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March 25, 2019

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CEO and Medical Director

Office of Regulation Policy and Management
Department of Veterans Affairs
810 Vermont Ave., NW
Room 1063B
Washington, DC 20420

Re: Notice of Proposed Rulemaking: Veterans Community Care Program

The American Psychiatric Association (APA), the national medical specialty society representing over 37,800 psychiatric physicians and their patients, is pleased to respond to the Department of Veterans' Affairs "Notice of Proposed Rule Making for the Veterans Community Care Program." As you know, United States veterans are a multifaceted population requiring a culturally competent approach to medical treatment and care. Veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts. It is all of our duty to ensure they receive the best care possible.

Overall, we appreciate the changes to access standards for community care and urgent care provisions to improve veterans' access to necessary care. This is an improvement from the current standards; however, as you finalize the standards, we urge you to consider the following:

- Patients in crisis: We are concerned about patients in crisis; especially those with suicidal ideation that need immediate access to service and recommend a protocol be included for such situations.
- 14-day rule on prescriptions by non-VA providers: We are also concerned about the proposal to limit payment for non-VA prescription to 14 days. While we understand the reason for the proposal, we are concerned the potential it has to disrupt a patient's treatment if there are delays in the VA refilling a prescription after the 14-day period. We recommend considering an extension for the instances when a prescription is not able to transfer from a non-VA provider to a VA provider to ensure patients receive seamless care.
- Ensuring coordination: Given the high rates of opioid use disorder, especially among veterans, protections must be put in place to ensure veterans are not being doubly prescribed. Efforts should be made to monitor prescriptions from both VA and non-VA systems to ensure coordination.

In addition, we encourage you to consider the following recommendations we submitted as part of the Request for Information released in July 2018:

- VA should ensure that its current and/or future health plans align with the Mental Health Parity Addiction Equity Act (MHPAEA) of 2008. MHPAEA requires that mental health benefits be treated on the same level with medical and surgical benefits under health plans that offer mental and substance use care.
- Network adequacy is a critical component of MHPAEA and all health plans should ensure an appropriate network of all professional levels of providers are included on their panels.
- Up-to-date, accurate, and complete provider directories, including information on which providers are accepting new patients, the provider's location, contact information, specialty, medical group and institutional information easily accessible to prospective and plan enrollees must be made available to patients.

Thanks again for the opportunity to comment. We look forward to being a resource to you as you implement the MISSION Act.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, M.D., M.P.A." The signature is written in a cursive, flowing style.

Saul Levin, M.D., M.P.A.
CEO and Medical Director