Dear Committee Leaders:

The undersigned medical professional organizations write to you with an urgent request that impacts the quality of care that our nation’s patients receive. H.R. 884 / S. 2772, the “Medicare Mental Health Access Act,” would change the definition of “physician” under the Medicare program to include clinical psychologists. This proposal jeopardizes the safety of patients in the Medicare program and would create silos in the delivery of appropriate mental and physical health care. Moreover, this legislation runs counter to efforts to coordinate and integrate the delivery of care to patients with mental illnesses and co-occurring health conditions. As such, the undersigned organizations strongly urge you to oppose H.R. 884 / S. 2772.

As indicated by the Centers for Medicare and Medicaid Services (CMS) in its Medicare Policy Benefit Manual, Medicare defines “physicians” as providers who medically diagnose patients, prescribe and manage medication, and supervise other medical staff. In addition, the Policy Benefit Manual (160.E) specifically states that clinical psychologists must consult with a patient’s attending or primary care physician during the course of providing psychological care. However, H.R. 884 / S. 2772 would change these policies and allow clinical psychologists to be regarded as physicians and treat patients without supervision throughout in-patient settings, including partial hospitalization settings.

Expanding the term “physician” to include clinical psychologists under the Medicare Program, thereby removing the team-based care approach and improperly expanding psychologists’ scope of practice, would have far reaching and negative impacts on patients seeking psychiatric care. Physicians complete four years of medical school plus three to seven years of residency, including 10,000-16,000 hours of clinical training. Our colleague psychologists are an essential part of a physician led patient care team, however, they lack the requisite medical education, medication management training, and clinical training that is critical in determining differential diagnosis and do not fit the definition of a physician.

Medicare patients in partial hospital programs or in-patient settings with acute and serious mental illness often have multiple complex medical problems typically requiring several different medications to treat.
underlying illnesses. Moreover, these patients often have chronic comorbidities ranging from severe depression to diabetes, hypertension, and cardiovascular disease. Psychologists are not trained to treat acute mental illness requiring medication management or co-occurring physical illnesses. Given the complexity of this patient population, it is essential that we retain collaborative guardrails that require psychologists to consult physicians who have the education and training to effectively manage the entire treatment plan, including both physical and mental health services. However, the passage of H.R. 884/ S. 2772 would put patient safety at risk by allowing psychologists to offer services which they are not trained to perform.

Furthermore, H.R. 884 / S. 2772 would not expand access to mental health and substance use disorder services under the Medicare program. In-patient care, including partial hospitalization, requires physician supervision for a reason. Treatment in these settings is for acute mental illness and the overall treatment of physical conditions that requires advanced medical training. Therefore, if psychologists were allowed to manage these patients, they would not receive the full array of medically necessary services they require from an in-patient setting and thus, access to the care that these patients truly need would be curtailed, not expanded. Likewise, this legislation is unnecessary as the Medicare program already recognizes and allows psychologists to provide and bill for the services they are trained to perform and thus, will not actually increase the net number of mental health care providers in the community or the number of services that can be competently performed for patients.

Enacting this legislation would decrease the overall access and quality of care received by Medicare patients by inappropriately allowing psychologists to provide services well beyond their education and training. We urge the Committees to oppose H.R. 884 / S. 2772.

Sincerely,

American Medical Association
American Psychiatric Association
AMDA - The Society for Post-Acute and Long-Term Medicine
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology- Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Child & Adolescent Psychiatry
American Association of Clinical Urologists, Inc.
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Emergency Physicians
American College of Medical Genetics and Genomics
American College of Osteopathic Internists
American College of Physicians
American Medical Women’s Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Plastic Surgeons
Association of Academic Physiatrists
College of American Pathologists
Congress of Neurological Surgeons
National Association of Medical Examiners
North American Neuro-Ophthalmology Society
Society of American Gastrointestinal Endoscopic Surgeons
Society of Interventional Radiologists
Spine Intervention Society

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society