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Welcome Back to Connecticut Psychiatrist

By Steven Madonick, MD, Editor

As psychiatrists facing many challenges to our patients' recovery, we offer this latest edition of Connecticut Psychiatrist for Spring 2019.

In this issue we discuss:

- The most current federal legislation to address the opiate epidemic that has transformed the way many of us practice.
- The long, slow process of how parity laws are implemented and our hope for transformational results
- We present columns from our CPS President, from psychiatry residents actively involved in CPS and from staff actively involved in our Connecticut state legislative process.
- Updates on important national developments in mental health and addictions treatment.

Finally, we chronicle an important CPS legislative achievement from 2018 led by our most recent past President Melissa Welby. We were challenged by the department of public health to address the shortage of psychiatrists in Connecticut. Some officials had suggested increasing the scope of practice of other mental health professionals. Our answer, ultimately enacted into law, was to enable the practice of telepsychiatry throughout the state of Connecticut and to support full reimbursement for services provided through this medium. The Connecticut Department of Social Services is currently working to implement Medicaid reimbursement for telepsychiatry. This achievement is consistent with our principal that only qualified physicians should practice psychiatry.

There are many excellent reasons to be active in the Connecticut Psychiatric Society, including: the support of colleagues when dealing with difficult and stressful situations, opportunities for ongoing learning and professional development, and the opportunity to promote the values of our profession and of those we serve through advocacy. Perhaps the most important reason to be involved with CPS is that we are stronger when we work together than when we do not. This newsletter aims to elicit greater participation from psychiatrists in various practice settings, with different areas of expertise, with many disparate skills, and harboring many diverse opinions to meet the challenges we face in our work. This recalls the original motto of the United States, *E Pluribus Unum* or "out of many, one."

Welcome back to Connecticut Psychiatrist! I encourage you to become more active in CPS and its Hartford, New Haven, Fairfield and Middlesex Chapters. There has never been a more exciting or important time to be active in CPS.

"Perhaps the most important reason to be involved with CPS is that we are stronger when we work together than when we do not."

President's Message

By Shaukat Khan, MD

It is a very challenging time for our profession. In this column I plan to discuss some issues pertaining to our practice and our patients. This discussion is a general discussion of these complex subjects.

The Mental Health Parity Act (MHPA) was enacted in 1996 by the U.S. Congress and required parity in aggregate lifetime and annual dollar limits for mental health benefits provided to "large group health plans" that can't be "less favorable than any such limits imposed on medical/surgical benefits." The Mental Health Parity and Addiction Equity Act (MHPAEA), enacted in 2008, expanded on the MHPA and extended the parity rules to include substance use disorders. MHPAEA applies to employers whose health plans choose to offer mental health or substance use disorder benefits, but it does not mandate any plan to offer these services. In February 2010, the MHPAEA act was amended by the "Affordable Care Act" also to include individual insurance coverage for mental health and addiction services. The Obama administration issued regulations implementing the MHAPEA providing further clarification, assuring that "those diagnosed with debilitating and sometimes life-threatening disorders will not suffer needless or arbitrary limits on medical care." At the state level, Connecticut is still waiting for full implementation of MHAPEA. For the last several years the Connecticut

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The Latest Legislation to Address the Opiate Epidemic

By Sheila Cooperman, MD, President Elect

This Fall, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities, or SUPPORT (P.L. 115-271), was signed into law. This bill identifies several vulnerabilities in our educational, public health and health care system that are to be changed in order to better address the opiate crisis. It notes the gaps in insurance coverage for treatment and care for at-risk groups throughout the lifespan and recommends ways for states to provide increased surveillance of opiate prescribing practices. It also includes improved detection of illegal drugs coming into the country, destruction of medications that are unused and safety-enhanced packaging. The Congressional Budget Office (CBO) has indicated that the bill may increase the deficit by $1,001 million beginning in fiscal year 2019 over 5 years but reduce the deficit by $52 million over the course of 10 years beginning in the same fiscal year (1).

Here is an overview of some of its major provisions:

Medicaid

- Children's Health Insurance Program (CHIP) plans must cover both medical, substance use disorders and mental health services with parity.
- Health and Human Services (HHS) is to provide recommendations for improved treatment of pregnant women with substance use disorders and their infants with Neonatal Abstinence Syndrome.
- Centers for Medicaid and Medicare Services (CMS) are to guide states in provision of services for substance use disorders through telehealth for treatment of at risk populations and education of providers (2).
- CMS is to provide guidance in alternative pain control interventions.
- States will be required to conduct drug utilization projects on opiate prescriptions, set prescription limits and monitor concomitant prescriptions for benzodiazepines and antipsychotics.

Medicare

- Coverage is to be expanded to Substance Abuse and Mental Health Services Administration (SAMHSA) certified opioid treatment programs including Medication Assisted Treatment (MAT) and counseling as a bundled payment.
- As under Medicaid, there is to be expansion of telehealth services to those with substance use and co-occurring disorders in any geographic including their home.
- Annual Medicare wellness appointments are to include screening for substance use disorders, referring to treatment when necessary and

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Resident's Column

By Falisha Gilman, MD

Dr. Gilman said of her experience, "[it] showed me that residents' opinions are valued by our professional societies, as well as state officials."

In the fall of my PGY-2 year I attended my first Connecticut Psychiatric Society meeting. Unsure of what the experience would be like, I was nervous. What is the function of a District Branch of the APA? What sorts of issues do they discuss? Who would be there? Would I be the only resident? Two hours later, my anxiety was gone. I walked home inspired and excited about the issues that were discussed, the people I had met, and the opportunities to get involved. I texted my co-resident, "I found psychiatrists who are interested in policy like me!"

Being a member of CPS has opened my eyes to issues specific to psychiatry in Connecticut. I didn't grow up or go to medical school in Connecticut, and CPS helped me learn about the history of mental health policy and current issues our profession and our patients are facing in Connecticut. Early on in my membership I learned that The Connecticut Psychological Association had requested a review of scope of practice to allow psychologists to prescribe psychiatric medications. I had no idea this was even going on! I was passionate about the issue, so I spoke with the Executive Director, Jackie Coleman. I was invited to be a member of the Connecticut Department of Public Health Scope of Practice Review Committee, an opportunity to collaborate with physicians, APRNs, and lobbyists from across the state to express our concerns for the proposed expanded scope of practice. This empowering experience showed me that residents' opinions are valued by our professional societies, as well as state officials.

Perhaps the best benefit of being a resident member of The Connecticut Psychiatric Society is the networking and mentorship. At my first meeting, I didn't recognize most of the psychiatrists in attendance. A year later there's a core group that attends the monthly meetings. There's a sense of comradery during meetings because we all have a shared goal: to advocate for our patients. The meetings are a forum to hear different opinions and approaches to mental health policy in our state. I've heard perspectives of psychiatrists who practice in diverse settings, connected with faculty from my own department, worked with residents in other training programs, and was introduced to other professional or-

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Telepsychiatry and Access to Psychiatric Care

By Melissa Welby, MD, Immediate Past President

Last year, CPS sponsored a bill on telepsychiatry which successfully passed into law. These changes have the potential to increase access to care for a part of Connecticut's population that has struggled to receive treatment.

There are a multitude of reasons patients may need (or want) telepsychiatry to treat their psychiatric or substance abuse conditions. It may be due to lack of psychiatrists in their immediate area, or a solution for challenges that make it hard to come to appointments including work, transportation issues, or childcare difficulties.

Before this law passed, physicians could not prescribe schedule 2 or 3 controlled substances during a telemedicine encounter regardless if all the requirements of the federal Ryan Haight Act had been met. This limited the utility of telepsychiatry, given these medications are often essential for psychiatric and substance abuse treatment.

We know many of our communities in Connecticut are underserved by psychiatrists, and especially subspecialists. Wait times can be prohibitive. Previously unavailable services can now be accessed throughout the state and not just in areas with a higher concentration of psychiatrists.

Permitting psychiatrists to prescribe buprenorphine via telepsychiatry allows us to be more effective at addressing things like the opiate crisis in CT. There are areas of the state without psychiatrists licensed to prescribe medication-assisted treatment (MAT). Previously, patients needing MAT, often without reliable transportation of their own, would need to travel long distances to get to appointments. We have now removed these geographic barriers to care.

Over the years, offering telepsychiatry visits to my patients in private practice has been a welcome addition. Now it is even more useful with the prescribing restrictions removed, and I can offer it to any patients for which it is appropriate.

Many insurance companies are now covering telepsychiatry services or are expressing interest in covering them. A most important result of the current legislation is that the Department of Social Services is working to implement Medicaid payment for telepsychiatry at the same rates as for face to face services. This will improve access to psychiatric services for lower income patients throughout the state.

Rep. Jonathan Steinberg, House Chair of the Public Health Committee, center, addressed the CPS Council in January. At left, Dr. Khan; at right, Dr. Cooperman.

Dr. Khan addresses Insurance Committee on parity.

Connecticut Psychiatric Society

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News from American Psychiatric Association Newsroom

Dec 17, 2018

Study Finds Increasing Use, and Misuse, of Benzodiazepines

Washington, D.C. – More than one in eight U.S. adults (12.6 percent) used benzodiazepines in the past year, up from previous reports. Misuse of the prescription drugs accounted for more than 17 percent of overall use, according to a study published online today in Psychiatric Services in Advance. The researchers defined misuse as any way a doctor did not direct, including using the drug without a prescription or more often or longer than prescribed. Misuse was highest among young adults 18 to 25 (5.6 percent) and was as common as prescribed use.

Benzodiazepines are a class of medications used to treat conditions such as anxiety and insomnia. They include Alprazolam (Xanax, Niravam) diazepam (Valium), clonazepam (Klonopin), lorazepam (Ativan) and others. Researchers analyzed data from the 2015 and 2016 National Survey on Drug Use and Health.

Although there were differences in the studies, research from 2013 and 2014 found about 4 to 6 percent of adults used benzodiazepines. Previous national estimates of use have not accounted for misuse. In addition to finding that overall use has increased, today's study is the first analysis to find the highest benzodiazepine use among adults 50 to 64 years (13 percent); previous studies found the highest use was among those 65 and older. Whereas women were more likely than men to report any use of benzodiazepines, men were more likely than women to report misuse. Benzodiazepine use has come under increasing scrutiny given the associated harms and safer alternatives, particularly during the opioid epidemic. The study found benzodiazepine misuse was strongly associated with misuse of or dependence on prescription opioids or stimulants.

When asked about the reasons for misuse, nearly half said to relax or relieve tension and just over a quarter said to help with sleep. Among people taking benzodiazepines without a prescription, the most common source was a friend or relative.

The authors, led by Donovan Maust, M.D., with the University of Michigan, Ann Arbor, suggest that patients also prescribed stimulants or opioids should be monitored for benzodiazepine misuse. They also note that some misuse may reflect limited access to health care generally and behavioral treatments specifically and suggest that some misuse could be reduced with improved access to behavioral interventions for sleep or anxiety.

The research was supported by a grant from the National Institute on Drug Abuse.

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Legislative Update

By Carrie Rand-Anastasiades, Lobbyist

"Governor Lamont has the heavy weight of a $1.7 billion dollar deficit to deal with …"

Connecticut's 89th Governor, Ned Lamont (D), new Constitutional Officers, and a new General Assembly were sworn in on January 9th. A new Governor always means change, especially in the administrative agencies, but this year we have two new Constitutional officers, Attorney General William Tong and Treasurer Shawn Woodin, as well as 39 new members of the General Assembly. It is always a time of new hope for the State as it embarks on a new direction under new leadership.

Governor Lamont and his transition team are in the process of nominating Commissioners for the various agencies. He has already named Commissioners for The Department of Transportation (Joe Giulietti), The Office of Early Childhood (Beth Bye), Department of Energy and Environmental Protection (Katie Dykes), Department of Corrections (Rollin Cook) and Department of Emergency Services and Public Protection (James Rovella). Commissioner of the Department of Health will be Renee D. Coleman-Mitchell and the Commissioner of Insurance will be Andrew Mais. Dr. Miriam Delphin-Ritmon is expected to continue as Commissioner of the Department of Mental health and Addiction Services. Several more members of the General Assembly will leave their seats and become part of the new administration, necessitating special elections in their districts.

Governor Lamont has the heavy weight of a $1.7 billion dollar deficit to deal with and is looking at measures such as tolls and the legalization of marijuana to help bridge the financial gap. His new budget director, Melissa McCaw looks to be up the challenge as she has successfully worked with the City of Hartford to help bring the city out of a state of fiscal peril.

With at least 39 new members of the General Assembly, 2019 will be a year of getting to know people and educating them. Lots of education will be necessary to get these legislators up to speed on CPS's issues. This would be a wonderful time for you to connect with new legislators as well as familiar faces as we begin the year. Education in an informal setting is invaluable. You can locate our senators and representatives easily on the Connecticut general Assembly website cga.ct.gov.

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Testimony for H.B. 7125: Parity for Mental Health and Substance Use

AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS, NON-QUANTITATIVE TREATMENT LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, AND SUBSTANCE ABUSE SERVICES.

Good Afternoon. My name is Shaukat Khan. I am a psychiatrist and president of the Connecticut Psychiatric Society, an organization representing over 800 psychiatrists in this state. Psychiatrists are medical doctors, specializing in the treatment of mental illness and substance use disorders. I work as a psychiatrist at the VA Connecticut Health Care System in West Haven and also at the Yale Behavioral Health Services at Hamden. Information I provide here includes my personal experiences as well as experiences shared by some of my colleagues.

We support House Bill 7125 and I would like to give you a few examples from our perspectives of why it is necessary.

As many speakers will tell you, a major difficulty with implementing parity laws is the benefits that are "non-quantifiable." Those are differences in care that can't be easily identified except through comparing statistics across large populations. Regular disclosure by the insurance plans is needed for having such statistics, which is largely lacking now.

From a psychiatric perspective, we see several problems that appear discriminatory. Probably the most prominent is the lack of referral to appropriate care after a patient has left a hospital. Patients are typically admitted to a hospital only for the most extreme conditions. They are very ill and at risk of harming themselves or others. Some of them are trying to overcome substance use disorders. But third party payers often will not authorize follow-up residential programs and instead mandate treatment on an outpatient basis. This is like saying to a patient with a physical medical condition, "yes, you had a serious medical event and your doctor is recommending a skilled nursing facility for aftercare, but we will only authorize physical therapy for few times a week on an outpatient basis." Moreover, sometimes there are limitations in terms of number of days' stay in the inpatient unit and number of visits thereafter, arbitrarily imposed by insurance companies, not decided by doctors.

Another example is mandating that patients "fail" on cheaper medications or treatments before more expensive medications or treatments are authorized. If someone had a serious medical condition, would we make them wait until they went through non-effective treatments? Sometimes these more expensive medications are prescribed by the psychiatrists, from the beginning, as these medications are effective to treat more than one condition that the patients present with, which might not be known to the plan reviewers.

Another disturbing example is the lack of appropriately trained practitioners in third party networks. In a recent study, nationwide, nearly 35% of the patients had difficulties in finding therapists in their network. The effect of not having enough treaters in network is both a huge expense to the patient for care they are already paying for in their premiums and delay in receiving the care they need, thus risking that an illness spirals out of control. Maybe the most common reason for lack of practitioners in the networks is inadequate reimbursement for their services by insurance companies.

We also experience what we see as discrimination in requirements for prior authorization. Psychiatrists are required to submit prior authorizations for medications or services that seem out of proportion to what medical patients are subjected to. The result of this is more overhead for psychiatrists and fewer hours of actual patient care. It is frustrating when I, in my clinic practice, sometimes have to get prior authorization for medications on which the patents have been for many years or for the same medication, only because I'm changing the dose. It is disturbing when I hear from my colleague, who finds his patients require time confirming pre-authorization for their substance use disorder treatment but not for their medical care form a primary care physician who practices in the same building. When the opioid crisis is plaguing our state, we should try to remove the barriers for substance use disorder treatment as much as we can, not try to keep those in place.

In recent years, interventional treatment methods such as repetitive Transcranial Magnetic Stimulation (rTMS) and Vagus Nerve Stimulation (VNS) are gaining popularity in psychiatry. These are more expensive treatment options and will require comparable cost sharing by insurance plans as with other comparable procedures practiced in Medicine/Surgery. But many patients will recover as a result of this treatment and go on to lead productive lives and be contributing members of our society.

Psychiatrists are trying to improve access to care by introducing innovative ways to do so, such as Collaborative Care and Telepsychiatry. Those will also need reimbursement by the plans, especially for collaborative care services, when the mental health providers will often be co-located with their primary care col-

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"Another example is mandating that patients "fail" on cheaper medications or treatments before more expensive medications or treatments are authorized."

President's Message

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Psychiatric Society (CPS) has been very active on this issue. Recently, we invited Tim Clement, APA's Regional Legislative Representative, to give a presentation about parity legislation at our council meeting and drafted a bill for presenting to the Committee on Insurance and Real Estate to further implement parity in Connecticut during the upcoming general assembly session.

"Gun violence is gripping the nation and instead of sensible gun control, the blame of gun violence is unfairly placed on mentally ill people."

Integration of Primary Care and Mental Health has many benefits. It improves overall access to health care and ensures better patient compliance. It improves continuity of care across the services and improves outcomes. It is cost effective and it reduces stigma associated with mental health and substance use treatment. There are various models of Integrated Care, but the Collaborative Care model has been the most effective in blending mental health in the primary care setting. APA has been offering various training program in collaborative care. CPS hosted a regional collaborative care training at Yale's TAC auditorium on March 16th, 2019.

Telemedicine is increasingly popular. More states are expanding their telehealth services, allowing patients to access treatment at more remote locations and greater distances. In Connecticut, Governor Dannel Malloy signed a law (SB 302) allowing qualified telehealth providers to prescribe Schedule II and III controlled substances, except opioids, "for the treatment of a person with a psychiatric disability or substance use disorder, including but not limited to medication assistant treatment." The providers willing to use telehealth service will have to use it "in a manner consistent with federal law." The federal Ryan Height Online Pharmacy Consumer Protection Act (Ryan Act) is the 2008 regulation that prohibits providers from prescribing a controlled substance without conducting at least one in-person examination of the patient unless one of the exceptions described in this act applies. Although expansion of telepsychiatry opens new doors in psychiatric practice, it requires some learning to use this opportunity appropriately, including avoiding the potential fraud and abuse associated with it. CPS is hoping to organize a training session on telepsychiatry soon.

The opiate crisis is having a devastating effect on the nation. We are losing more people to opiate overdose in a year than the number of people we lost in three wars combined: those in Vietnam, Iraq and Afghanistan. Dealing with this situation is very difficult in part because it has generated high-stakes debates in the community, which sometimes reflects negatively upon patients, stigmatizing them when they need to obtain treatment for substance use disorders.

Providing substance use treatment can stigmatize doctors and lead to misplaced blame for the crisis upon them. It is not fair to put the burden for combating the crisis on physicians in a disproportionate way. An example is the potential to fine doctors for not being able to check the Electronic Prescription Drug Monitoring Program (HB 5241). A bill was brought to the state legislature regarding fines for not using the PMP and it was blocked—thanks to our colleagues at the Connecticut State Medical Society (CSMS).

There are other important issues we are facing. Psychotherapists are moving forward their agenda for the right to prescribe. At the state level the proposal was blocked, but it may come back soon. We need to safeguard our legislative victory on Telepsychiatry. Pejorative language used to describe mental illness is still spreading stigma in our society. We must do more to educate all in society about mental illness. A bill to legalize of recreational use of Marijuana in Connecticut will soon be debated. Psychiatrists will have to develop a consensus position on this issue. Budget cuts at the state level threaten to deprive our patients of medically necessary services.

Since the beginning of this year we have been actively engaged in the various areas mentioned above. We are also working on increasing the membership of CPS—considering different options, including increasing visibility of CPS, improving communications with its members (this newsletter is one such effort). We also look forward to supporting APAPAC and working with various patient advocacy groups (NAMI, etc.), and being involved in community activities as much as possible. We've arranged for CME presentations at our council meeting. We've organized disaster preparedness training for psychiatrists.

Gun violence is gripping the nation and instead of sensible gun control, the blame of gun violence is unfairly placed on mentally ill people. Most of this type of violence is not perpetrated by psychiatric patients. In the aftermath of the Newtown School shooting disaster, in addition to responding to the incident in a timely and appropriate manner, CPS also advocated for sensible gun control laws in the state. We support APA's position in this respect.

At this critical time, we must become more active and united. We also need to strengthen collaboration with other organizations, e.g., CSMS. We have already taken definitive steps to increase such collaboration. I'm hopeful we'll be able to accomplish the things we want for the greater good of our patients and to protect our professional interests.

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Legislation Addressing Opiate Epidemic

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reviewing any opiate prescriptions.

- Prescriptions covered by Medicare Part D or Medicare Advantage for Schedule II-V need to be completed through a secure, electronic program unless waived by HHS by January 1, 2021.

FDA

- Qualifying practitioners may expand treating from 30 to 100 patients if they provide MAT in a qualifying practice or have added qualifications as in Board Certification in Addiction Psychiatry or Addiction Medicine by the American Board of Medical Specialties, American Society of Addiction Medicine, American Board of Addiction Medicine or the American Osteopathic Association and after one year submits a request to increase to 100.
- Qualifying practitioner definition will be expanded to include physician assistants, nurse anesthetist, midwife, clinical nurse specialist and nurse practitioner (2).
- The establishment of improved drug testing for synthetic opioids including Fentanyl. There is to be support for point of use testing and grants to public health laboratories (3).
- In order to prevent illegal entry of dangerous, counterfeit or illegal drugs through the mail, the FDA will increase their inspections and enhance their laboratory staffing and data libraries.

Public Health

- A loan repayment program is to be created for professionals who work for a period in a substance use disorder treatment job in a county or area that has a drug overdose death rate that is higher than the national average (2).
- HHS is authorized to provide a grant program to support best practices following an overdose that includes the use of recovery coaches, coordination of follow up care and provision of opiate reversal medication.

References

1. Congressional Research Service. The SUPPORT for Patients and Communities Act (P.L. 115-271): Food and Drug Administration and Controlled Substance Provisions. November 15, 2018. https://crsreports.congress.gov.

2. National Association of State Alcohol and Drug Abuse Directors. Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (P.L. 115-271): A Section-by-Section Summary. November 2018. http://nasadad.org.

3. Congress.gov. H.R. 6 – SUPPORT for Patients and Communities Act. 115th Congress (2017-2018). https://www.congress.gov/bill/115th-congress/house-bill/6.

Award Received by CPS President Shaukat Khan, MD

Dr. Shaukat Khan was selected as a recipient of the 2018-2019 Nancy C.A. Roeske, MD Certificate of Recognition for Excellence in Medical Student Education. This award was established in honor of Nancy C.A. Roeske, MD and serves as a tribute to her unique and creative contributions to psychiatric education.

This certificate was awarded to Dr. Khan for making outstanding and sustaining contributions to medical student education and to recognize his contributions to medical student education as a faculty member at the Yale School of Medicine.

Legislative Update

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Although not new to the General Assembly, Sen. Matt Lesser will be the new co-chair of the Insurance Committee. He has previously been a friend to CPS and is very interested in parity legislation. Lesser was a former member of the House who won the Senate seat vacated by Paul Doyle who did not seek re-election. Rep. Sean Scanlon will retain his post as chair of the Insurance Committee as well. He was also very helpful with parity legislation and the telehealth bill that passed last year. Parity will be our top priority in 2019. We have been working hard with a coalition of mental health physicians, advocates and counselors to streamline the bill that was passed by the Senate last year. The American Psychiatric Association has been leading the charge with a model bill that has met with agreement by the insurers and has passed in multiple states, and plan to run the bill here in CT. Sen. Lesser has already agreed to raise the measure for hearing, which is a wonderful first step.

Senator Gerratana has been named to a post in the Lamont administration so it's not clear who will be the Senate Chair of the Public Health Committee. Representative Steinberg will remain as House Chair of the Public Health Committee. Because it is a long session, each individual legislator can promulgate any bill, and Public Health issues are usually numerous.

Late word has been received that there will be a bill to allow psychologists to prescribe. By the time you read this you will have received other communications from CPS on this matter.

As we embark on this long session, we know the challenge will be great, but we look forward to helping to make positive change that will bolster mental health and the practice of psychiatry forward in 2019.

www.CTParityCoalition.org

"Late word has been received that there will be a bill to allow psychologists to prescribe."

News from APA Newsroom

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Dec 15, 2018

APA Calls for Vigorous Appeal of Federal Judge's Ruling Striking Down the Affordable Care Act

Washington, D.C. – In the wake of a federal district court judge's ruling striking down the Patient Protection and Affordable Care Act (PPACA), the American Psychiatric Association (APA) today calls for a vigorous appeal effort to protect access to health care for millions of Americans.

The Friday decision by U.S. District Court Judge Reed O'Connor in Texas rules the ACA unconstitutional without the requirement of an enforceable individual mandate after Congress repealed the tax penalty associated with it. Through private insurance reforms and Medicaid expansion, the law has provided coverage to roughly 2.8 million Americans with substance use disorders and 1.3 million Americans living with serious mental illness. News accounts say roughly 20 million Americans have coverage under the ACA.

"This ruling has an unconscionable result," said APA President Altha Stewart, M.D. "Should this ruling stand, millions of our patients will lose their health care. We cannot afford to go back to the days when Americans were denied coverage due to pre-existing conditions or when insurance companies would not cover mental health and substance use disorders."

"This harmful ruling must be appealed and overturned," said APA CEO and Medical Director Saul Levin, M.D., M.P.A. "The court's decision to invalidate the ACA, including pre-existing conditions protections and the Medicaid expansion will hurt our patients with mental illness and all illnesses. This decision must be appealed and reversed."

The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with more than 37,800 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit www.psychiatry.org

Testimony for of H.B. 7125

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leagues to deliver services to the same patients.

As a physician, I'm proud to work for the veterans. There are about 20 million U.S. veterans. It is estimated that about 25 % of them or 5 million suffer from mental illness. In 2016, about 1.6 million veterans received mental health care from the VA. There are many veterans who receive psychiatric care outside the VA facilities. They are also being affected by lack of parity like the other mentally ill patients.

We understand that you don't approve laws based on anecdotes. Our request is that this law be passed so data can be gathered that back up what we and our patients are experiencing.

Mental illnesses are major causes of death and suffering. The National Institute of Mental Health (NIMH) estimated that in 2016, 44.7 million, approximately 1 in 5, American adults have a mental illness, and almost 50% of us will suffer from a mental illness in our lifetimes. The CDC reported more than 41,000 deaths by suicide in 2013, which are more deaths than are caused by prostate cancer. An estimated total financial cost related to mental illness was $467 billion in 2012. Mental illness, thus, needs equal standing, if not more, as other health services.

For many years Connecticut led the way to parity. We hope that you will continue that practice so we can deliver on the promises to patients.

Thank you for your attention. I would also point out that we have submitted written testimony on H.B. 7261, AN ACT PROHIBITING REQUIREMENTS FOR PRESCRIBING CLINICALLY INAPPROPRIATE QUANTITIES OF OUTPATIENT PSYCHOTROPIC DRUGS. I will be here if you have any questions on our testimony in favor of that bill.

Resident's Column

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ganizations, like the CT State Medical Society and the Connecticut Council of Child & Adolescent Psychiatry. It was at a CPS meeting that I met my mentor, who continues to teach me about engaging in state level advocacy and guides me through challenging times in residency.

As a resident-member of CPS I've learned about topics that aren't covered in my residency's curriculum and I've taken advantage of exciting opportunities I didn't know existed for residents. Whether you want to get involved in state level advocacy, network, develop mentors, or contribute to the next edition of this newsletter, I encourage you to get started by attending the next CPS meeting. I hope to see you there!

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