HEALTHCARE

Introduction

Healthcare has had vast changes in the past 2 decades and is now failing us. Costs for services have become out of control with no oversight and the transparency that was supposed to happen is not. Medicaid services have not been expanded, thus denying healthcare for those that can't afford it. The prescription drug market is also out of control and large pharmaceutical companies had over $11 billion in fines within a 20 year span. Pharmacy Benefit Managers have capitalized off consumers and companies for far too long. The competition into the market keeps getting blocked through unethical practices and modern, more effective, and affordable drugs are not becoming available. Even our mental healthcare is not properly managed through untrained staff and staff shortages. Because of the untrained staff, patients are being over-prescribed or not properly prescribed.

It's time to start working on solutions and stop ignoring them. There are solutions to these issues, and we need to act on them. I have broken down my solutions for healthcare, prescription drugs, and mental health in this document.

Healthcare

Instead of creating healthier and more vibrant communities, hospitals are forcing individuals and families to pay larger and larger amounts of their income for hospital services. Hospitals have failed their patients, their healthcare workers, and their communities. The costs are out of control, and we need transparency and oversight to help bring those costs down. Without forceful solutions, this market will not change.

Costs Out of Control

There isn't anyone in the U.S. that can say that their medical bills are too high. That has plagued us all. But most Americans don't know the full aspect of these high prices. The prices of healthcare services have increased faster than the cost of many goods and services in the U.S. economy. The average cost of medical care has grown at an average rate of about 3.5% per year, higher than the growth rate for inflation, not counting 2021 data.

There is a study published in the American Journal of Public Health in 2019 found that 66.5% of bankruptcies in the U.S. were due to medical. Even with health insurance, high deductibles, and copays, plus job loss, impact Americans.

Hospitals a moving away from their focus on patient care and community service, and have become increasingly fixated on profits, leaving millions of patients and families to suffer. These costs are forcing people to delay or forgo their own healthcare. A 2018 survey found 78% of adults avoided hospital visits, 44% of Americans said they didn't go to the doctor when sick because of cost; 40% skipped medical testing; and about 30%

said they had to choose between paying for medical bills and necessities like food or housing.

In July of 2020, a Covid patient in Colorado was initially billed over $840,000 after a two-week stay in the ICU at an HCA Healthcare facility. After much publicity the bill was reduced to zero. In Washington, a patient had a 62 day stint in the IC with severe symptoms and received a hospital bill of $1,122,501.04. This included a $9,736/day for the IC room, $2,835/day for a ventilator. Through Medicare, insurance, & the CARES Act, he will pay nothing, but the hospital will receive these funds from our tax dollars. At one point of the stay he told his wife, "Get me out of here, we can't afford this" even though that if he would have left, he would have died.

Profits have exploded in the medical industry, increasing by 411% over 20 years, from 1999 to 2018. Today in the U.S., hospitals charge on average $417 for every $100 of their total costs. This is considered a charge-to-cost ratio. Since 1999, the average charge-to-cost ratio for all U.S. hospitals has more than doubled. Over this same period, hospital prices have tripled.

Of the top 100 hospitals with the highest charges relative to their costs, ***for-profit*** corporations own or operate 95 of them. All the top 100 hospitals are owned by hospital systems, as opposed to being independently operated community hospitals. The top culprit is HCA Healthcare, which owns 53 of the top 100 hospitals and have a charge to cost ratio between 1,808% to 1,129% for those 53 companies. How are we expected to stand by why consumers are getting gouged by a 1,808% profit on healthcare? The HCA Healthcare CEO Samuel Hazen makes over $30 million, not counting the $4-$6 million that the presidents, CMO or CFO receive. Just like any other big business, the disparity from the median earnings ($54,651) of the employee is astronomical.

The healthcare market is so out of control, that the insurance companies are having difficulty keeping up with the costs. According to the Kaiser Family Foundation, health insurance premiums are rising faster than both inflation and wage increases, with the average family paying nearly $20,000 per year in insurance premiums, deductibles, and out-of-pocket expenses for healthcare. My theory is that in order to compensate for the high medical costs, insurance companies offer high deductibles and co-pays in an attempt to discourage people from using these services. A 2017 study found that for each additional dollar increase in the price of services, insurers paid an additional 15 cents to hospitals. And when the insurers pay more, their cost is typically passed along to employers, their employees or individual patients in higher premiums, deductibles, and co-pays. Hospital executives have conceded that the goal of the charge master is profitability.

Where has all this money got America? Among all the industrialized nations, the U.S. spends more than any other country on healthcare and has the worst health outcomes. In comparison to ten other industrialized nations (Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, and the UK), a recent study found we have the highest chronic disease burden and an obesity rate that is two times

higher than those national averages, and the lowest life expectancy and highest rate of suicide among the nations. The U.S. has the highest number of hospitalizations from preventable causes and the highest rate of avoidable deaths.

Transparency & Oversight

In 2019, Donald Trump signed an executive order for hospitals to disclose the rates that they privately negotiate with insurers. Hospitals unsuccessfully fought the rule in court. This would start to allow consumers to shop the market for lower priced medical services. The penalty for not following this was $300/day. As of mid-2021, 83% of hospitals were in non-compliance. In July of 2020, Biden passed another executive order to remind hospitals about transparency, yet many are still not in compliance. The Biden order did go a little further and took a start at scaling back the monopolies of the healthcare. Although, if they are paying attention to the last order, what makes him believe they're going to follow this one?

Another item the order tried to prevent is the "pay-for-delay" tactic where large drug manufacturers pay generic manufacturers to keep their products off the market. The order also continues more with had Trump started for directing the FDA to import drugs from Canada. This would be great for a state to start this. I view this as Colorado was the first to legalize marijuana. How amazing would it be if Wisconsin was the first state to open up the drug market and get all the business from across the U.S.?

It is time to take back the medical industry. Far too long have consumers been ravaged by greed of the industry. This greed has only exacerbated a pandemic and fueled the mis-information rhetoric.

It is also time to reform the hospital industry and regulation will need to happen. There must be oversight into proper billing to make sure that all bills are coded correctly.

Open Medicaid for All

I **strongly** support to open Medicaid for all and lock in the low government pay schedules. If hospitals cannot control their prices and are gouging those that can afford to go to the hospital, it's time to regulate it for them. Businesses would also be able to buy into this to help with their high costs as well. Consumers are not the only victims of these costs. Lowering the costs will make it affordable so more people can go and get their life and wellbeing cared for.

Wisconsin has also missed out on billions of dollars from the Federal Government by not accepting the expansion back in 2014. The funds available to the state have decreased and our investment is not as lucrative as it could have been. I have spoken with Republicans that have stated that this was a decent idea but couldn't vote for it because it was against their party, and they were forced to vote it down. I find this disgusting and have lost faith in the organization.

By Scott Walker and Republicans opting out of the federal funding from the ACA, this kept the federal funding of our state at 58% and Wisconsin taxpayers are on the hook

for the rest. If Wisconsin would have accepted the expansion of Medicaid, the federal government would then pay 90% of the costs. All this was going to allow was the minimum income cutoff of BadgerCare of $12,760 for a single adult to $17,609, covering earnings up to 138% of national poverty. This would have granted roughly another 176,000 residents to take advantage of healthcare at **no cost to Wisconsin taxpayers**. This is such a low income cutoff, that I find this deplorable that we can't help the low-income class, especially when it wouldn't have cost Wisconsin taxpayers anything to do this.

Stop the party-line voting and pass this for Wisconsin!

Prescription Drug Market

The prescription drug market is growing out of control for rising costs and more modern advanced and inexpensive drugs are readily available to the public, but not widely distributed to consumers. According to the Kaiser Family Foundation, 77% of Americans think the price of prescription drugs is unreasonable. The same people also believe it is due to the drug manufacturer's outlandish prices dictating them. While that may be some of the case, a Pharmacy Benefit Manager (PBM) has been grabbing more of that profit than the manufactures and the word is getting out.

More than 100 separate bills have been introduced in 42 states in 2021 for the regulation of Pharmacy Benefit Managers (PBM). PBM's were started in the 1980's to help doctors select the best medication for the patient, which was great and really assisted physicians in helping their patients. They would work with the drug manufacturers and verify their efficacy in make recommendations with fact based evidence to the physicians. In the late 1980's, PBM's were given the power for procurement of these medications for the drugs. This is where the problem started. There is the ethical concern that companies now select the drugs based off economic decisions rather than fact based to be more beneficial to patients. With today's advancements in communication and technology, the question is are PBM's even needed? A PBM doesn't make the drugs, the don't purchase the drugs,

Using the two tables below, we can look at just the PBM's and drug manufacturers revenues and where they are situated in the Fortune 500 companies from 2019. We can easily see that this market is out of control. The average revenues for the six top PBM's, which all fall in the top 20 of the Fortune 500, was $145 billion while the average for the drug manufacturers was $85 billion, almost double. This averages out to $2.6 million **per employee** for PBM's and $1.1 million **per employee** for drug manufacturers. This shows that the 77% of Americans that believe the market is overpriced is correct. The PBM's are even worse than the drug manufacturers.

Drug Channel and Managed Care Companies on the 2019 *Fortune* 500 List

Company (stock symbol)	Primary Role(s) in U.S. Drug Channels[1]	2019 *Fortune* 500 Rank	Revenues ($B)	Revenues, % vs. 2017	Revenue per Employee ($M)	Profit as % of Revenues	Profit as % of Assets	Annualized Return to Investors (2008-2018)	Total Return to Investors (2018)	Employees (000s)
UnitedHealth Group (UHS)	Insurer/PBM	6	$226.2	+12.5%	$0.8	5.3%	7.9%	+26.7%	+14.5%	300.0
McKesson (MCK)	Wholesaler	7	$208.4	+4.9%	$3.1	0.0%	0.1%	+12.0%	-28.4%	68.0
CVS Health[2] (CVS)	Pharmacy/PBM	8	$194.6	+5.3%	$0.7	-0.3%	-0.3%	+10.4%	-7.0%	295.0
AmerisourceBergen (ABC)	Wholesaler	10	$167.9	+9.7%	$8.2	1.0%	4.4%	+17.0%	-17.6%	20.5
Cardinal Health (CAH)	Wholesaler	16	$136.8	+5.3%	$2.7	0.2%	0.6%	-8.4%	-24.8%	50.2
Walgreens Boots Alliance (WBA)	Pharmacy	17	$131.5	+11.3%	$0.4	3.8%	7.4%	+13.0%	-3.7%	299.0
Humana (HUM)	Insurer/PBM	56	$56.9	+5.8%	$1.7	3.0%	6.6%	+23.5%	+16.2%	41.6
Cigna[3] (CI)	Insurer/PBM	65	$48.7	+16.9%	$0.7	5.4%	1.7%	-6.5%	+27.5%	73.8
Rite Aid (RAD)	Pharmacy/PBM	107	$30.2	-8.0%	$0.6	3.1%	10.5%	+8.6%	-64.0%	48.4
Magellan Health (MGLN)	Insurer/PBM	417	$7.3	+25.3%	$0.3	0.3%	0.8%	+3.8%	-41.1%	10.5
Average: Drug Channels		28	$144.9	+4.8%	$2.6	1.3%	3.8%	+8.8%	-24.3%	130
Average: Managed Care		136	$84.8	+15.1%	$0.9	3.5%	4.3%	+11.9%	+4.3%	106

Source: Drug Channels Institute analysis of 2019 *Fortune* 500 list. Drug Channels figures include: AmerisourceBergen, Cardinal Health, CVS Health, McKesson, Rite Aid, and Walgreens Boots Alliance. Managed Care companies include: Cigna, Humana, Magellan Health, and UnitedHealth Group.
1. Note that many companies also perform other roles beyond those listed.
2. CVS Health completed its acquisition of Aetna on November 28, 2018. Therefore, its financial results for 2018 reflect primarily the legacy CVS Health business.
3. Cigna completed its acquisition of Express Scripts on December 20, 2018. Therefore, its financial results for 2018 reflect primarily the legacy Cigna business.
Published on Drug Channels (http://www.DrugChannels.net) on June 5, 2019.

DRUG CHANNELS INSTITUTE

Pharmaceutical Manufacturers on the 2019 *Fortune* 500 List

Company (stock symbol)	2019 *Fortune* 500 Rank	Revenues ($B)	Revenues, % vs. 2017	Revenue per Employee ($M)	Profit as % of Revenues	Profit as % of Assets	Annualized Return to Investors (2008-2018)	Total Return to Investors (2018)	Employees (000s)
Johnson & Johnson (JNJ)	37	$81.6	+6.7%	$0.6	18.8%	10.0%	+11.3%	+-5.2%	135.1
Pfizer (PFE)	61	$53.6	+2.1%	$0.6	20.8%	7.0%	+13.8%	+24.7%	92.4
Merck & Co. (MRK)	76	$42.3	+5.4%	$0.6	14.7%	7.5%	+13.8%	+40.2%	69.0
AbbVie (ABBV)	96	$32.8	+16.1%	$1.1	17.4%	9.6%	n.a.	-1.2%	30.0
Eli Lilly and Company (LLY)	123	$24.6	+7.4%	$0.6	13.2%	7.4%	+15.5%	+40.3%	38.7
Amgen (AMGN)	129	$23.7	+3.9%	$1.1	35.3%	12.6%	+14.8%	+15.1%	21.5
Bristol-Myers Squibb Company (BMY)	138	$22.6	+8.6%	$1.0	21.8%	14.1%	+12.3%	-12.7%	23.3
Gilead Sciences (GILD)	139	$22.1	-15.2%	$2.0	24.7%	8.6%	+10.4%	-9.8%	11.0
Celgene (CELG)	207	$15.3	+17.5%	$1.7	26.5%	11.4%	+8.8%	-38.6%	8.9
Biogen (BIIB)	235	$13.5	+9.6%	$1.7	32.9%	17.5%	+21.2%	-5.5%	7.8
Regeneron (REGN)	450	$6.7	+14.3%	$0.9	36.4%	20.8%	+35.2%	-0.7%	7.4
Average	154	$30.8	+6.9%	$1.1	23.9%	11.5%	+15.7%	+4.2%	40.5

Source: Drug Channels Institute analysis of 2019 *Fortune* 500 list
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DRUG CHANNELS INSTITUTE

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To look at specific drugs to show how they operate, as reported from TruthRX.org, let's take insulin for example. Patients are responsible for $594. Of that $594, the drug manufacturer, Eli Lilly, charges $135, wholesalers charge $20, and Pharmacy retailers charge $7. The remaining $432 is what the Pharmacy Benefit Manager charges. The PBM charges 73% of the cost and they don't even touch the drug. The same hold true for EpiPens. Consumers are responsible for $608, the manufacturer Mylan markets their cost at $274 and PBM's take $284 for themselves, 46% of the cost. For a company to take this much from consumers without doing any of the research behind it, nor involved in the manufacturing process, is extorsion. There are 3 three PBM's that control 75% of the market (CVS Health, Signa, and United HealthCare).

We have an opportunity to change this in Wisconsin. We must allow normal capitalism through transparency to control the market and not the top three companies making economic decisions. Some years back, the Federal government passed a law that allows States can open up transparency on these drugs for Pharmacies and everyone can see. Some states have taken advantage of this, but not Wisconsin. A bill that could have changed this was going up for vote and had 105 of the 133 votes for support, then in the last minute was voted down by the Republican party. We need to pass this legislation immediately to establish transparency in our market.

Our nation needs to open up the market for prescription drugs and create competition. Synthetic drugs, like Bio Similac, are becoming more readily available, inexpensive, and much easier to procure with the same results as the current drugs. Some drugs have as much as a 500% markup. Many current medications are outdated with all the new advances in the industry. A more prosperous return on investment can be established by shifting money to other manufacturers.

Medications should stop being denied just because they are not covered under your provider anymore. If someone needs a medication that works for them, they should be allowed to get this, not denied because the PBM or insurance company has excluded this drug because it is not as economic beneficial to them. All pharmacies should have access to all medications and be covered under all insurance plans for all patients (AKA Patient Steering). "Steering Patients" for the profit of an organization should be deemed illegal and for sure is unethical and immoral. Roughly 33% of Wisconsin's independent pharmacies have closed from 2009-2018 due to market manipulation. Pharmacy closings in Wisconsin are over 6-times higher than the national average. This becomes even more dangerous as more rural areas and low-income neighborhoods that do not have the coverage now and with the senior population that has increased by 15.4% from 2010 to 2017. The demand is increasing as the market availability is declining due to manipulation.

It is time to pass the legislation that we need to open up the transparency and oversight into our prescription drug industry. Numerous other states have already started doing this, but not Wisconsin. We need to have the competition as a free market should be to help drive prices lower and inspire creativity for the evolution of more modern medications. Newer medication is available in today's new informative world but is just

not accepted by the large PBM's to get it out into the world. We have an opportunity to help save lives instead of destroying them, economically and figuratively.

Mental Health

Today more than ever we must focus on mental health. I feel it is becoming the #1 issue in healthcare, and it is not receiving the proper care. Money is driving the care for organizations to make a profit, rather than properly help individuals. Roughly 30% of adults in the U.S. reported symptoms of anxiety or depressive disorder during 2020, up 11% from 2019.

Wisconsin needs to focus on four major issues to fix the mental healthcare. By law, Wisconsin is required to have the professional licensed staff for the quality of care that should be provided. The management of mental health and the administration should be taking this seriously for the current quality and future development. We need to make sure that we will have enough staffing for all the care today and in the future. We need to focus on having the correct prescription drugs for all the different types of issues.

When I first started looking at the problems in the industry, I was appalled to find out about an individual in the Milwaukee area that is still practicing today. In 2014, Dr. Ronald Rubin was charged for overmedicating a 16 year old by giving her a medication at double the adult daily dosage and accused of smoking marijuana with her at his home residence. He provided this "psychiatric care" without her parents' consent. This wasn't the only issue, he grossly over prescribed medication, more than six times the amount, on nine separate occasions for workers at a strip club for amphetamines. Sometimes he took some of these pills for himself. He used prescriptions and his position to solicit sex. The Wisconsin Medical Examining Board only temporarily removed his license and looked the other way through all these accusations, even though his ex-wife came out against him. Most cases were not investigated from the state board. He still practices mental health counseling today and has 7 locations across the Milwaukee area, with 22 Nurse Practitioners working with/for him, yet only 3 are qualified for mental healthcare. This is deplorable that Wisconsin is letting this happen.

This isn't the only big issue that we have been plagued with, Tony Evers campaigned on fixing the juvenile care at Lincoln Hills Schools for Boys, attacked Scott Walker during his campaign, and the service has worsened. Sexual misconduct incidents have soared 75%, youth-staff battery increased 177%, group disturbances are up 158%, staff injuries are up an astounding 4,700%, and now staff vacancy rates is at 32%. Gang violence is rampant in the facility, everyday there is threats to the staff members and their families. This is appalling and there is no action to make this better.

Mental HealthCare Management & Licensed Staff

The overall management of the mental health in Wisconsin is broke. Wisconsin needs to start seriously looking at the problems to fix these for the future.

In early 2018, Blue Cross Blue Shield reviewed all 286 Psychiatric Nurse's, and with the further review, **only** 65 of them were truly Psychiatric Mental Health Nurse Practitioner (PMHNP). Blue Cross knowingly promoted out of scope providers falsely under the pretense that they were PMHNPs, the psychiatric NP specialists, as they listed FNPs under the specialty header for their very own members to seek care from a non-psychiatry specialist. This truly is a public health concern. The company that runs Blue Cross Blue Shield is unlawfully denying behavioral health benefits. The lawsuit claims that they have breached its fiduciary duty under the Employee Retirement Income Security Act in administering self-insured employer health plans and violated plan terms. We here in Wisconsin need to get the proper certified and licensed professional to properly care for the mental health of our state.

To truly fix mental health, we must have the professionals who are qualified to work in the industry be the driving force. We can not continue to use Family Nurse Practitioners (FNP) who are not qualified for the correct diagnosis or correct prescriptions to operate in the field as a FNP has not had neurobiology-psychopharmacology nor a residency exclusive to psychiatry. Cases are starting to get out across the U.S. of organizations not employing the correct personnel for mental health. A recent case in Oklahoma targeted Peter Stanbro, M.D.M.P.H who employed FNP's who are not certified as a PMHNP, Psychiatric Mental Health Nurse Practitioner.

There is a rule, R4-19-508, in the government that states a Registered Nurse Practitioner (RNP) shall only provide healthcare services within the nurse practitioners scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework AND a clinical residency in the area of population focus, ie: psychiatry for a PMHNP.

At the Medical College of Wisconsin, only one out of seven is a Psychiatric Mental Health Nurse Practitioner in the Psychiatric Residency. They allow a Family Nurse Practitioner's (FNP) to be part of the Psychiatric Residency Program. Again, the issue with this is that a FNP does not have the initial training or education to assist in the mental health field nor the in depth studies surrounding the neurotransmitters that are affected with the selection of medication.

A FNP, as a generalist, can renew prescriptions for a psych mental health medication, in collaboration with a specialist. However, once that patient becomes unstable, needing medication or dose changes, that patient has evolved outside of the scope of a generalist and for the time being, requires the care of a specialist until that patient again becomes stabilized. Many psychiatric symptoms can also manifest from other

disease processes, i.e., dysfunctional thyroid, therefore, the collaboration between primary care and a PMHNP is imperative to ensure the best outcome of the patient, and a requirement as the standard of care.

The solution to this is multifaceted by providing more qualified service members to the mental care. A great start to solving this issue is to pass Assembly Bill 396 and Senate Bill 394 which "creates an additional system of licensure for advanced practice registered nurses to be administered to the board". This is a start to get the right people in the positions to help avoid malpractice. Organizations need to stop placing patients within network since they get a bonus for referring in network even though there are months long waits without the quality of care of certified professionals. Wisconsin needs to immediately use telehealth with actual licensed PMHNP who have all the correctly certified staff to fill the need. There is a push to open Medicaid for this and we need to follow through with this. With the increase and continuing demand, the pay of out of scope providers is a legal concern and a risk that all companies and the public should be aware of. To provide the correct care, we must allow out of network coverage.

There is a management/leadership deficiency within the mental healthcare at the county level. An instance at the Green Lake Health and Human Services reported a staff member on paid leave for over a year. The Director and Deputy Director were fired for inept leadership and poor management. Waushara County Human Services was not immune to this management disease destroying morale and high employee turnover. We do not ask MBA's to be social works so we should not ask social workers to be MBA's. Finding the correct person for the job and getting the right training is imperative at any job, and our government is no exception.

There needs to be an intentional change in the approach to leadership and management as employees do not leave because of bad counties, they leave because of bad managers and poor leadership. From a recent Harris poll, of the 23,000 U.S. full-time employees in key industries with key functions, only 17% of employees felt their organization fostered open communication. Only 15% felt their organization enabled them to execute goals. Only 20% fully trusted the organization they worked for. All levels of county government are in danger to include child services, law enforcement, mental health services, and first responders. Overcoming the stigma associated with falling morale is destroying our workforce at the county level and without proper training of function, only an outcome of failure will be achieved.

Mental HealthCare Staffing

There is also a serious staff shortage for the current need and an even larger demand in the next decade. A recent report on the Wisconsin Policy Forum states 55 of 72 Wisconsin counties face a "significant shortage" of psychiatrists. There are 20 counties alone that have no practicing psychiatrists at all. Counties with few or no psychiatrists are most prevalent in the northern portion of the state. For example, a single psychiatrist currently serves Ashland, Bayfield, and Iron counties. With the increase in mental health

and substance abuse in the state, they state at current demand, more than half of Wisconsin adults in need of services will go without care.

The serious problem in the near future is that with the demand increase and the current staffing of licensed professionals remain, the staffing shortage is exacerbated. The average age of a psychiatrist is 50 years old, nearly half over 55, and roughly 25% over the age of 65. This workforce also declined by 0.2% from 2003-2013. In that same amount of time, physician's increased by 14.2%. It is projected to have a shortfall in the workforce of 12% by 2025. With a high demand, prices for these services will undoubtably increase to unaffordable levels along with the long wait times for services that need immediate attention.

Telehealth with Psychiatrists and/or PMHNPs would seriously help with the increased saturation of the mental health demand for services. It would decrease administration, increase access for all areas of Wisconsin to include rural areas, help with all services in underserved areas, and help create competition to help drive markets down. As telemedicine becomes more prevalent in our healthcare, the legitimacy of the technique will increase. The most amazing effect of telepsychiatry is the acceptance from the stigma associated with patients visiting a mental health facility. With the advantage of in-home care, patients feel more comfortable receiving these services as they are not in the public. In 2015, the American Psychiatric Association (APA) created a committee for educational resources for the practice and policy implications for telepsychiatry. The University of Arizona and St. Elizabeth Hospital used telepsychiatry for treating depression in an underserved Hispanic population with positive results such that it improved acceptability of mental health services and improved health outcomes of those that used it.

This isn't a novel idea. Many other states are already implementing Telepsychiatry programs including Tennessee, Georgia, California, Kansas, and North Carolina. In North Carolina, it is now open across 57 hospitals and is 70% funded through the state and 30% through the Duke Endowment. They have seen a $2.7 million return on investment, not calculating the long term savings in the future and positive societal change.

Political Changes

Why is mental health so important? AMA has studies that show mental healthcare affects numerous facets directly and indirectly including, jobs, wages, tax revenue, and social and community involvement. We have an opportunity for collaborative efforts across professionals and can pass legislation to help with training our future leaders and also on insurance pay schedules.

Wisconsin DHS estimates that we spend $6.8 billion annually just in substance misuse and addiction alone. Depression and schizophrenia alone cost $1.8 billion. Wisconsin ranks fourth in the nation in prevalence of mental health, affecting nearly 1.5 million people. Roughly 49% of those people will not receive care due to the lack of mental health services.

To help with the immediate need, Wisconsin can follow other states in the form of collaboration within the industry. Washington implemented Collaborative Care state-wide, NY & SC follow this. This program is where if a doctor has a question, they can reach out to a licensed and certified team and ask for advice and guidance, a true collaboration. While this is a good practice, we should not allow non-trained doctors practice in the mental health field unless they are certified.

In the form of financial assistance to attract more PMHNP's, Wisconsin currently has 3 loan programs for those that want to use it for college and then have residency in Wisconsin upon graduation to support the rural and underserved areas in Wisconsin. Less than 5% of the loans are for psychiatry students, mostly because there are just not a lot of applicants. Since these are loans and not grants, we should increase the support of these loans and offer more, especially to the psychiatry area. Only 57% of applicants to one of the programs are accepted because they are short on funding to support the loans. Psychiatrists are among the lowest paid physicians, so helping them out of the debt ratio upon graduation is critical to others to select this as a career. It is difficult for them to live in rural areas as the pay is not as high and they have to pay off their debt. Each residency slot costs roughly $320,000 ($80,000/yr. on a 4-yr program) to fund.

2 Organizations in Wisconsin train psychiatrists, UW Madison & the Medical College of Wisconsin who run 4 programs serving roughly 25 psychiatry students a year. They need the opportunity to be able to expand their residency programs, yet they are limited because the federal government capped the number of residency positions. Wisconsin needs to fund the difference in order to sustain the demand for more mental health workers we will need. The two potential ways to accomplish this is to increase the class size or increase the residency programs. About half of medical residents practice in the state in which they were trained.

Low reimbursement rates from insurance providers, Medicaid, and Medicare threaten access to mental healthcare. Only 55% of psychiatrists accept private insurance, 55% accept Medicare, and 43% accept Medicaid. Psychiatrists are paid roughly 20% less than other physicians, on top of the 20% less they receive from Medicaid, the low payment exacerbates the mental health field. Increasing the number of psychiatrists who accept insurance/Medicaid to make all services available to all people regardless of socioeconomic status minimizes barriers for a market that only currently supports half of the adult that need care.

Because mental health disproportionally affects low income or those uninsured, Medicaid is a driving factor for these individuals and increasing the reimbursement rates on the pay schedules would have a significant impact on attracting psychiatrists to practice in Wisconsin. This would also help attract psychiatrists to the rural areas where most of these individuals reside. Also, increasing the Medicaid rates would also drive private insurance companies to raise their rates since they track these for their pay schedules. Yes, this is more money in BadgerCare, but the cost savings in crime and other economic development (jobs, taxes, revenue in sales, etc.) needs to be analyzed

as well to see the complete return on investment. Ultimately, this offers more Wisconsinites access to mental health services which is the goal.

Along with increased pay scale rates, insurance companies need to be held to standards for "Mental Health Parity" where they should not be able to decide if something is "medically necessary" or not. Wisconsin needs to adopt "best practices" identified in the SAMHSA just like seven other states (California, Connecticut, Maryland, Massachusetts, New York, Oregon, and Rhode Island). Better enforcement of parity will lead to more affordable care because insurance companies would be required to cover mental health services at the same rate as other medical services. This affordability will increase access for all people, especially in rural areas, making mental healthcare more equitable.

Investment in mental health not only helps people, but there is an economic impact. The ADA has estimated that for every $1 million invested, there is a return of 6.8 full-time jobs, averaging $147,058.83 per job, less of an investment on some of the tax incentives that Wisconsin gives out. There is also an additional $0.30 on indirect wages for every $1 invested. Of the roughly 12,600 current physicians, this generates over $1.2 million in state and local taxes.

Prescription Drugs

Without the proper diagnosis from the proper professionals that are trained for mental health that was mentioned above, medications are not being properly prescribed. Without the proper diagnosis and education, patients are over medicated, improper medications prescribed, or given other medication to counteract their current medication that they don't need. With the modernization of MRI scans that measure the blood flow, medicines can now target the portions of the brain that are causing some of the neurological disorders. Many of these medications are block from pharmacies because of the PBM's. This quality of service is broken. There have been major advancements in the drug market to help mental health and proper licensed technicians are needed to prescribe these new drugs. The decade old drugs keep getting prescribed and the new research and proven more effective drugs are not being implemented. The drug market needs a reform to advance these types of treatments and availability. Read the Prescription Drug Reform section for more information into this solution.

Summary

Wisconsin faces a growing shortage of psychiatrist and access to mental health services. We must focus on recruitment and retention for the future, and we can do that through polices that help build the industry. State reimbursement can drive sustainability for programs and help prevent crime, drug prevention, job growth, and reform our society in positive aspects.

Telehealth is a modern inexpensive approach to reaching broad areas and is easy to implement. It also offers the licensed and certified PMHNP's that have the experience for the quality of care and better targeted medicine. We must demand mental health professionals to be a part of the mental healthcare.

If you feel like I do, help me spread this message. I want people to join me because they believe in what I believe in…Wisconsin. Let's create a new culture for Unity to move Forward!

Look Forward…Don't look back, we're not going that way!

Websites for more information

https://www.drugchannels.net/2019/06/profits-in-2019-fortune-500.html

https://www.modernhealthcare.com/legal/major-blues-insurer-sued-denying-behavioral-health-claims

https://wispolicyforum.org/research/rural-counties-face-psychiatrist-shortage/

https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

https://lafollette.wisc.edu/research/publications/psychiatrist-shortage-in-wisconsin

https://www.fox6now.com/news/psychiatrist-accused-of-smoking-pot-with-patient-overprescribing-add-meds

https://atelepsych.com/wisconsin/dr-ronald-rubin/

https://www.healthinsurance.org/medicaid/wisconsin/

https://www.nationalnursesunited.org/press/new-study-hospitals-hike-charges-18-times-cost

Broken promises, violent consequences – Empower Wisconsin