



Podcast Transcript
"The Co-Pandemic: Breaking Down Barrier to
Mental Health Access in the Age of COVID-19"

Recorded: December 14, 2020

Moderator: Connecticut State Representative and Women In Government Executive Board Member Christie Carpino

Panelists: Reyna Taylor, Vice President of Public Policy & Advocacy, The National Council for Behavioral Health
Dr. Manpreet K. Singh, MD, MS, Director, Pediatric Mood Disorders Program;
Director, Pediatric Emotion and Resilience Lab
Brenda Gleason, President and Founder, M2 Healthcare Consulting

Voiceover: Welcome to the Women In Government Podcast. Whether discussing important issues or policies of the day, this is the place where lawmakers and decision-makers unite to get the conversation started.

Representative Christie Carpino: The COVID-19 pandemic is making an existing mental health crisis worse. Experts are warning mental health issues and substance use disorders will be exacerbated for people who already have these conditions and may lead to new mental health and substance use issues in the general population.

Hello, I'm Connecticut State Representative and Women In Government Executive Board Member Christie Carpino. Thank you for listening to our latest podcast. On this episode, we're talking about "The Co-Pandemic: Breaking Down Barriers to Mental Health Access in the Age of COVID-19."

Joining the conversation is Reyna Taylor, Vice President of Public Policy & Advocacy at The National Council for Behavioral Health. She has a wide range of knowledge on public policy issues, including Medicare, Medicaid and commercial management of managed care organizations, hospitals, pharmacies and mental health centers. Thanks for being on the podcast.

Reyna Taylor: Thank you so much for having me today.

Representative Christie Carpino: We also have Dr. Manpreet Singh, Director for the Stanford Pediatric Mood Disorders Program. Dr. Singh leads a multidisciplinary team that evaluates and treats youth with a spectrum of mood disorders. It's great to have you be a part of the conversation as well.

Dr. Manpreet Singh: I'm so delighted to be here with you today. Thank you.

Dr. Denise Heaney: Finally, Brenda Gleason is joining the panel. She is the President and Founder of M2 Healthcare Consulting, a strategic policy and communications consulting firm with offices in Denver and Washington, DC. M2 works on healthcare issues in all 50 states and has clients representing a range of for-profit and not-for-profit healthcare organizations, associations, state governments and investment firms. Welcome.



Podcast Transcript
"The Co-Pandemic: Breaking Down Barrier to
Mental Health Access in the Age of COVID-19"

Recorded: December 14, 2020

Brenda Gleason: Thank you for having me.

Representative Christie Carpino: Before we get started, I'd like to thank everyone for listening to the podcast today and to not forget to subscribe to, like, or share this podcast. You can also find out more by visiting <https://www.womeningovernment.org/>.

Before the pandemic, nearly 50 million Americans were living with a mental illness. A CDC report from August 2020 on mental health during this health crisis found 40% of adults were "struggling with mental health or substance use." These days, the numbers are up. More and more adults are reporting symptoms of serious psychological distress, compared to just 4% in 2018. These symptoms were highest among young adults and underserved communities.

On this episode, we're going to highlight how methods to restrict access to lifesaving medications can hurt patients *and* state budgets. You'll hear some terms associated with Utilization Management. Before we get started, we should define them and get on the same page.

Reyna, can help us with some of these terms?

Reyna Taylor: Sure, there are going to be some terms you're going to hear around Utilization Management – probably terms you've heard before - Prior Authorization, Step Therapy, or Fail First.

These are all sorts of types of Utilization Management used to limit access to medications by creating barriers between a patient and the prescription the physician has prescribed to them.

Prior Authorization, meaning that the physician has to write in and ask to have authorization to prescribe that medication.

Step Therapy, meaning that the patient has to have tried something first to then step up into another level of care for that medication.

Fail First, meaning that the patient has had to have failed a medication prior to getting the one that the patient and the physician deem appropriate.

These are all terms that you'll hear that are also time consuming when it comes to the treatment algorithm between a provider and a patient, and we're going to talk about all of them today.

Representative Christie Carpino: Thank you Reyna. It's important to note that even before COVID-19, behavioral health conditions directly accounted for 17% of years lost to poor health and premature death in the U.S. The annual cost to the U.S. economy is 900 billion dollars annually.

Reyna, can you tell us what we are spending the money on?



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

Reyna Taylor: When we look across the lines of different divisions of healthcare in terms of both the commercial market, the Medicare market, and the Medicaid market when we're talking about insurance coverage, we can see that the individuals who were diagnosed with a behavioral healthcare need accounted for a significantly large amount of spend across each of those entities, or lines of business as they are called.

When you're looking at the Medicare or bucket of people that are covered by Medicare, that 38% of individuals with a behavioral healthcare diagnosis accounted for 74% of the total spend, and this is not due to medication costs and co-pay costs. This is purely due to the spend of the person who is afflicted with a behavioral healthcare need in the system and whether or not they have a chronic condition that also accompanies that behavioral healthcare need.

So, across those three areas, meaning commercial, Medicare, and Medicaid, we are seeing a drastic spend in behavioral healthcare needs, and perhaps we need to reduce the access to care to decrease the spend.

Representative Christie Carpino: So, it sounds like we were even facing a crisis about four years ago. What are we looking at now?

Reyna Taylor: You're right. That data that I just shared in terms of the spend – the \$900 billion annually number that you shared before – was back in 2017. We're looking at data now from the McKinsey Group, and the COVID-19 pandemic could lead to an average 50% increase in the prevalence of behavioral healthcare conditions, meaning that when we look at 2021, 1 in 3 individuals will have a behavioral healthcare need. What that means is about an additional 35 million people may experience behavioral healthcare conditions, including 1.6 million of those directly affected by COVID-19 illness or loss.

When you look at what that means across vital treatment groups and the newly unemployed, frontline healthcare workers are going to experience about a 27% increase in behavioral healthcare needs because of COVID-19. When you look at newly unemployed, 21%. What we're seeing is that culmination of need across the nation for both mental health and substance use care.

Representative Christie Carpino: The behavioral healthcare system continues to face interlinked challenges. There's a tightening of the rope - the capacity decrease in terms of workforce capacity coupled with the increase in need. What do we have to do to make a greater impact?

Reyna Taylor: Well, you're right. What we're seeing is essentially what you just said, a tightening of a rope on both sides, meaning a decrease in capacity of the workforce available to treat those with a need and then an increased need in the communities.

And what we can do is focus on prevention, early intervention in these areas, and looking at the education that we can provide for both treatment choices, treatment pathways and services, and then



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

reduce the barriers to those as we are looking forward to treat what we are seeing as a potential mental health crisis coming our way.

We are again needing to fix the shortage of behavioral healthcare professionals that existed before the pandemic and increase that capacity to treat those in need as we are coming out of the pandemic. Also, within that increase, allowing for the decrease of barriers for those hurdles that a provider has to go through to get the treatment needed for a person in crisis.

Representative Christie Carpino: “Decreasing barriers to getting care” is so important. Research shows restricting access to medications for patients with mental health disorders can result in adverse events, such as emergency visits, hospitalizations, and sometimes even homelessness and incarceration.

A review of more than a dozen studies assessing the impact of formulary restrictions concluded drug cost containment policies consisted in cost shifting rather than cost savings. We often look at state budgets in siloes, but perhaps lawmakers need to look at the entire picture.

Recently, many states made changes to medication access policies in response to COVID-19. Why would states roll these policies back post pandemic?

Reyna Taylor: To be perfectly frank, I don’t know. We have increased the access through telehealth through the ability to reach those in need and in crisis during the pandemic, relaxing the ability to prescribe when and where we need it, allowing treatment to happen when and where we need it.

I don’t why it took us a pandemic to get to that point. What I see is an opportunity to change our system, an opportunity to look forward to what we want to become as a nation, which is accessible care for people when and where they need it. And so, these policies that we’re talking about - whether or not telehealth flexibilities, whether or not it’s access to the medication and not using Utilization Management that we talked about earlier - but being able to access the care when and where they need it is vital, and protecting the relationship between the provider and the person who is seeking services is also vital. If we are going to move forward as a nation, we have to use this pandemic as an opportunity to change our system. I think that that can be done if we all work together to achieve it.

Representative Christie Carpino: It’s often said that mental health treatments are not one size fits all. Treatment plans should be designed between a patient and their doctor.

Dr. Singh, I’d like to have you join the conversation. In all your years of experience, I know you’ve seen a lot. What are some examples of cases where the burden of prior authorization impacts individuals needing care?

Dr. Manpreet Singh: Thanks, Representative Carpino. Because of the global workforce shortages, most patients I see are those who have tried and failed multiple treatments or who have inherent complexities in their behaviors that make them difficult to treat. I’m happy to share some hypothetical



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

case examples based on daily, real-world stories that I encounter in practice.

Take Johnny, for example – not a straightforward case, an active teenage boy who dreams about becoming a pro tennis player. He experienced his first manic episode last year. I initially recommended a medication he tries, but it doesn't work, so I go down the list of the many insurance provider-approved treatments, and none of them do the trick. He has since last year gone through 5 medication trials with responses that are complicated and nuanced to efficiently explain to a pharmacy or an insurance provider during a busy day in the clinic. Some research comes out for a medication newly approved, and when he goes to the pharmacy eager to start his medication and during an already stressful time in his life, he's told that his provider needs to first authorize it. He's anxious, his parents are on edge, and I'm helpless to facilitate a path towards stabilization.

Maria is another example. She's a college student who waited until college for mental healthcare, suffering for years because her caregivers, parents, teachers, and other members of her community ignored, minimized, or even mocked her symptoms. When she finally sees me, she has overcome significant shame and stigma. I want her path to treatment to be as streamlined as possible, but she's on her parents' insurance. How can I assure her when she is stressed and coming out of her shell that she can navigate this mental health system so that I can build her trust and she can be on a path towards efficient recovery?

These are just some examples of many, many more that I encounter daily in practice.

Representative Christie Carpino: Ensuring and improving access to mental health treatments is more important now than ever. As we've already stated, adults are reporting symptoms of serious psychological distress in record numbers. It's the quick access to the appropriate interventions including medicine, counseling, therapy and peer supports, as well as early diagnosis whenever possible that makes a big difference, especially as the COVID-19 pandemic continues.

The doctor/patient relationship is so important. How do these types of Utilization Management tools impact communication and outcomes?

Dr. Manpreet Singh: Frankly, these restrictive policies undermine the doctor/patient relationship. Mental health treatments are, as you said, not one size fits all, and treatment plans should be designed based on a conversation about risks and benefits between a patient and her doctor. Treating psychiatric disorders is complicated enough without invoking added complexities through administrative hurdles.

We understand too that the COVID-19 pandemic really only has further exposed these issues, and though we are thankful for telehealth to reduce barriers, there really are some significant complications for others, and time will tell what the consequences will be from a lack of physical human contact with a mental health provider, particularly for those who experience serious mental illness.



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

My husband is a critical care doctor. He sees kids at death’s door, and he comes home frequently from the hospital demoralized not by COVID-19 but by youth engaged in serious self-inflicting injuries and behaviors. Although some data suggests that we have not seen a meaningful increase in suicide rates, as practitioners what we’re observing is that our ICUs are filling up with youth who have had fatal or near-fatal suicide attempts.

Is this another indicator of a broken system with multiple barriers for points of care and that might not adequately get at the heart of the problem because of complexity and stigma? If we don’t know what the scope of the problem is, how can we adequately help? So, these issues then continue to compound that relationship that really should be at the heart and center of what we do every day.

Representative Christie Carpino: Doctor, what would happen if these barriers were reduced or even eliminated?

Dr. Manpreet Singh: I just want to point out one other unfortunate complication of this stressful climate. Physicians had to acclimate to these challenges for years now in order to best serve their patients. If these barriers were reduced, treatments would be so much less difficult for all involved, and that second consequence that I wanted to mention is that a large number of U.S. medical practices have closed this year. One among potential causes may be burnout among doctors and nurses and other healthcare professionals.

Our U.S. healthcare system must empower healthcare providers and trust in their expertise rather than exhausting them. So, if we were able to eliminate excessive documentation, mandated Prior Authorization, and time-limited assessment requirements from payers, we might be able to make more of an impact on patients, and we may be able to prevent physician and healthcare professional burnout, which takes a toll on the doctor/patient relationship as well.

Representative Christie Carpino: This podcast has a strong listening base made up of policymakers and many in the healthcare community. They want to help people live their best lives and are in a position to do it.

Brenda, I’d like to join our discussion. As someone who works on healthcare issues in all 50 states, what more do you think legislators can do to improve access to care?

Brenda Gleason: That’s a great question. It’s important to note what legislators have already done or agencies have already done during the COVID-19 pandemic. Most states changed some kind of policy that had to do with medication access. So, for example, more than 30 states put in place some kind of temporary exception so that drug Prior Authorization requirements have either been extended or waived. More than 40 states allowing are early refills. More than 40 states are allowing people to access more than their maximum quantity of medications, so let’s say that you have a medicine where you’ve got 90 days and now you could get maybe 120 days or 180 days.



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

We first want to recognize that policymakers in the states have really been working hard to meet the needs of their constituents already. However, a lot of those are temporary, as I mentioned, so it would be important to lock some of these in to make them permanent or at least semi-permanent – extend them for a year or something. It’s hard to imagine right now that the COVID-19 pandemic will subside. It will, but we still will be left with this mental health crisis, as Reyna and Dr. Singh have mentioned.

Representative Christie Carpino: I know Dr. Singh and Reyna have comments as well. Doctor, let’s start with you.

Dr. Manpreet Singh: There are so many important opportunities to meet the challenges clinicians and patients face, and then certainly I want to underscore the important of finding ways to create efficiencies in practice. Health plans putting restrictions on psychiatrists like asking for permission before using a certain drug are time consuming, unnecessary, and can lead to poor outcomes for people.

Let’s support that doctor/patient relationship and decision making by reducing such barriers. Let’s also support innovations and smarter ways to triage care that improve accessibility to diverse levels on care depending on the need and using a systems-based approach.

And finally, I think it’s really important to leverage the opportunities for access through telehealth without further stressing the system. Don’t forget there are challenges that many practitioners face with treatment engagement as it is, let alone when it’s through a telehealth interface, so I think there are important areas of focus at this time.

Representative Christie Carpino: Reyna?

Reyna Taylor: I agree with what both Brenda and Dr. Singh have stated. I think what it comes down to is ensuring when we’re looking at policies that we are protecting one, the provider/patient relationship as they’re going through treatment, realizing that this pandemic has opened our eyes to these services that we can have, the access to care that we can have to ensure that patients can achieve high quality access to care.

I think that what we also can’t lose sight of is that that high quality access to care must be accessible for everyone across our nation - no matter who you are, where you come from, or what time you need it. So, when policies are made, we need to ensure that they are at the forefront of creating all of those across our nation in mental health crisis and ensuring access to care when and where they need it.

Representative Christie Carpino: When we take a step back, it’s easy to see that mental health is another health need. And we need to protect access to mental health medications. More than 20 states have clear step therapy override processes. In some states, certain mental health medications are exempt from the Prior Authorization process if there is a “record of a paid claim” within the previous 90 days.



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

In others, providers can override the PDL (Preferred Drug List) when prescribing certain medications, including those for mental health conditions. Brenda, what do you think we need to do immediately to ensure patients continue to get access to needed treatments?

Brenda Gleason: It's most important right now that the Medicaid agencies are lifting any sort of restrictions for patients who are already using mental health medications. For instance, in Connecticut, as proof point this is a person that has already been using a mental health medication, has already worked through with their provider what's working for them, and in a lot of states at the 90 day mark they might have oh, let's recheck and force the provider to go through those hoops again. Those should be lifted immediately. That makes a lot of sense.

In states where you have other kinds of exemptions – there are a handful of states where any mental health medication is exempt from a Prior Authorization or step therapy requirement. Those are Indiana, Kansas, Michigan, and Oregon. That would be something that might be useful in other states if you don't have those sorts of protections already on the books.

Ohio does something a little interesting where they allow providers with certain kinds of qualifications – so a psychologist or a psychiatric nurse practitioner – is allowed to write prescriptions without restrictions. So, it's really important that you know what your state is already doing and think more about how you can get medications to people quickly and in line with what their provider is working on or recommends.

Representative Christie Carpino: All of my colleagues listening understand we're talking about prevention and maintenance of a health condition. Everybody wants to be treated equally, and everybody deserves to be healthy and live the best life possible. Folks have chronic conditions, and chronic conditions have flare ups. We want folks to have the best treatment available.

When access to the right medicine at the right time is compromised by barriers, there are negative consequences for patients and for budgets. We are here because we want to provide solutions.

Reyna, how do we make this process easier for patients?

Reyna Taylor: I think what Brenda was talking about before in terms of states that have loosened those restrictions as a step forward and looking at reducing the barriers to chronic conditions, meaning mental health because that is a chronic condition. You're not looking at a point of a cure. You're looking at a point of recovery and prevention of a relapse.

So, if you're looking towards that time or increasing that time to relapse, then we've got to make it easier for the provider and the patient to engage in a relationship that's best for them to move forward. As Brenda alluded to, remove the barriers and allow for the Prior Authorization to lapse and to negate the step therapies.



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

I don't know enough another chronic condition – let's take cancer – where an oncologist would say, “I'm sorry. You're going to have to fail this chemotherapy and get cancer again before I can give you another one, another choice in medication.” Why are we doing that to those with chronic conditions in mental health, specifically even serious mental illness? We know and have seen the consequences of relapses in serious mental illness and the detriment to the system in the person, meaning the brain chemistry as they go through these relapses. So, why are we treating them differently than someone else with a chronic condition?

I think that the policies that Brenda has outlined in allowing clear access to care when and where a person needs it is up to the right of the provider and the person. Policies that ensure that that remains intact are the ones we need to move forward with.

Representative Christie Carpino: And how do we make it easier for providers?

Reyna Taylor: Well, as Brenda also alluded to, there are also some states that have not invoked the lessened restrictions around Utilization Management. I would said that if those Utilization Management techniques are still in place, have a clear pathway for a provider to get to the medication or treatment or service that they are choosing for the person that is in treatment and have that out there publicly so that the provider has a clear avenue and doesn't have to spend the time and the paperwork and the effort to jump through hoops to get the treatment that they know is right for that person in care.

Representative Christie Carpino: It's also important to discuss disparities, whether they are geographic or socioeconomic. Reyna, we can start with you. Can you tell us about what policies you think will make an impact on reducing health disparities?

Reyna Taylor: We've talked a lot about telehealth, I think, during this conversation, and telehealth has a place. But it's hard to have telehealth if you don't have broadband services in rural areas and if you can't afford it in certain communities, especially those of color.

Yes, we have seen disparities in access to care, and yes, we have an opportunity to change that both through the appropriate use of telehealth, meaning high quality access to care whether through audio or in person, but also being able to provide the person with services regardless of where they live and who they are.

We have seen an impact of COVID-19 of people being isolated through anxiety and not being able to reach their provider. We've seen the impact of having to go to a McDonald's parking lot to be able to access services and broadband carriers from free Wi-Fi. That shouldn't be what determines whether or not you can get access to care. We have got to take care of everyone in our nation, meaning that we've got to take a look at what the impact could be across those rural communities and those communities of color and inner city communities that may lack the resources and the ability to get to professionals in a timely manner.



Podcast Transcript
“The Co-Pandemic: Breaking Down Barrier to
Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

Representative Christie Carpino: Dr. Singh?

Dr. Manpreet Singh: I couldn't agree more with Reyna. I think the first step of understanding that health disparities exist is important towards advocating for strategies that address the specific needs of individuals and groups who are disproportionately affected. The pandemic has starkly exposed our challenges addressing disparities – the digital divide is just an example.

In the arena of mental health, it's also important to understand that stigma compounds these disparities, so policies should be informed by an orientation not just to understanding and mitigating stigma, but, as we've discussed before, preventing relapse, which includes engagement with preventing the need for potential more costly interventions like emergency visits, hospitalizations, homelessness, and incarceration. If we do a better job targeting and meeting unmet needs to specific populations that are most affected, we may be able to mitigate these downstream effects.

Representative Christie Carpino: The burden of undertreated or untreated mental illness is a public health crisis of unparalleled proportions. Mental illnesses such as schizophrenia and bipolar disorder can be incredibly difficult to manage. Without appropriate treatment, they can shorten lifespans and devastate affected individuals and their families. Adding insult to injury, as we've been hearing, when patients seek treatment, they're often faced with seemingly insurmountable hurdles.

This panel is made up of three dynamic women who are solutions oriented. All four of us recently chatted during the Women In Government Fall Forum. During that virtual event, we covered a lot of territory, including what could be done if your state has already addressed some of these issues.

Brenda, given the current budget crisis, how should we go about implementing the solutions? If we've already implemented Step Therapy, how can we build on this with more patient protections?

Brenda Gleason: I wanted to add and link together a couple of the comments that have already been made by Dr. Singh and Reyna, especially as it relates to health equity and trying to reduce health disparities.

One thing in particular that policymakers are looking at right now related to mental health and mental health access is to decouple the diagnosis from the treatment – in other words, allowing people to access interventions and especially medications that they might need before they receive a specific diagnosis. This is incredibly important especially in diseases of mental health disorders that take a long time to diagnose - and I'm sure Dr. Singh can talk more about the clinical aspects – but the average time from first episode to diagnosis in schizophrenia, for instance, is more than 10 years. We wouldn't want to wait to allow people access to mental health treatments in that gap, so some states are looking at making sure that patients or consumers, including families, can access care before that diagnosis is made.

There's also another concept that Mental Health America calls “[B4Stage4](#),” so just helping providers,



Podcast Transcript
“The Co-Pandemic: Breaking Down Barrier to
Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

patients, and their families access care as soon as care is needed – again without waiting for maybe a specialist to do a diagnosis or something like that. This could go a long way, especially in addressing issues of inequity where maybe a person on Medicaid might have access to Medicaid but might not have access to a specialist, or they may not have access to a person or a provider that’s nearby. So, decoupling these would be a great way for states to get better access faster to patients who need it in mental health.

Representative Christie Carpino: We’re close to wrapping up, but before we hear your closing comments, I have one more question – perhaps the one that matters most. Which policies will have the most impact for patients living with mental illness?

Reyna Taylor: So, I think that Brenda just touched on them, and Dr. Singh touched on it before when she was giving examples of what a person and a provider go through in treatment, and that is looking at the policies that reduce barriers to care. When we look at barriers to care, we are looking at preventing a person from getting towards recovery, and that ends up having a profound effect, not just on the person and the life that we are trying to treat, but on the system as a whole when it comes to the cost to the economy. We are looking at a loss of time at work, we are looking at perhaps unemployment, and we are looking at recidivism in terms of either into incarceration or into a hospital setting.

So, when we look at these policies, we have to look at have we been able to reduce a barrier to care? Have we kept that person and patient and provider relationship intact? And are we looking at what is the best outcome for all of those with mental illness regardless of who they are in terms of access to care across the nation or the state? That’s what I would say would be a best policy practice as we are evaluating pieces of legislation coming forward.

Representative Christie Carpino: Now, I’d like to offer each of you some time for closing comments. Reyna, we can start with you.

Reyna Taylor: I just want to say thank you. Thank you for having us on this podcast today. Thank you for bringing us together and talking about the important issue of where we go from here in terms of mental health access to care.

And importantly, I just want to remind you that mental health has no side. It is not partisan. It is not Republican, and it’s not Democratic. It is right down the middle, meaning that it will affect anyone, anywhere. So, what we have to do is prepare ourselves to be able to provide treatment to anyone, anywhere, any time when they need it.

Thank you again for having me, and I just hope to see what comes forward in the policies in 2021.

Representative Christie Carpino: Dr. Singh, do you have any parting words?



Podcast Transcript

“The Co-Pandemic: Breaking Down Barrier to Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

Dr. Manpreet Singh: Thank you very much. I believe that these problems that we’ve discussed today take a village. Let’s appreciate that serious mental health problems very often recur. They’re not a “one and done” deal, so they deserve a chronic care model of healthcare delivery that alleviates rather than compounds the stress for patients and families. A trip to the doctor or the pharmacy shouldn’t create undue delays in treatment, especially amidst a history of recurrent treatment failures. I believe those patients deserve better and deserve a village that responds to their unmet needs, so I look forward to collaborating with you to make those unmet needs met.

Representative Christie Carpino: And finally, Brenda, any closing thoughts?

Brenda Gleason: Thank you to Women In Government and to you, Representative Carpino, for having us. This is an incredibly important topic, and I’m sure it’s something that state legislators will continue to grapple with not just in the next session but also onward from there.

One resource that’s useful that shows what states are already doing - so you can go and see existing statute if you want to get some ideas – is the website [ProtectAccesstoMHMeds.com](https://www.protectaccesstomhmeds.com). You might consider going there for ideas.

And the other note I want to make for breaking news is that there was a lawsuit that was recently settled with United Behavioral Health that sets forth an eight-part standard that the American Psychiatric Association and several other advocacy groups will be coming together on to address going into next year. This really lays out what equitable and reasonable mental health coverage looks like, and notably, it really focuses on making sure that each person is being treated in conjunction with their provider and what they need. One of the notes, in fact, says effective treatment of mental health includes anything that is maintaining function or prevention of deterioration. So, it doesn’t have to be that we’re preventing death. It can be something that is just helping a person function, and I think that makes a lot of sense.

Legislators, this is a tug-of-war, but we really have to keep patients, providers, and their families at the top of mind.

Representative Christie Carpino: Thank you all for taking the time to share your knowledge.

Utilization Management tools such as Prior Authorization and Step Therapy are just two of the hurdles facing patients seeking treatment for their mental health.

Health outcomes data shows that Prior Authorization policies for psychotropic medications in Medicaid populations have led to poorer outcomes for patients, including medication discontinuance, lapses in care, homelessness, emergency room visits, and an increased use of crisis services. Additionally, this approach stretches an already stretched provider group by adding to the administrative burden of providing care in our current healthcare system.



Podcast Transcript
“The Co-Pandemic: Breaking Down Barrier to
Mental Health Access in the Age of COVID-19”

Recorded: December 14, 2020

When we consider this data in conjunction with individual stories behind each data point, we underscore the consequences of this approach and reinforce the reason why this method should be reviewed.

Mental health treatments are not one size fits all. Treatment plans should be designed between a patient and their doctor.

We’ve learned about a number of policy ideas today that can reduce barriers to accessing medications. State legislators and their staff can access these ideas and see best practices from other states at [ProtectAccesstoMHMeds.com](https://www.protectaccesstomhmeds.com).

Once again, I’d like to thank our panelists for providing such incredible insights.

I’d also like to thank all the listeners for taking the time to hear this important discussion. Don’t forget to subscribe to, like or share our podcast. You can also email us by visiting <https://www.womeningovernment.org/>.

Voiceover: You’ve been listening to the Women In Government podcast, a resource made available for those interested in discussing important issues and policies of the day. For more information, please visit our website at www.womeningovernment.org.



[Women In Government \(WIG\)](https://www.womeningovernment.org) is a non-profit, non-partisan organization serving women state legislators nationwide with policy-driven education, in-depth leadership training, and coalition-building networking opportunities.

WOMEN IN GOVERNMENT
444 NORTH CAPITOL STREET NW, SUITE 401
WASHINGTON, DC 20001
WOMENINGOVERNMENT.ORG
#ConnectingLegislativeLeaders