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PRACTICE ORGANIZATION

December 19, 2016

Donald J. Trump
President-elect
1717 Pennsylvania Avenue, NW
Washington, DC. 20006

Dear President-elect Trump:

On behalf of the American Psychological Association (APA) and the American Psychological Association Practice Organization (APA Practice), we are writing to share our recommendations for federal health care reform policy for your consideration as you prepare to take office in January. Our organizations comprise more than 117,500 members, who are clinicians, researchers, educators, consultants, and students.

Psychologists have much to contribute to enhancing the physical and mental health of our nation. One in five Americans lives with a mental disorder, and less than half of them receives mental health treatment. Mental illness, particularly depression, is one of the primary causes of disease burden around the world. Modifiable behaviors, such as improper diet, lack of physical activity, and substance abuse, are the leading causes of chronic health problems and mortality, and behavior-linked illnesses account for nearly 75% of health care spending.

Federal health policies are critically important to help meet the treatment needs of Americans with mental and substance use disorders, in part because of the historic and still lingering stigma associated with these disorders. Prior to the enactment of the *Mental Health Parity and Addiction Equity Act* (MHPAEA) in 2008, health plans routinely discriminated against individuals with mental disorders by selling policies that explicitly provided less coverage for mental health care than for general medical care. Even today, private sector health plans deny coverage for mental health services twice as often as coverage for general medical care. As a result, individuals with mental disorders rely heavily on public health programs. Medicaid is a cornerstone of our mental health service system, accounting for an estimated 29 percent of total U.S. mental health spending; Medicare and other federal programs account for roughly 20 percent more.

For your consideration, our six core objectives for federal health care reform policy are as follows:

- 1) **Establish universal access to a standard package of essential health care services that includes mental health and substance use disorder services provided in compliance with the MHPAEA.** All Americans should be covered for necessary health services. Moreover, adequate and fair coverage of mental health and substance use services must be provided on an equal basis with coverage of other disorders and conditions, in compliance with current requirements and regulations under MHPAEA.
- 2) **Establish and enforce health insurance practice protections for consumers and providers.** Prior to the enactment of the *Affordable Care Act*, health insurance plans routinely used a wide array of practices to deny, delay, and discourage use of services. These practices contributed to widening our country's already vast disparities in health status and quality of health care. To prevent a return to those days, health plans should be required to operate under a standard set of basic rules, including:

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- Guaranteed availability and renewability of coverage, and prohibition of coverage rescission;
- Prohibition on use of pre-existing condition exclusions or excessive waiting periods;
- Prohibition on lifetime or annual dollar limits on coverage;
- Prohibition on discrimination against either plan participants or providers;
- Required offering of dependent coverage up to age 26;
- Coverage of Essential Health Benefits, including mental health and substance use services, behavioral health treatment, emergency care, hospital stays, and maternity and newborn care;
- Required use of an effective, transparent appeals process for coverage determinations, and of uniform plan documents to allow informed comparisons between health plans.

3) Integrate mental and behavioral health care into primary care and other health care services.

Integrated care holds the promise of improving patient outcomes, reducing overall treatment costs, and improving population-wide health. Federal policy should continue investing in the development and dissemination of innovative delivery systems that closely coordinate and/or co-locate mental and behavioral health services with primary care and other general medical services.

4) Ensure access to preventive services, including mental and behavioral health promotion, screening, referral, early intervention, and wellness services.

After first onset of a mental disorder, the median delay before first treatment is nearly a decade. According to the National Academy of Medicine, each dollar invested in early treatment and prevention programs focused on mental health and substance use disorders saves between \$2 and \$10 in lost productivity, health costs, criminal and juvenile justice costs, and education costs.

5) Expand the mental health workforce and train more providers in developing and applying evidence-based, culturally competent behavioral and psychosocial assessments and interventions to meet our nation's mental and behavioral health treatment needs.

There are more than 97 million Americans living in mental health professional shortage areas, particularly in rural communities. In addition, more than 30 percent of counties have no licensed psychologists, in part due to low reimbursement rates in both Medicare and Medicaid, and increasing graduate student loan debt. As a result, primary care physicians report having much more difficulty obtaining outpatient mental health services for their patients than general medical care. We need greater investments in scholarship and loan repayment programs to train psychologists and other mental health professionals to provide evidence-based, culturally and linguistically competent care in underserved communities.

6) Increase federal funding for basic and translational psychological and behavioral research and training.

Research within the behavioral and social sciences increases our understanding of how the behavior of individuals, families, and groups interacts with biological, social, environmental, and cultural factors to influence the development and course of physical and mental disorders, as well as the promotion and maintenance of physical and emotional well-being. Federal support of this research is critical.

We would greatly appreciate the opportunity to meet with members of your transition team and your administration to begin developing a working relationship on health care and other issues of national importance.

Thank you for your consideration, and best wishes for the holiday season and new year.

Sincerely,



Susan H. McDaniel, PhD, ABPP
President



Cynthia D. Belar, PhD, ABPP
Interim Chief Executive Officer