

## FROM KATHERINE B. MCGUIRE, APA CHIEF ADVOCACY OFFICER

For the Week of December 15–20, 2019

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#### **Collaborating with the Office of National Drug Control Policy**

APA met with leadership of the Office of National Drug Control Policy (ONDCP), which expressed strong interest in working together to discuss ways to **address the opioid overdose epidemic and improve Americans' access to effective substance use disorder treatment**. In the meeting, ONDCP Assistant Director Kemp Chester described the agency's commitment to approaching the drug overdose epidemic as a public health issue in which substance use disorders are viewed as chronic diseases akin to diabetes. Successful treatment, he said, requires long-term services and supports to enable recovery and reduce, if not eliminate, relapses. APA and ONDCP discussed several key issues, including the need to increase the treatment workforce and expand patient access to providers qualified to prescribe medication-assisted treatment drugs; the importance of taking a "whole person" approach to treatment; the role of psychological pain management services in reducing exposure to prescription opioids; and treatment initiatives underway within the Department of Veterans Affairs and the Department of Defense.

For more information, contact Scott Barstow, MS, at [sbarstow@apa.org](mailto:sbarstow@apa.org).

#### **Urging Congressional Leadership to Support Critical Health-Care Workforce Programs**

In partnership with the CEO of the National Association of Community Health Centers, APA CEO Arthur C. Evans, Jr., PhD, sent a [letter](#) to House and Senate Leaders urging them to **pass long-term funding for community health centers and critical health-care workforce programs**, such as the Teaching Health Centers Graduate Medical Education Program and the National Health Service Corps. The letter notes that from 2010 to 2016, community health centers were able to double their behavioral workforce and treat four times as many patients with opioid and substance use disorders, thanks to increased resources provided by Congress. In 2018 alone, 920 licensed clinical psychologists provided more than 1 million clinical visits in community health centers.

For more information, contact Katherine McGuire, MS, at [kmcguire@apa.org](mailto:kmcguire@apa.org).

#### **Leading the Way on Deep Poverty**

In honor of Dr. Rosie Phillips Davis's yearlong term as APA president and her commitment to the issue of deep poverty, APA worked with congressional offices to introduce [H.Res. 763](#), a **House Resolution Expressing Support for the Development of a National Strategic Plan to End Deep Poverty** on Thursday, Dec. 12. The resolution was introduced by Rep. Jose Serrano (D-N.Y.) and co-sponsored by Rep. Jerrold Nadler (D-N.Y.), Rep. Eleanor Holmes Norton (D-D.C.), Rep. Andre Carson (D-Ind.) and Rep. Dwight Evans (D-Pa.). Please consider contacting your House representative and asking them to support [H.Res. 763](#).

For more information, contact Aaron Bishop at [abishop@apa.org](mailto:abishop@apa.org).

#### **Welcoming a New Senate Co-Sponsor on Medicare Physician Definition**

The Medicare Mental Health Access Act ([S.2772](#)) received a big endorsement with the co-sponsorship of Sen. Lisa Murkowski (R-Alaska). Murkowski joins her Alaskan House colleague Rep. Don Young (R-Alaska), who co-sponsored the House version ([H.R. 884](#)). The legislation would **eliminate Medicare's requirement that clinical psychologists first obtain physician approval before seeing patients** in certain settings. Their combined support underscores the importance of removing barriers to mental health care, especially in rural settings.

For more information, contact Laurel Stine, JD, at [lstine@apa.org](mailto:lstine@apa.org), or Scott Barstow, MS, at [sbarstow@apa.org](mailto:sbarstow@apa.org).

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### **YEAR-END UPDATE: CELEBRATING KEY WINS IN ANNUAL FUNDING LEGISLATION**

APA works all year to secure federal funding for key federal research, education, workforce, health and childhood development programs. As of this writing, Congress is set to approve its final Fiscal Year 2020 appropriations and send to President Trump for his signature before year's end. Below are some of the key funding wins for psychology for 2019.

## Increasing Federal Support for Psychology Workforce Development

APA secured substantial investments in several critical workforce training programs, as well as new programs that would support the education and training of health service psychologists. APA advocacy efforts resulted in:

- \$18 million for the **Graduate Psychology Education Program** to provide training and stipend support for psychology trainees and additional congressional language to increase training in evidence-based behavioral interventions for pain management.
- A \$27 million increase to the **Behavioral Health Workforce Education and Training Program** to establish the Mental and Substance Use Disorder Workforce Training Demonstration Program to support medical students and other health professions trainees in behavioral health and substance use disorder treatment.
- \$12 million for a new **Substance Use Disorder Treatment Workforce Loan Repayment Program**, which APA worked with members of the Mental Health Liaison Group to advance.
- A \$1 million increase to the **Minority Fellowship Program**, which has been a longtime priority for APA to diversify the psychology workforce and would be funded at \$14.2 million.

For more information, contact Alix Ginsberg, MPH, at [aginsberg@apa.org](mailto:aginsberg@apa.org).

## Securing Commitments for New Gun Violence Prevention Research

In a historic move, Congress provided \$25 million for firearm injury and mortality prevention research to study the underlying causes and evidence-based methods of injury prevention. The funding—\$12.5 million each to the **Centers for Disease Control and Prevention (CDC)** and the **National Institutes of Health (NIH)**—is the first time in over 20 years that Congress has dedicated money for gun violence prevention research. APA was active throughout 2019 in advocating for research funding for the CDC and NIH, including through a partnership with the gun violence prevention organization [Giffords](#), which led a [collaboration](#) with a group of leading medical and public health groups.

For more information, contact Ben Vonachen at [bvonachen@apa.org](mailto:bvonachen@apa.org) or Craig Fisher at [cfisher@apa.org](mailto:cfisher@apa.org).

## Gaining Funds for Psychological Research

APA mobilized psychologists on Dec. 10 to urge their members of Congress to increase funding levels for federal research—and members' advocacy made a difference:

- Both houses of Congress were generous to the National Institutes of Health, which will receive \$41.7 billion, a 6.65% increase, up \$2.6 billion. The agency is directed to provide an update on its support for suicide prevention research in FY 2021. Critical research initiatives included: \$500 million for the **Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative**; \$2.8 billion for Alzheimer's disease research; and \$3.1 billion for HIV/AIDS research.
- Congress also provided the **Institute for Education Sciences** \$623.5 million, an increase of \$8 million, or 1.3%.
- For the **National Science Foundation**, the spending package includes \$8.28 billion--\$203.3 million above the FY 2019 enacted level and \$1.2 billion above the president's budget request. For NSF research and related activities, \$6.74 billion (up \$217.2 million, and \$1.07 billion above the president's budget request) is provided.
- Congress reauthorized PCORI—the **Patient-Centered Outcomes Research Institute**—for 10 years. Created by the 2010 Patient Protection and Affordable Care Act, PCORI funds research designed to help patients and caregivers make "better-informed" health-care decisions.

For more information, contact Angela L. Sharpe, MG, at [asharpe@apa.org](mailto:asharpe@apa.org) or Pat Kobor, MA, at [pkobor@apa.org](mailto:pkobor@apa.org).

## Securing Funding for Suicide Prevention Efforts Across Agencies

Congress supported several important funding priorities in suicide prevention, including:

- \$9.43 billion in discretionary funds for mental health programs at the **Department of Veterans Affairs (VA)**, including \$221.8 million specifically for suicide prevention outreach. Congress also directed the VA Secretary to make any necessary improvements to the **Veterans Crisis Line** operations, including but not limited to ensuring appropriate call center staffing and training.

- \$10 million for the CDC **Injury Control and Prevention Center** for new suicide prevention activities in recognition of the impacts and increasing rates of suicide. The agreement directs CDC to focus prevention efforts on vulnerable populations.
- \$7.98 million for the **Garrett Lee Smith Suicide Prevention Resource Center** at the Substance Abuse and Mental Health Services Administration (SAMHSA). This program builds national capacity for preventing suicide by providing technical assistance, training and resources to assist states, tribes, organizations and grantees to develop suicide prevention strategies.

The bill also directs the National Institute of Mental Health to “prioritize its suicide screening and prevention research efforts to produce risk detention models that are interpretable, scalable, and practical for clinical implementation, including mental and behavioral healthcare interventions.” Similarly, it instructs the **National Institute on Minority Health and Health Disparities** to “address the multiple causes of suicide” and “develop a behavioral health approach focusing on at-risk populations and building the mental health workforce at the community level.”

For more information, contact Heather Kelly, PhD, at [hkelly@apa.org](mailto:hkelly@apa.org), Craig Fisher at [cfisher@apa.org](mailto:cfisher@apa.org), Leo Rennie at [lrennie@apa.org](mailto:lrennie@apa.org), Pat Kobor, MA, at [atkobor@apa.org](mailto:atkobor@apa.org), or Angela Sharpe, MG, at [asharpe@apa.org](mailto:asharpe@apa.org).

### Expanding Access to Mental Health Services and Prevention Programs

Congress is also making new investments in mental health services across the lifespan:

- As a part of the \$30 million funding increase for the CDC's **National Center for Injury Prevention and Control**, \$4 million will be dedicated to ACEs research and prevention and \$1 million for the prevention of child sexual abuse.
- The **Community Based Child Abuse Prevention Grants** received a significant increase of \$16.2 million. These grants fund both primary prevention and family strengthening services, which includes mental health and substance use disorder screening and treatment services.
- Congress is also taking steps to address maternal mental health, by directing federal agencies to identify steps they can take to address gaps in maternal mental health awareness, screening, diagnosis and delivery.
- The bills also commit \$5 million toward law enforcement mental health and wellness.

For more information, contact Cynthia Whitney at [cmalley@apa.org](mailto:cmalley@apa.org).

### Supporting Investments in K–12 and Higher Education Programs

Congress is also investing in critical education and mental health programs:

- Most notably, the **Department of Education** received \$123 million to pilot initiatives focused on social and emotional learning in schools.
- **Project AWARE**, a SAMHSA program that trains school personnel and increases mental health awareness amongst school-aged youth, received an increase of \$31 million.
- Other key investments include increases to the Title IV-A **Student Support and Academic Enrichment Grants** program and Title II teacher professional development grants.
- The legislation also increases funding for federal student aid programs—including **Pell Grants**, **Federal Work Study** and **Federal TRIO programs**—and maintains support for the **Graduate Assistance in Areas of National Need program**.
- The **Temporary Expanded Public Service Loan Forgiveness (TEPSLF)**, is receiving an additional \$50 million, adding to the \$700 million total appropriated in the previous two years. The bill also directs the Department of Education to brief Congress on actions either planned or taken to implement the GAO recommendations on improving administration of both TEPSLF and PSLF.

For more information, contact Kenneth Polishchuk at [kpolishchuk@apa.org](mailto:kpolishchuk@apa.org) or Rosie Sheehan at [rsheehan@apa.org](mailto:rsheehan@apa.org).

### Helping to Secure Health Equity for Underserved and Vulnerable Populations

In this area, Congress is calling for:

- Level funding for programs that address mental health and substance use disorders among people living with HIV/AIDS. SAMHSA’s funding for its **Minority HIV/AIDS program** and the Substance Abuse and

Prevention Block Grant HIV set-aside received \$181 million, level funding to FY 2019. APA's advocacy efforts fought off cuts to these programs, which had been proposed by both the Obama and Trump administrations.

- An increase of \$550 million for the **Child Care and Development Fund**, which will translate to safe, high-quality care for thousands of young children in lower income households.
- A \$550 million increase for **Head Start**, including \$100 million directed to expanding Early Head Start and \$250 million that will be dedicated to quality improvement activities aimed at addressing the rise of adverse childhood experiences and trauma in young children.
- A \$12 million investment in maternal mortality review committees and increased funding for the federal home visiting program by \$10 million.
- SAMHSA's **National Child Traumatic Stress Initiative** received \$68.9 million, a \$5 million dollar funding increase from FY19. The agreement also includes a \$4 million dollar set-aside to prioritize the provision of trauma-informed mental health services for children who have immigrated to the United States without a parent or guardian.

The bill also provides an increase of \$3 million from last year's level for refugee and entrant assistance and it directs **the Office of Refugee Resettlement** to provide reports to Congress on refugee and entrant assistance. Furthermore, the bill encourages the Department of Health and Human Services to ensure current and future arrivals are adequately served.

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