

November 9, 2020 9:30 am

Joint Hearing: Senate Human Services Committee and Senate Public Health Committee
Subject Matter On: Policy Recommendations on Health Disparities, Access to Health Care, Behavioral
Health, and Diversity in Health Care/Culturally Competent Health Care
Written Testimony Submitted by Susan M. Scherer, MD on Behalf of Illinois Psychiatric Society

Dear Members of the Senate Human Services and Public Health Committees,

The Illinois Psychiatric Society (IPS) is a district branch of the American Psychiatric Association. IPS has over 1,000 physicians members throughout the state. I am a child, adolescent and adult psychiatrist, and president of IPS.

I work with chronically ill children at La Rabida Children's Hospital, children who have suffered abuse and neglect and live in a residential psychiatric facility, Hephzibah Home, awaiting foster home placement, and in the violence reduction and prevention program at Proviso Leyden Council for Community Action, Violence Prevention and Reduction Program, in Maywood, where I grew up.

My colleagues and I work closely with Black patients and their families, as well as Latino, LGBTQ, and other minority patients, many of whom need help with food, housing, health care, education, and jobs. We see these unmet basic needs and the terrible impact on mental health, and we feel extremely grateful that you leaders of the Human Services and Public Health Committees are looking and listening carefully, and trying to make things right for all of these important residents of Illinois. Thank you.

The pandemic has highlighted the profound health inequity in our nation. For disenfranchised populations, the effect of deficient healthcare access, unstable housing, stigma, and chronic disease have increased illness and mortality during the pandemic.¹ Vulnerable groups at risk for worse health during this time include racial/ethnic minorities, homeless individuals, incarcerated individuals, individuals with substance use disorders, disabled/elderly individuals, gender/sexual minorities, and those with serious and persistent mental illness.² Quarantine conditions also heighten risk for intimate partner violence and child abuse or neglect.³

People living in poverty are more likely to be exposed to the coronavirus. Lack of access to the internet and to computers prevents them from fully benefiting from telemedicine for healthcare delivery. The

<sup>&</sup>lt;sup>1</sup> COVID-19 Pandemic Guidance Document: *Health Equity and COVID-19,* Prepared by the American Psychiatric Association (APA) Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities. Copyright 2020, American Psychiatric Association, all rights reserved.

<sup>&</sup>lt;sup>2</sup> COVID-19 Pandemic Guidance Document: *Health Equity and COVID-19*, Prepared by the APA Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities.

<sup>&</sup>lt;sup>3</sup> COVID-19 Pandemic Guidance Document: *Health Equity and COVID-19,* Prepared by the APA Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities.

result is higher rates of infection, hospitalization, and death among minority groups.<sup>4</sup> Such limitations represent a specific and serious disparity that is expected to continue negatively impacting these populations, even after resolution of the current public health crisis.

Across the country, underlying systemic racism, bias, prejudice, bigotry, and overt indifference towards medical and psychiatric care for disadvantaged populations have contributed to these inequities. We are encouraged when we see the collaboration among you legislators, the governor's office, the medical community, and social service agencies during this difficult time to mitigate the influence of systemic discriminatory bias. This is what will begin to improve quality of life for the most vulnerable.

We are grateful to Governor J.B. Pritzker and the Illinois legislature for working tirelessly toward achieving health equity. We look forward to the opportunity to collaborate with you, and encourage you to use us as a resource.

## The Illinois Psychiatric Society recommends the following to address inequities and the pandemic:

- Urge the Illinois Department of Healthcare and Family Services to reimburse for the Psychiatric Collaborative Care Management Services CPT codes billed to Medicaid – to increase access to care through the Collaborative Care Model, in which primary care doctors treat patients with the support of a psychiatrist and case manager, in the primary doctor's setting.
- 2. **Preserve insurance and Medicaid coverage of telemedicine,** and make the flexibility provided by the Governor's executive order into permanent law.
- 3. **Support public health and early education** about mental and substance use disorders, and the treatments available, to decrease fear and stigma.
- 4. **Assist at-risk individuals and families**, with home visits and case management for serious mental illness, mobile crisis intervention, and continuity of care between inpatient and outpatient settings.
- 5. **Include mental health professionals** among the members of the Diversity in Healthcare Professionals Task Force of IDPH (Public Act .<u>101-0273</u>), and mentor students of color at all levels of education to consider careers in mental health..

Thank you for the opportunity to share the Illinois Psychiatric Society's concerns and suggestions. Please do contact us with any questions related to mental health and the effects of racial inequity in health care systems.

Sincerely,

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<sup>&</sup>lt;sup>4</sup> COVID-19 Pandemic Guidance Document: *Health Equity and COVID-19,* Prepared by the APA Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities.

<sup>&</sup>lt;sup>5</sup> COVID-19 Pandemic Guidance Document: *Health Equity and COVID-19,* Prepared by the APA Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities.