

AMERICAN PSYCHOLOGICAL ASSOCIATION HEALTH CARE REFORM ACTIVITIES UPDATE



Since [my last update](#), the locus of congressional action on health care reform has shifted from the Senate to the House of Representatives and then back again to the Senate. Below is an overview of recent developments, including APA's advocacy efforts and the involvement of our membership.

General Features of the House Bill

On October 29, the House leadership introduced the [Affordable Health Care for America Act](#) (H.R. 3962), the 1,990-page melded version of the health care reform bills passed earlier by the Energy and Commerce, Ways and Means, and Education and Labor committees. On November 7, the bill was debated on the House floor and passed late that night by a close vote of 220-215 with a compromise amendment related to federal funding for abortion. Among its major provisions, the House bill: requires individuals to buy health insurance and provides a federal subsidy for those below a specific income threshold; mandates employers (except small businesses) to cover their employees; creates an insurance exchange with a government insurance option (i.e., the "public option") for individuals who do not have employer coverage; expands Medicaid to persons with incomes below 150% of the federal poverty level; and prohibits discriminatory practices by the insurance industry related to preexisting conditions, premium disparities, and lifetime limits.

Provisions of Special Interest to Psychology

The House bill also includes many provisions of critical significance to psychology. These are highlighted in our [APA letter of support to House Speaker Nancy Pelosi](#). Most notably, these relate to the inclusion of: mental health and substance use benefits in the health insurance exchange; integrated care; interdisciplinary education and training (which supports the [Graduate Psychology Education Program](#)); prevention and wellness initiatives; strategies to eliminate health disparities; expansion of the American Indians Into Psychology programs; and federal infrastructure for comparative effectiveness research. The bill also includes a Medicare reimbursement provision of vital importance to psychologists, which will protect Medicare beneficiary access to mental health services. This provision extends for 2 years the 5% psychotherapy payment restoration, previously passed as part of the *2008 Medicare Improvements for Patients and Providers Act*.

House Leadership Outreach to APA

Due to budgetary considerations, the House leadership decided to introduce a separate bill, the [Medicare Physician Payment Reform Act of 2009](#) (H.R. 3961), to address another Medicare access provision of major importance to psychologists. This bill provides for the permanent repeal of the highly problematic Sustainable Growth Rate (SGR) formula and the replacement of the impending 21% SGR cut in physician reimbursement (which includes psychologists) with a 1% increase in 2010. On the night before the bill was introduced, APA was invited to send two representatives to a meeting the next day at the U.S. Capitol with Energy and Commerce Committee staff, along with the American Medical Association and about six physician specialty groups. We were unexpectedly greeted by key members of the House leadership—Speaker Pelosi, Majority Leader Steny Hoyer, and the chairs and subcommittee

chairs of the Energy and Commerce and Ways and Means committees. They were successful in allaying our concerns surrounding the separation of these SGR provisions from the larger health care reform bill and assured us of their staunch commitment to pass BOTH of these bills.

APA Education and Science Leaders Take to the Hill

As part of last month's 2009 Education Leadership Conference—"Preparing Tomorrow's Health Workforce"—nearly 100 APA members made visits to Capitol Hill to advocate for increased funding for the Graduate Psychology Education (GPE) Program, the only federal program dedicated solely to psychology education and training. The participants made about 150 visits to their Senators and Representatives, calling for the higher Senate funding level of \$4 million for the GPE Program in the final appropriations bill. Due to APA staff and member advocacy, language authorizing psychology workforce development initiatives is already included in key House and Senate health care reform bills.

And, as part of this week's 2009 Science Leadership Conference—"Enhancing the Nation's Health Through Psychological Science"—about 100 psychological science advocates met with their Senators and Representatives to call for increased research funding at the National Institutes of Health to promote further contributions of psychological science to health, encourage Congress to support the peer-review process (which has been under attack in recent years) to fund the best scientific research, and assert that any new infrastructure created for commissioning or conducting comparative effectiveness research must adequately reflect the prominent role that psychological and behavioral factors play in disease prevention and health promotion.

Looking to the Future

All eyes are now on the Senate, while awaiting action by Majority Leader Harry Reid to bring his health care reform bill (which merges the earlier Senate Finance Committee and Health, Education, Labor, and Pensions Committee bills) to the Senate floor, which is expected to occur this week. I will continue to keep you apprised of new policy developments and our related advocacy efforts. [I welcome your thoughts and ideas](#), which are all taken into consideration in our work, even if we are unable to respond individually to each one. I also encourage you to visit our [APA health care reform website](#) for more information about our priorities and initiatives.

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