



**WRITTEN COMMENTS OF THE
PENNSYLVANIA PSYCHIATRIC SOCIETY**

**BEFORE THE
HOUSE HUMAN SERVICES COMMITTEE
ON MENTAL HEALTH PRIORITIES**

**PRESENTED BY
DEBORAH ANN SHOEMAKER, EXECUTIVE DIRECTOR**

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Good morning, Chairman DiGirolamo and esteemed members of the House Human Services Committee. My name is Deborah Ann Shoemaker. I am the Executive Director for the Pennsylvania Psychiatric Society (Society). The Society, a district branch of the American Psychiatric Association (APA), represents over 1,700 physicians across the Commonwealth who practice the medical specialty of psychiatry. The mission of the Society is to assist those individuals in the community suffering from mental illness and substance abuse and to provide the adequate resources for them to thrive in their recovery. Our psychiatrists encounter patients on a daily basis in dire need of receiving treatment and services. Many patients diagnosed with mental disorders and/or substance abuse issues suffer from other physical co-morbidities including chronic physical conditions such as diabetes, liver disease, obesity, and heart disease. Since psychiatrists are physicians specializing in behavioral health issues, they are uniquely qualified to address the patient's needs in a holistic way.

We appreciate the opportunity to work with this committee and our fellow stakeholders to focus efforts to address problems related to how mental health and substance abuse services are delivered and offer potential solutions to enhance service delivery. We are cognizant of the fact that state, county and local funds have been reduced significantly over the past few budgetary cycles, and are keenly aware that any viable suggestions must be budget neutral or able to justify the expenditure of additional budget dollars to institute change. In speaking with our members and other interested stakeholders in various forums across the Commonwealth, the underlying theme in treating patients with mental illness and substance abuse issues is access to care. We would like to focus our comments on addressing barriers to care and how we can work with those of you in the state legislature to affect change.

- **Substance Abuse issues:** Many individuals suffering from substance abuse also are diagnosed with mental health disorders such as depression, bipolar disorder, or schizophrenia. Often, their struggle with alcohol and other controlled substances has contributed to their loss of employment, caused involvement with the correctional system and created distance from their family and friends on some emotional, physical or social level. Addiction psychiatrists routinely work with law enforcement or the court system to ensure that the person receives some sort of court-ordered treatment. One of the biggest concerns our members have is the disconnect between what information is allowed to be released to third parties, including insurance companies, in order for the patient to access needed treatment and services. Patients have also been somewhat limited in reviewing their own records or providing consent that would enable them to receive the most appropriate level of care to optimize their recovery. During the Rendell Administration, the Department of Health proposed regulatory changes to 4 Pa. Code §255.5 (Confidentiality of Patient Records). At that time, the Society was on record supporting those changes. We continue to believe that these proposed regulations strike a balance between providing the best possible care to patients suffering from substance abuse and protecting the rights and freedoms afforded them to make their own decisions on their medical care. We recommend your committee encourage those proposed regulations be reintroduced by the newly created Department of Drug and Alcohol Programs. Their implementation would assist with access to care.
- **Loan Forgiveness:** Nationally, there is a shortage of psychiatrists, especially child and adolescent psychiatrists and addiction psychiatrists. Mental illness does not discriminate by age or type of specialty. Regardless if the community is rural or urban, there is a need for mental health providers across the state. We support any legislation that provides loan forgiveness to ensure that our medical students and residents stay in Pennsylvania and to

attract those psychiatrists and mental health workers currently receiving their education in other states.

- **Telepsychiatry:** The Department of Public Welfare (DPW) has created pilot programs over the past few years that support the use of telemedicine, specifically telepsychiatry, to assist with access in areas of need across the state. These initiatives continue to be revolutionary in how access to mental health care can be strengthened in geographical locations where it is difficult to receive routine treatment and services. We would support legislation on these important advances in traditional healthcare as long as the psychiatrist holds a crucial role in the care of the patient across their treatment cycle.
- **Housing and employment:** Those with mental illness have difficulty maintaining meaningful employment, or hold lower paying jobs. Untreated mental health disorders are often a barrier to sustained employment. Faced with limited incomes, patients often live on the streets, cycle in and out of shelters, or in and out of the homes of friends and family. We recommend the state legislature work with DPW's Office of Mental Health and Substance Abuse Services (OMHSAS) to craft legislation that funds housing and employment initiatives to assist individuals in receiving adequate housing and employment, and to raise the income eligibility limits for Medical Assistance. This would incentivize, and not penalize, those who seek employment to aid in their recovery but due to lower income eligibility are unable to break the cycle of Medical Assistance dependence. We would also like to go a step further and strongly encourage this committee to introduce language to reinstate the cash assistance program for those within Medicaid's general assistance program suffering from physical, behavioral health, substance abuse and intellectual disabilities as these funds assist greatly in advancing their recovery.
- **Pharmaceutical assistance:** Another potential barrier to a patient's recovery is the inability to afford the cost of medications. A patient who is willing to take their medication may not be able to even afford the co-payment. Concurrently, providers may have to wrestle with a variety of formularies and time-consuming calls for prior authorization before the insurer will approve the medication. It is important to understand that psychotropic medications can vary within drug classes regarding tolerability for each person and response time. It generally takes three to six weeks to see a result in a patient vs. many medications taken for physical conditions. For those reasons, we have always advocated for an open formulary for psychotropic medications. The Society has been supportive of initiatives such as House Bill 1317, which would allow electronic prior authorization for those prescribing psychotropic medications, and legislation or policy that would significantly reduce the wait times for patients in receiving their medications. We welcome legislation that would release a patient on Medical Assistance from paying a co-payment for their medication if they cannot afford it. We believe that this committee and the entire legislature must hold DPW accountable for any policies that significantly hinder access to medications. We can provide additional input as appropriate.
- **Emergency Department Treatment of Mentally Ill patients:** There has been an epidemic over the last few years wherein patients are utilizing their emergency department (ED) for their primary health needs. Results from a survey completed by the American College of Emergency Physicians (ACEP), highlights a problematic national trend: "a shortage of psychiatric beds that forces people who need them, including children, to be 'boarded' in

EDs across the county.” Our members have informed us that this trend is also apparent in the EDs across this state. We encourage the introduction and support of legislation that addresses the need for funding and surge protocol, which is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community mental health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. Also recommended is proposed legislation to research the feasibility of utilizing urgent care centers, crisis response centers and psychiatric emergency rooms as an alternative to emergency departments for consumer mental health and substance abuse needs, and if feasible, funding their efforts. This would expand the levels of care available to consumers during periods of crisis and respond to their needs in settings less costly and crowded than emergency departments.

- **Forensic needs:** With the closure of various state hospitals and mental health facilities across the Commonwealth over the past ten years, coupled with the barriers to treatment stated above, there has been an increase in those individuals with mental illness being charged with crimes. In general, there is a low incidence of violence between patients suffering from mental illness; however, factors such as access barriers to treatment and medications, and abuse of substances, contribute to violence. Forensic psychiatrists across the state are experiencing problems with providing treatment to their patients incarcerated in local and county jails. There is very uneven access to medications and services that can enhance their recovery, even while serving their time for crimes that occurred while their mental illness was not under control. Many of these patients suffer from substance abuse issues and need support in that area as well. OMHSAS and the PA Commission on Crime and Delinquency (PCCD) jointly created the Mental Health Justice Advisory Committee (MHJAC) in late 2009 to bring together a variety of representatives from law enforcement, the courts, county government, mental health and substance abuse providers, consumers and family members to address the ever-growing need for additional treatment and services. The Society is extremely interested in working with OMHSAS and other interested stakeholders to find ways in which we can assist these individuals prior to them becoming incarcerated or being transferred into the forensic units of state hospitals. We urge you to work closely with OMHSAS and the MHJAC to examine how mental health courts and law enforcement personnel training in crisis intervention and mental health issues would bring about positive outcomes.
- **State hospitals:** When any mental health facility closes, our Society looks closely to the needs of the community surrounding that closure to ensure that there are appropriate supports in place to take care of those patients who are discharged, their families, and those already receiving treatment and services. Of paramount importance is that there is a supportive community infrastructure in place prior to a closure to ensure that every patient leaving a state hospital is able to live a fulfilling life in the least restrictive setting. If a hospitalization is needed, the patient should have as beneficial an experience as possible in this most appropriate setting. We implore the state legislature to introduce and support legislation that provides adequate funding for the needs of those patients leaving a state hospital, their families, and those receiving treatment in an inpatient or outpatient setting (including standardizing the length of CHIP funding, which varies across the state).

We applaud Representative DiGirolamo for working diligently to address concerns with providing access to adequate treatment for those suffering from mental illness and substance abuse issues. I extend our willingness to work on these important issues with you. Our members relish the opportunity to provide their own clinical perspectives at future meetings to be held by your committee. We also look forward to working with members of this committee, House and Senate leadership, and specifically the Departments of Aging, Drug and Alcohol Programs, Health, and Public Welfare, to develop policies and procedures that state and local municipalities can use to better serve those patients and their families needing treatment and services for substance abuse and mental health disorders, while preserving the patient's right to freedom and individualized recovery.

I am now available to answer your questions or address concerns at this time.

