

Report to Council

Government Affairs Committee

November 11, 2022

GAC meeting of November 8, 2022

1. **Welcome and Introductions:** The Co-chairs welcomed members to the committee
2. **Federal and APA Issues:** The committee briefly discussed the status of H.R. 3173 (Improving Seniors' Timely Access to Care Act), federal legislation sets out to expedite prior authorization requests and quickly clear care and services that are routinely approved for patients covered under a Medicare Advantage (MA) plan. Given that it has little chance of passing, the committee recommends that SCPS takes no active role at this time in working directly with APA on advocacy for this bill.
3. **CSAP GAC (CGAC) Meeting of October 20, 2022:** SCPS GAC (SGAC) reps to CSAP GAC (CGAC) (Reba Bindra, Laura Halpin, Zeb Little, Rod Shaner, and Emily Wood) attended CGAC on October 20, 2022, and gave report to SGAC. Key parts of the CGAC agenda were:
 1. **Legislation ideas collected from membership by CSAP thus far (See Attachment 1):** The Committee discussed the wide range of legislative advocacy ideas collected thus far by CSAP from Area 6 DBs, including those submitted by SCPS Council. These ideas would provide a basis for selecting CSAP advocacy projects and assigning resources to pursue them in the new legislative session. Given the wide range of submitted ideas and the variable degree to which each idea was fleshed out, the sense of the Committee was that CSAP GAC might discuss the establishment of a uniform format and process for presenting and selecting ideas from different DBs to: 1) encourage some consideration by individual DBs of ideas submitted by that DBs membership and 2) enhance the efficiency of the CSAP selection process and direction of CSAP advocacy resources.
 2. **Update on new CSAP Policy Platform:** Dr. Wood indicated that, while SCPS Council had previously approved the High-Level Policy Platform with whatever language was acceptable to other DBs, Dr. Wood indicated that other DBs had continued concerns which made it unlikely that the Platform could be finalized by the suggested November 30th deadline. Among the concerns was the question of the relative emphasis of "psychiatric care" and "behavioral health care."
 3. **Update on Status of Area 6 Council/CSAP joint committee on advocacy framework:** Pursuant to the resolution the SCPS Council passed last month, the CSAP Board unanimously agreed to request that Area 6 Council join CSAP to develop and advocacy coordination plan. The committee noted that the same SCPS resolution last month requested that our SCPS assembly representatives, who are voting members of the Area 6 Council, request that Area 6 Council

similarly resolve to participate in the joint committee, as the framework is critical to ensure effective statewide advocacy and smooth coordination of the advocacy activities of SCPS, CSAP, and the Area 6 Council. The Committee consensus was that SCPS GAC would be happy to assist in the effort if so requested.

Motion I: Add an SCPS Assembly Representative to GAC membership list. (See Attachment 2)

4. *Change in regular monthly meeting date of CSAP GAC to 3rd week of month:*

The Committee discussed the effect of this change upon the sequence of SCPS GAC and SCPS Council consideration and response to CSAP developments but felt that the current meeting dates for the CSAP GAC, which are schedules for two days before SCPS Council, should remain unchanged for now.

4. **CSAP Board Meeting of October 20, 2022:** SCPS CSAP Board members (Zeb Little, Rod Shaner) reported that the status of CSAP communication with CMA requesting that CMA restore determinative representation by the great majority of APA psychiatrists in California in the CMA Council on Legislation by approving the CSAP voting representation to the CMA Legislative Council will likely be discussed at the CSAP Board meeting next week. The CSAP Bylaws review is ongoing, and the Committee briefly considered that future revisions might include language regarding the structure for coordination with Area 6.
5. **SCPS advocacy issues:** The committee reviewed the two items submitted by SCPS GAC to the CSAP GAC list of potential advocacy projects for the next legislative session. While both projects involve legislation changing WIC sections, there was discussion about a need to address larger policy implications in the developing CSAP policy platform.

Dropbox:

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GAC Motion I

GAC Motion II

Attachment I: CSAP-collected Ideas for Legislation - 2023

- Create a registry allowing individuals to voluntarily waive their right to purchase firearms.
- Vague regulatory language for Adolescent ECT: Goal is to clarify vague language in WCI 5326.3 defining necessary requirements for approval of ECT for adolescents, specifically the clarification of terms “emergency situation” and “life-saving treatment.”
- Local County requirements for repeat Riese petitions for each successive WIC holds: Goal is to clarify WCI 5332 to modify the practice of requiring inpatient facilities to re-petition the Court each time the WIC code detention status for a patient changes, as such re-petition creates clinically contraindicated discontinuities in medication treatment. (Attachment) (SCPS)
- Get it so that if Medicare “bundles” a service (like Spravato med + administration + observation time), private health plans have to do so also (instead of splitting between the “medical” part of the plan and the behavioral health carve-out, as you’ve noted — maybe could be required that health plan and behavioral health carveout negotiate that internally rather than putting physician in the middle)
- Get it so that psychiatrists must be reimbursed at same rates for equivalent E&M code as other physicians, regardless of whether the “parent” health plan regulates psychiatrist services to behavioral health carve-out
- Get it so that if physician is paneled with “parent” health plan, they are automatically paneled with behavioral health carve out (eliminating the situation you encounter that you are doing double work to get paid for all services you provide)
- Increase penalty for “ghost” panels
- More “teeth” to time limit on when plan has to respond about failure to pay claims, or to respond to inquiries about claim payment?
- (This is addressing feedback from several participants at our Webinar with DMHC) — get it so plan has to specify what’s missing from if claims keep getting denied (many participants talked about companies that rejected their notes but wouldn’t specify what they wanted documented differently)
- Align WIC and CCR language when CCR is more restrictive (WIC 5350, CCR 1820.205 related to substance use disorders and grave disability, especially related to cognitive deficits related to chronic use)

- Eliminate financial requirements prior to appropriate placement (in SD, requirement of SSI application submission prior to IMD/SNF placement on waitlist)
- Inclusion of all cognitive disorders that involve behavioral sequelae and often leads to inpatient psychiatric placement, intellectual disabilities and autism (one person on UCSD inpatient psych unit almost three years!)
- Mandatory minimums for county population-based beds/staffing for Medi-Cal inpatient hospital acute care / psych beds, IMD, SNF and assisted living waiver (ALF, RCFE).
- Adult Protective Services and exclusion of homeless elder, dependent adults from consideration of self-neglect (leads to repeated ED visits) especially in context of WIC 15703-15705.40
- Medi-Cal inpatient coverage of adults with cognitive deficits, grave disability who are excluded from inpatient psychiatric hospitals due to absence of suicidal ideation, delusions who are not safe to discharge from the hospital
- Decoupling substance use disorders from co-occurring disorders. Include cognitive disorders as part of co-occurring disorders as well given significant overlap with psychiatric consultation
- Consideration of 1989 OAG opinion on Short-Doyle and funding of increased definition of "mental disorders"
- Can we propose regulating how doctors are reviewed online. I think there's a lot of concern about not being able to address any negative reviews due to HIPAA issues. Especially with regard to Psychiatrists, but certainly all doctors/ Healthcare Professionals. Do you think there would be any support for getting to regulate this? I'm thinking some sort of release required for anyone posting a public review. "If you post on this site, you are allowing this doctor's office permission to respond to your concerns, even if it leads to a release of health information. Including, but not limited to, confirming that you are a patient in this practice."

Attachment 2: GAC Motion I: That Council shall adopt the following resolution to add an SCPS Assembly Representative to the GAC membership list.

RESOLUTION:

Whereas,

The Procedural Code of the Assembly describes the first role of the Assembly Area Council as serving “to provide a regional organizational structure as the interface between the Assembly and the District Branches to promote relationships between organized psychiatry and state governments”; and

Whereas,

The Procedural Code of the Assembly describes the nature and role of state organizations of District Branches as serving “to provide for coordination of efforts to advance the aims and objectives of the Association with state agencies, institutions, and governments; and

Whereas,

SCPS Council has previously resolved to request that the CSAP and the Area 6 Council form a joint committee to develop a plan to coordinate APA state government advocacy activities; and

Whereas,

Coordinated between SCPS CSAP GAC members and SCPS Area 6 Council representatives could forward coordination of efforts between CSAP and Area 6 Council;

Therefore, be it resolved that:

The SCPS Council shall add the senior SCPS Area 6 Assembly Representative or another Area 6 Assembly Representative’ as designated by the Senior Representative, to the GAC membership list.