

AMERICAN PSYCHOLOGICAL ASSOCIATION HEALTH CARE REFORM ACTIVITIES UPDATE



I would like to take this opportunity to update you on APA's efforts related to the implementation of key provisions of the *Patient Protection and Affordable Care Act of 2010* ([P.L. 111-148](#)) since its enactment about six months ago. As you will recall, this landmark legislation was designed to extend health coverage, reduce costs, and improve quality of care, while ending discriminatory insurance practices. For a [compilation of key legislative provisions](#) of interest to psychology and a [related article](#) focusing on the significance of this legislation for psychologist practitioners, I direct you to our [APA health care reform website](#).

What follows are highlights of recent initiatives undertaken by government relations staff with APA and the APA Practice Organization (APAPO) related to each of our [eight priorities for health care reform](#):

1. Integrated Health Care

- **Taking actions to promote the role of psychology in new integrated health care initiatives, including outreach to nursing and other primary care organizations**
- **Advocating for federal support for newly authorized grant programs that could include psychologists on:**
 - Community-based interdisciplinary, interprofessional health teams to support primary care practices
 - Health teams or as designated providers of health home services to provide health care to eligible individuals with chronic conditions (including mental disorders) through a new Medicaid state option

2. Mental and Behavioral Health Care

- **Supporting federal regulations to implement the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*, which took effect on July 1 and requires compliance of most plans by January 1, 2011**

We are pleased to report that the Interim Final Rule is favorable to both psychologists and mental health consumers. We are also taking initial steps to ensure that the parity provisions of the new health care law, which will extend parity protections to individuals and small businesses with 50 or fewer employees through to-be-created health insurance exchanges, are appropriately designed before they go into effect in 2014.

- **Continuing APAPO advocacy to extend the 5% Medicare psychotherapy payment restoration through 2011**

As you may recall, the health care reform law extended this provision, which will increase vital access to Medicare mental health services, through the end of this year. APAPO has also been successful in delaying the Sustainable Growth Rate (SGR) cut in Medicare payments from going into effect while pressing for a permanent fix to the flawed SGR payment formula.

3. Prevention and Wellness

- **Effectively blocking a Senate amendment that would have diverted \$15 billion from the [APA-supported Prevention and Public Health Fund](#) created by the new health reform law**
This fund is intended to promote such public health initiatives as obesity prevention, health screenings, tobacco cessation, and immunizations. APA joined forces with numerous other associations in sending [coalition letters to the Senate](#), cosponsoring an ad in a Capitol Hill newspaper, and mobilizing APA member grassroots support. We prevailed in a close 52-46 vote on the Senate floor.
- **Submitting nominations of APA members to serve on the U.S. Preventive Services Task Force, which grades preventive services based on the strength of the scientific evidence documenting their benefits**
The new health reform law provides for free coverage of those preventive services that receive a grade of "A" or "B" by the task force. These currently include: depression screening for adolescents and adults; screening and counseling for child and adult obesity; and counseling for alcohol misuse and tobacco use for adults, particularly pregnant women.
- **Sending a [formal comment letter](#) on proposed regulations related to coverage of preventive services by group health plans and health insurance issuers under the new health reform law**
The APAPO letter voiced APA's support for the full range of preventive services under the new law and highlighted the importance of mandating coverage for tobacco cessation preventive services with an adequate minimum benefit.
- **Nominating APA members to serve on the advisory group for the National Prevention, Health Promotion, and Public Health Council to be established by the President within the Department of Health and Human Services under the new health reform law**

4. Psychology Workforce Development

- **Advocating successfully for increased funding for the [Graduate Psychology Education \(GPE\) Program](#)**
APA's full request of \$7 million was included in the relevant House appropriations subcommittee bill. Favorable provisions were also included in the Senate appropriations bill. Last month, about 100 psychologists took to Capitol Hill as part of APA's Education Leadership Conference to impress upon their members of Congress the vital importance of securing an adequate level of funding for the GPE program.
- **Submitting nominations of APA members to serve on the National Health Care Workforce Commission created by the new law and on the National Advisory Council of the National Health Service Corps and the Advisory Committee on Interdisciplinary Community-Based Linkages, which are administered by the Health Resources and Services Administration (HRSA)**
- **Providing guidance to HRSA regarding the new geriatric education and training programs, for which psychologists are now eligible, and working with coalition partners to coordinate Capitol Hill visits for teams of interdisciplinary professionals to encourage federal funding for these vital programs**

5. Elimination of Health Disparities

- **Joining coalition partners in support of funding for initiatives to examine and address health disparities and ensure appropriate**

implementation of health disparities-related provisions of the health reform law

- **Urging full funding of the President's Fiscal Year 2012 budget request for mental and behavioral health programs of the Indian Health Service—including the Indians Into Psychology Program—which are reauthorized in the new health reform law**
- **Nominating APA members to serve on the Advisory Committee on Minority Health, which advises the Secretary of Health and Human Services on ways to improve the health of racial and ethnic minority populations**

6. Support for Psychological Research

- **Sending a [formal APA letter](#) requesting that the new Patient-Centered Outcomes Research Institute established by the health care reform law place high priority on the evaluation of behavioral treatments and preventive interventions for health and mental health conditions and include at least one psychologist on its Board of Governors**
- **Nominating psychologists to serve on this Board and on its Methodology Committee**

7. Protections in Health Information Technology

- **Actively supporting the *Health Information Technology Extension for Behavioral Health Services Act (H.R. 5040/S. 3709)* through [advocacy with other mental health organizations](#)**

This bill will enable psychologists and other behavioral health providers and facilities to qualify for incentive payments to adopt health information technology. (A separate federal law already provides such incentives to physicians and certain other health professionals.)

8. Involvement With Consumers, Families, and Caregivers

- **Supporting initiatives to assist in providing home- and community-based services and supports for individuals with functional limitations and providing training for family caregivers**

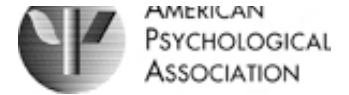
Next Steps

Health care reform is a work in progress. The first round of consumer protections went into effect on September 23—the new law's 6-month anniversary. These included free coverage for certain preventive services, an end to denials of coverage for children with preexisting conditions, and the right of young adults to remain on a parent's plan until age 26. Yet the implementation process for the health care reform law will extend well into 2014 at which time the new health insurance exchanges and many other key provisions will take effect.

We look forward to continuing to work with you, our APA members, throughout this process to get the word out about the vital role of psychology in health care reform. We also need to ensure sufficient funding levels for critical health programs and effective implementation of the new law through the federal regulatory process.

As always, [your thoughts on our health care reform initiatives](#) are welcome. While I am unable to respond individually to each message, your views will be carefully considered.

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