



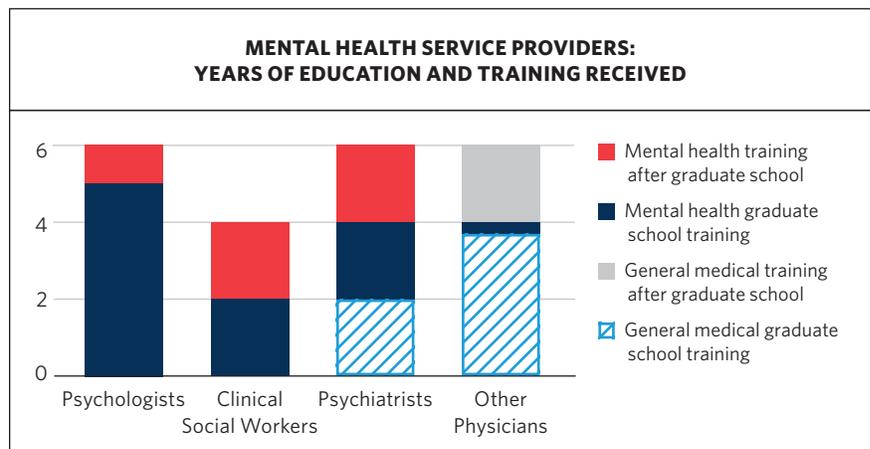
# Congress Should Pass the Medicare Mental Health Access Act, H.R. 884/S. 2772

introduced by Reps. Judy Chu (D-CA), Jason Smith (R-MO), Jan Schakowsky (D-IL), Markwayne Mullin (R-OK), Senator Sherrod Brown (D-OH), Senator Susan Collins (R-ME), and Senator Kirsten Gillibrand (D-NY)

The bill removes a roadblock that hampers and delays mental health treatment for Medicare beneficiaries by ending unnecessary physician sign-off and oversight of psychologists' services. Private sector health plans, the Veterans Health Administration, and TRICARE all allow licensed clinical psychologists to practice independently in all inpatient and outpatient settings. Medicare should, too.

- **Most older Americans with mental disorders do not receive treatment from a mental health specialist.** Instead, treatment is typically provided by primary care physicians who appropriately treat and refer only 40-50% of patients with mental health problems. The Institute of Medicine states that beneficiaries' lack of access to psychologists and other mental health specialists "borders on a crisis."
- **Older Americans are much more likely to be prescribed psychoactive drugs—even without an established diagnosis for a mental disorder—than to receive psychotherapy or other behavioral health services,** despite the ongoing opioid epidemic and concerns about overmedication in nursing homes and other facilities.
- **Current law delays psychological treatment, which worsens outcomes and increases costs.** For Medicare beneficiaries with a chronic condition like diabetes or congestive heart failure, co-morbid depression doubles the rate of hospitalization and emergency room use.
- **Physicians are often in short supply,** particularly in rural and underserved areas, and thus not available to oversee psychologists' services—which is unnecessary in the first place.

Licensed psychologists complete a 4 to 6 year-long psychology doctoral degree (Ph.D., Psy.D., or Ed.D.), and complete 2 years of supervised direct clinical experience, including an internship. The depth and breadth of this education and training is unique among behavioral health professionals.



**Medicare has long allowed other doctoral-level non-M.D./D.O. providers—chiropractors, dentists, optometrists, and podiatrists—to practice independently in all treatment settings.** Clinical psychologists are the only healthcare specialists defined under Medicare as doctoral-level providers who are not given this autonomy.

## The Medicare Mental Health Access Act...

- **Would NOT change clinical psychologists' scope of practice and make them medical doctors.** As with other health care providers, clinical psychologists' scope of practice is defined by state licensure laws and regulations, not federal law.
- **Would NOT add to or change the services that psychologists provide to beneficiaries.** Instead, the Act would simply give psychologists the same practice autonomy enjoyed for decades by other doctoral-level, non-M.D./D.O. providers. Although dentists, chiropractors, optometrists, and podiatrists are included within Medicare's "physician" definition, this has not led to their reimbursement for medical services outside their scope of practice.
- **Would NOT eliminate the longstanding requirement—within Medicare statute and established by state licensure laws and regulations—that psychologists consult with beneficiaries' other treating physicians as necessary for the health of the patient.**
- **Would NOT change Medicare reimbursement rates for psychologists,** aside from providing them with the same bonus payments that have long been paid to psychiatrists and other physicians for services provided in rural areas.
- **Would NOT be cost prohibitive.** Avalere Health projects the ten-year cost of the legislation would be less than \$240 million, due to making psychologists eligible for bonus payments for services provided in Mental Health Professional Shortage Areas (MHPSAs).
- **Would NOT create prescribing authority for psychologists.** As with all other issues related to scope of practice, the authority to prescribe medications is determined by state legislatures' control of state health care practitioner licensure laws. Medicare patient access and administrative barriers are the purview of Congress.

### The Medicare Mental Health Access Act is supported by several national advocacy organizations:

American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Psychological Association  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral and Cognitive Therapies

National Association for Rural Mental Health  
National Register of Health Service Psychologists  
National Rural Health Association  
Mental Health America  
Paralyzed Veterans of America



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UPDATED: FEBRUARY 2020

# Psychologists' Stories on the Need for Medicare Independent Practice Authority

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"I serve in a Skilled Nursing Facility in El Cajon, CA. - El Dorado Care Center. I receive patient referrals from nurses, social workers and families. These are sent to attending physicians for orders. Often it takes from 3-4 weeks for approval and sometimes never. There have been several incidents where due to lack of consultation the patients have been sent to the ER for evaluation and treatment. This seems to me to be a very costly and unnecessary process."

**HUGH PATES, PH.D., SAN DIEGO, CA**

"When psychologists go to nursing homes to provide therapy or assessment services (e.g., dementia screenings) they must have a medical doctor's orders prior to seeing the resident. The medical doctor has to "sign off" on the therapist notes. This delays the resident being seen as most medical doctors are not at the nursing homes daily. It also puts undue work on the medical doctor to write the orders for the resident to be seen and then to follow up on "signing off" on the therapy notes. This is unnecessary oversight."

**THERESA CODDINGTON, PH.D., OVERLAND PARK, KS**

"A patient recovering from a traumatic brain injury saw an article about neuropsychological services (e.g., cognitive rehabilitation) on our hospital campus, and called the Behavioral Health Center to schedule an appointment with our neuropsychologists. The patient was told that a physician referral is required. The patient's neurologists would not send a referral until he saw the patient. The next appointment with the neurologist was not available for 3-months. Under current regulations we cannot see this patient until her physician refers. As such, this patient's care and health is being jeopardized. The worst case scenario with these types of delays is that the patients are suicidal. We run into this problem monthly."

**JAMILE A. ASHMORE JR., PH.D., PLANO, TX**

"I do not work with Medicare patients routinely but I find treatment almost invariably delayed when waiting 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**

"I am a licensed psychologist practicing in a Spine Center that is a satellite clinic for a hospital in our community. We have identified a need for behavioral health interventions for spine surgery patients post-operatively. We believe strongly (based on both scientific literature and anecdotal evidence) that this intervention would serve to improve surgical recovery, reduce readmissions, and create a more successful

transition for the patient to our interdisciplinary rehabilitation program (which further supports surgical recovery). However, we have not been able to implement this tool because of the requirement of physician supervision. This requirement creates a logistically impossible barrier to implementing evidence-based tools that have been shown to facilitate recovery. Thus, we are limited in what we can do to help patients recover and prevent readmissions, which is in direct opposition of what Medicare claims to want to accomplish. The physician supervision requirement inhibits innovation and the application of evidenced based interventions.”

**AMY MILKAVICH, PSYD, LAKEWOOD, CO**

“I hold the chief psychologist role at a large medical center in Michigan, and am President of the American Academy of Clinical Health Psychology. Physician oversight of psychologists is an old idea that leads to inefficient business operations in our hospitals and poorer access to evidence-based integrated care for patients. Because physician oversight is required, we must identify a physician supervisor for every new psychologist we hire. Most physicians are unwilling to do this because they aren’t competent to supervise psychotherapy or psychological testing. This has led to difficulty starting new programs and hiring new psychologists, especially those with rare specialties (like pediatric cancer) that are crucial in our communities. To reduce costs and improve health care quality, psychologists MUST be included in Medicare’s definition of ‘physician.’”

**JARED SKILLINGS, PH.D., ABPP, GRAND RAPIDS, MI**

“As a licensed psychologist in Kansas, I have personally experienced a lady in her 50s asking me to enter psychotherapy as she clearly was mentally ill with Bipolar Disorder, etc. She had just been admitted to the facility the day before and approached me about psychotherapy. It has been over 3 weeks since she has asked me about entering therapy. Of course there is a need for verifying benefits and gaining insurance authorization which can take a few hours. But, it also requires—at this point—physician referral. Given that the physician in charge of her case is not at the facility every day, a lapse of time has expired with this lady approaching me at this facility on at least 2 occasions since I first met her. If veterans should not have to wait 3 or more weeks before gaining treatment, people in nursing home facilities who may have entered due to suicidal attempts or suicidal ideation should not have to wait either.”

**EVERETT DEHAVEN, PH.D., LENEXA, KS**

“I am a board certified clinical neuropsychologist in the second largest hospital in Maine. Even though we are considered to be independent providers of hospital services, such as neuropsychological assessment, consultation, and psychotherapy, we are required to have a physician sponsor. My direct supervisor is a board certified rehabilitation physician. He tells me every year during my performance evaluation that he cannot ethically assess the quality of my work because of his lack of competence. Psychologists and neuropsychologists need to be assessed by other psychologists and neuropsychologists, much like rehabilitation physicians supervise other rehabilitation physicians. This model works in medicine because other physicians can hold their professional peers to clear standards of patient care. If a physician is providing poor patient care, they can be readily and appropriately disciplined. This is not done in medical centers where psychologists cannot hold their peers to standards of excellent practice. It is for this reason that I believe that the quality of psychological and neuropsychological services will suffer until psychologists are included in the Medicare definition of ‘physician.’”

**ANTHONY M. PODRAZA, PHD, ABPP, BANGOR, ME**



# Safeguard Psychologists' Services From Harmful Medicare Reimbursement Cuts

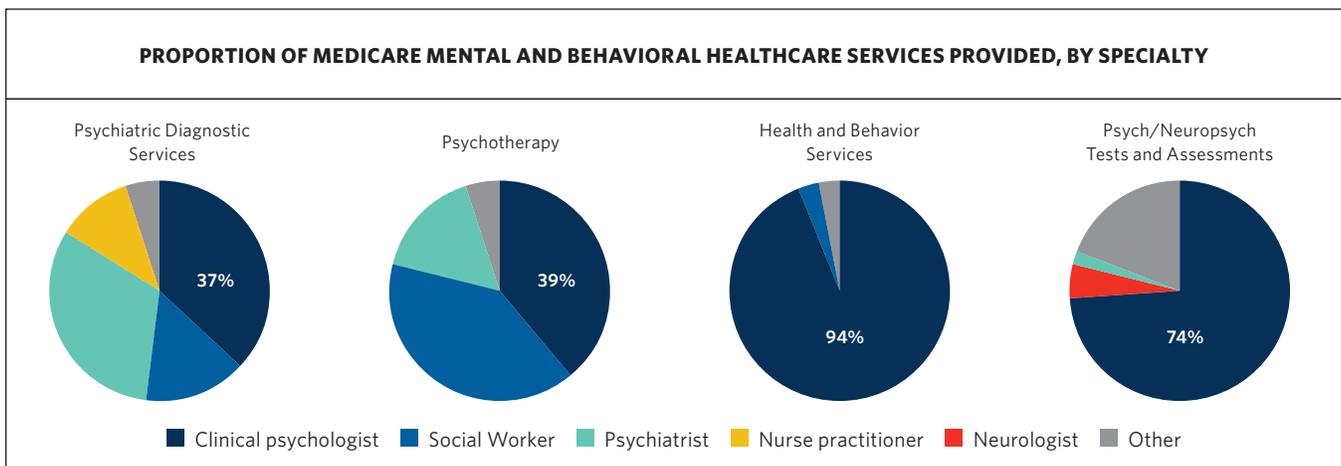
The Centers for Medicare and Medicaid Services (CMS) is projecting a 7% reduction in psychologists' payment rates in 2021. Medicare patient access to their services will be greatly reduced, impacting many communities already in dire need of treatment for mental health and substance use disorders.

CMS is proposing to sharply reduce reimbursement rates for services provided by several health care specialists, including psychologists and other mental and behavioral health service providers, in order to pay for increased payments for evaluation and management (E/M) services provided by physicians and other qualified providers beginning in 2021. **If adopted, the proposed cuts will lead many psychologists to leave Medicare at a time when patients desperately need better access to behavioral healthcare.**

**Reducing access to behavioral health services will harm patients, and lead to cost increases in other areas.** Inadequate access to psychological services can lead to unnecessary utilization of emergency rooms, more frequent hospitalizations, overuse of opioids and other psychotropic prescription drugs, and wasteful spending on ineffective dementia care.

**Medicare beneficiaries suffer from inadequate access to mental health specialists.** Fewer than half of U.S. adults with a mental illness receive mental health services, and treatment typically consists of a general medical professional prescribing a psychotropic drug, in many cases without a psychiatric diagnosis having been established. By 2030 demographic trends will increase Medicare's beneficiary population by roughly one-third, to an estimated 80 million beneficiaries, yet over this same time period, the number of practicing psychiatrists in the U.S. is expected to drop by 20%. In comparison, the number of clinical psychologists in the U.S. is projected to increase by 13% by 2030, but with lower reimbursement, fewer will serve Medicare patients.

**Psychologists are the major providers of Medicare behavioral and mental health services, and patients will lose access to vitally important care if rate cuts are adopted**



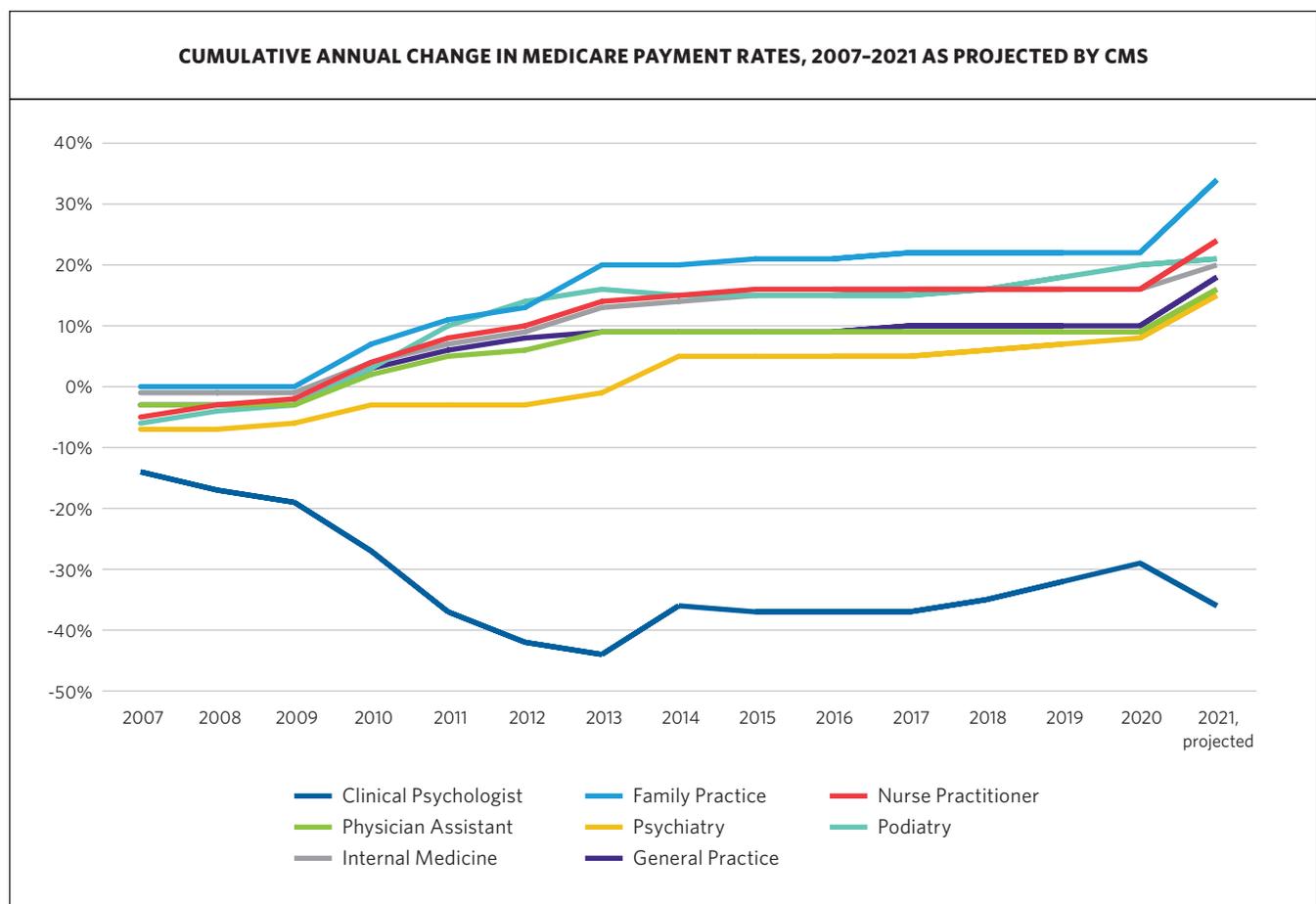
SOURCE: Medicare Physician and Other Supplier Public Use File, CY2017, Centers for Medicare and Medicaid Services

**A 7% reduction in Medicare’s already low reimbursement rates will push many psychologists to see fewer Medicare patients or stop participating entirely.** Currently, only an estimated 28% of clinical psychologists participate in Medicare. In a recent survey, nearly 60% of psychologists who left Medicare said that the reason they left was because reimbursement rates were too low.

Health care providers bill Medicare for services to coordinate patient care using specific E/M office visit codes. Only physicians and some non-physician providers are allowed to bill Medicare for these services, which comprise an estimated 40% of all Medicare spending under the physician fee schedule. CMS is implementing a new coding system for E/M services provided in office and outpatient settings, in order to reduce administrative burdens on physicians and improve payment accuracy, and to better reflect current medical practices.

CMS plans to pay for the increased E/M code payments by cutting rates for services provided by several non-physician providers, since Medicare provider payment adjustments must be budget neutral in the aggregate. For psychologists, CMS is projecting a 7% cut in Medicare reimbursement rates beginning January 1, 2021. This may be only the beginning, as CMS is planning further E/M payment increases in the future. It should be noted that the proposed reimbursement rate cuts will also apply to services provided by social workers, who also provide psychotherapy to Medicare patients.

**Psychologists’ Medicare reimbursement rates have never recovered from major cuts that occurred between 2007 and 2013.** An analysis conducted by Avalere Health concluded that aspects of the methodology used by CMS to calculate physician fee schedule payment rates consistently disadvantage psychologists. The proposed reductions in reimbursement rates will only drive more psychologists out of the program, to the detriment of patients.



SOURCE: Annual Physician Fee Schedule estimated impact on total allowed charges by specialty, Centers for Medicare and Medicaid Services

**We urge members of Congress to ask CMS to safeguard Medicare mental and behavioral health services that psychologists provide from harmful cuts in the process of updating E/M payment coding.**

## **Please Ask CMS to Safeguard Mental and Behavioral Health Services that Psychologists Provide from Harmful Cuts in 2021**

### **SAMPLE LETTER TO CMS ADMINISTRATOR**

Dear Administrator Verma:

I write to express concern regarding the steep Medicare reimbursement cuts for mental and behavioral services provided by psychologists that the Centers for Medicare and Medicaid Services (CMS) is projecting for 2021, in connection with changes in payment methodology for evaluation and management services. I understand that these cuts, and similar reimbursement rate reductions for other providers, would be made in order to pay for the increases in payments for evaluation and management services, given budget neutrality requirements for payments under the Medicare physician fee schedule (PFS).

Mental and behavioral health services are essential to the health and well-being of Medicare patients, including those struggling with opioid and other substance use disorders, Alzheimer's disease and other forms of dementia and cognitive impairment, chronic pain, and other conditions.

Unfortunately, CMS is projecting that reimbursement rates for psychological services for these patients would be cut 7% in 2021. The American Psychological Association (APA) advises that these proposed reductions will lead many psychologists to leave Medicare at a time when patients desperately need better access to behavioral healthcare. A survey conducted by APA found that the primary reason that psychologists gave for ending their participation in Medicare was the program's low reimbursement rates.

While I understand the importance of updating evaluation and management (E/M) payments, I urge CMS to take steps to reverse the projected reimbursement cuts for psychological services.

Thank you for your consideration on this important issue.

Sincerely,  
{signature}

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### **SAMPLE EMAIL TO CMS LIAISON**

I'm writing to share (Representative/Senator \_\_\_\_\_)'s concerns about the projected 7% cuts in Medicare reimbursement rates psychologists that CMS is projecting for 2021 in connection with changes in the Physician Fee Schedule's payment methodology for evaluation and management services. While I understand that these cuts and cuts for other providers are to pay for the expected increases in evaluation and management payments, given budget neutrality requirements, we're concerned about the impact the cuts would have on access to mental and behavioral health services. Psychologists are the primary providers of these services to Medicare patients.

Our understanding is that Medicare reimbursement rates for psychologists have dropped significantly compared to other providers' payment rates over the past several years, and that the primary reason many psychologists end their participation in Medicare is the program's low reimbursement rates. A further cut in the neighborhood of 7% would cause even more psychologists to stop seeing Medicare patients.

While [she/he] understands the importance of updating evaluation and management (E/M) payments, [Congresswoman/Congressman/Senator *last name*] would like CMS to take steps to reverse the projected reimbursement cuts for psychological services.

Sincerely,  
{signature}



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# Increase Fiscal Year (FY21) Appropriations for Critical Psychology Workforce Training Programs

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

The Graduate Psychology Education (GPE) Program and Minority Fellowship Program (MFP) are critical to addressing our nation's treatment gap in mental and behavioral health care, which is the disparity between the number of individuals in need of mental health care and those who actually receive treatment. Providing robust funding for both programs in FY21 will increase the nation's supply of health service psychologists (clinical, counseling, and school psychologists) trained to provide culturally-competent, integrated mental and behavioral health services.

Health service psychologists provide health care services, engage in evidence-based practice that is patient-centered, culturally competent, effective and informed by population-based data. They are skilled in collaboration with other health professionals, and demonstrate a commitment to lifelong learning and continuous quality improvement in their practice. They are not only critical consumers of psychological research, but are able to conduct scientific research, especially practice-based outcomes research and program evaluation.

## Graduate Psychology Education (GPE) Program

FY20 Funding: \$18 million	FY21 Request: \$23 million
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Administered by the Health Resources and Services Administration (HRSA), the GPE Program supports the education and training of doctoral level health service psychologists. An exemplary "two-for-one" federal activity, GPE provides grants to accredited psychology doctoral, internship and postdoctoral training programs to support the interprofessional training of psychology graduate students while also providing mental and behavioral health services to underserved populations in rural and urban communities, such as older adults, children, individuals with chronic illness, veterans, victims of abuse, and those affected by natural disasters.

In Academic Year 2018-2019, the GPE Program provided stipend support to 267 graduate students participating in practica or pre-degree internships in health service psychology. The majority of students who received a stipend were trained in underserved communities (97 percent) and/or a primary care setting (87 percent). In addition, GPE grantees partnered with 184 sites (e.g., hospitals, ambulatory practice sites, and academic institutions) to provide 1,003 clinical training experiences for psychology graduate students as well as 2,631 interprofessional team-based care trainees who participated in clinical training along with the psychology graduate students. Approximately 88 percent of these training sites were located in medically underserved communities and 85 percent were primary care and/or rural settings. Approximately 48 percent of the sites offered substance use treatment services and 38 percent offered telehealth services.

## Minority Fellowship Program (MFP)

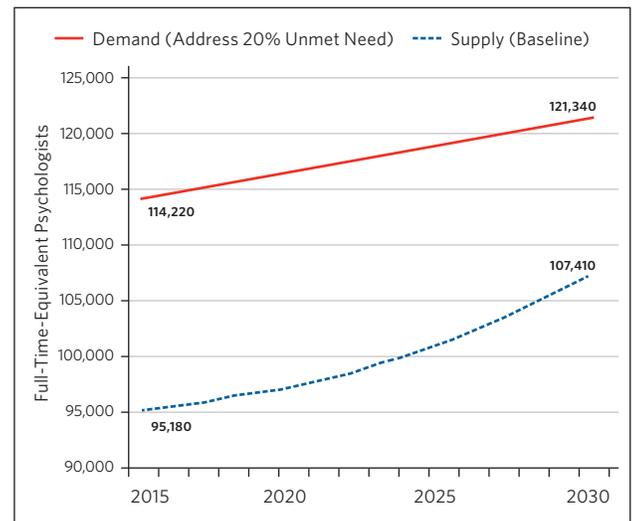
FY20 Funding: \$14.2 million

FY21 Request: \$15.7 million

Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), MFP provides funding for training, career development, and mentoring for mental and behavioral health professionals to work with ethnic minorities. The MFP facilitates the entry of racial and ethnic minorities, and individuals dedicated to minority behavioral health, into careers in the behavioral health field. Specifically, the program focuses on training students, postdoctoral fellows, and residents to be culturally and linguistically competent to adequately address the needs of minorities in underserved areas. The program supports trainees in psychology, nursing, social work, psychiatry, addiction counseling, professional counseling and marriage and family therapy. Since its inception, the APA MFP has helped to support the training of 2,094 psychology fellows at the master's, doctoral, postdoctoral, and early career levels.

## The Psychology Workforce Shortage

The U.S. is facing a serious shortage of mental and behavioral health providers, including psychologists.<sup>1</sup> According to results from SAMHSA's 2016 National Survey on Drug Use and Health, approximately 20 percent of the population with any mental illness had unmet mental health needs during the previous year, including 39 percent of the population with serious mental illness.<sup>2</sup> Research from the American Psychological Association indicates that from 2015 to 2030, the supply of psychologists is projected to be insufficient to address this unmet need. When unmet need is examined, the national demand of psychologists is projected to increase by 26,160 FTEs, or 27%, to 121,340 FTEs in 2030.<sup>3</sup> **This research projects a shortage of 13,930 psychologists by 2030.**<sup>4</sup> Separate research conducted by HRSA demonstrates similar findings.<sup>5</sup>



### Proposed Labor, HHS, Education Appropriations Subcommittee Report Language for FY 2021

U.S. Department of Health & Human Services  
Health Resources and Services Administration (HRSA)  
Interdisciplinary Community-Based Linkages

#### *Mental and Behavioral Health*

The Committee recommendation includes \$23 million for the interprofessional Graduate Psychology Education (GPE) Program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to help integrate health service psychology trainees at federally qualified health centers (FQHCs).

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