - Patient's preferences
  - Weight-management goals
  - Diabetic management
  - System cost reduction
  - Decreased ED visits
  - Decreased targeted symptoms
  - Improved pt/provider relationship
  - Increased provider satisfaction
  - And more....

APA's
Behavioral Health Integration Fact Sheet

Integrated Primary Care- Barriers

- Cost
- Billing
- Proof of concept
- Insurance
- Time....

- Subject matter experts, workforce development, providers availability, telehealth options

Integrated Care Models Debate

- History
- CPT Codes
- State Legislation
- Federal Legislation

Addressing Barriers - $$$

- Start Up / Program Development
  - Cost
  - Billing
  - Proof of Concept & Buy in
  - Clinic Flow & Procedures
  - Time....

- 2025 - Reimbursement at 175%
- 2026 - Reimbursement at 150%
- 2027 - Reimbursement at 125%

Integrated Care Codes

- Primary Care Behavioral Health (PCBH) model
  - 99484 - General Behavioral Health Integration
  - G0323 - General Behavioral Health Integration

- Collaborative Care Model (CoCM)
  - 99492
  - 99493
  - 99494
  - G2214

General BHI Code - G0323

- Care management services for behavioral health conditions and is used to account for monthly care integration where mental health services are provided by a clinical psychologist or clinical social worker serving as the focal point of care integration.
- This service requires the CP or the CSW to perform at least 20 minutes of care management services over the course of a calendar month.
- Service can be billed incident-to the psychologist
- Practice Update article – https://www.apaservices.org/practice/reimbursement/health-codes/mental-behavioral-health-medicare

AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

QUESTIONS?

Scott Barstow – sbarstow@apa.org

Stephen Gillaspy, PhD – sgillaspy@apa.org

Molly Gabriel-Champine, PhD – mollygabriel5@gmail.com

#APAAdvocacy

SIGN OUT

Use this QR code to sign out of this session.

Full attendance is mandatory to receive credit.

BREAK

Congressional Staff Legislative Insights

Grace Banfield, *Legislative Director, Office of Rep. Kildee*
Megan Porter, *Legislative Assistant, Office of Rep. Balderson*

United States Congress

June 10, 2024

#APAAdvocacy

LUNCH

Optional Session: Providing Feedback from SPTAs to the Advocacy Coordinating Committee