Mental Health Working Group

2026 MEETING SUMMARY

The Alliance for Patient Access convened its Mental Health Working Group on June 12-13, 2026, to discuss mental health innovation and the policy barriers that continue to limit patient access.

UTILIZATION MANAGEMENT

Prior Authorization and Reauthorization

Clinicians agreed that prior authorization remains one of the greatest barriers to mental health treatment. Increasing documentation requirements, repeated denials and reauthorization requests delay care and place significant administrative burden on clinicians. Participants noted that interruptions in treatment can have lasting consequences for patients with serious mental illness. One clinician said, "The tragedy is what happens when patients don't get their medications, and sometimes you can't recover what's lost."

Step Therapy

Clinicians expressed concern that step therapy often requires patients to fail older medications before accessing newer and clinically appropriate treatment. Unlike many chronic conditions, treatment failure in mental health may result in relapse, hospitalization or worsening symptoms, making unnecessary delays especially concerning.

Non-medical Switching and Formulary Exclusions

Clinicians expressed concern about non-medical switching, particularly for patients who have achieved stability on their current treatment. Coverage-driven medication changes can disrupt progress, increase the risk of relapse and undermine shared decision-making between clinicians and patients. Participants emphasized that protecting continuity of care should remain a priority, particularly for patients whose symptoms are well controlled. One example of non-medical switching is formulary exclusions.

Clinicians reported that formulary exclusions are becoming increasingly common in behavioral health, particularly for newer therapies. One clinician said, "The question health plans ask is never, 'Is this medication effective?' but rather, 'Is there a cheaper alternative?"

ACCESS TO CLINICIANS

Clinician shortages remain an obstacle to timely mental health care. Clinicians described long wait times and difficulty identifying in-network providers, despite network adequacy requirements. While telehealth has expanded access for many patients, participants noted that language barriers, limited digital literacy and unreliable internet access continue to limit its effectiveness for some populations, particularly older adults and individuals in underserved communities.

NEW TREATMENT OPTIONS

Long-Acting Injectables

Clinicians highlighted the potential of long-acting injectable, or LAI, antipsychotics to improve adherence and reduce treatment gaps for patients with serious mental illness. However, prior authorization, step therapy, high costs and administration requirements continue to limit their use. Participants also noted that many eligible patients are largely unaware these therapies are available.

Psychedelics

Clinicians discussed the growing evidence supporting prescription psychedelics for serious mental illnesses while recognizing that significant regulatory, reimbursement and workforce challenges remain. Participants emphasized that thoughtful implementation, provider education and appropriate coverage policies will be essential if these therapies receive broader approval.

New Treatment Options for Addiction Therapy

Participants also discussed new therapeutics options for addiction treatment, including GLP-1 receptor agonists. Early evidence suggests these therapies may reduce cravings and support long-term recovery, but clinicians noted that high costs, limited coverage and uncertainty surrounding Medicaid reimbursement could slow adoption if evidence continues to evolve.

New Mechanisms of Action

The introduction of new mechanisms of action, including the first novel schizophrenia treatment approach in decades, represents meaningful progress for patients who have not responded to traditional therapies. Clinicians cautioned, however, that formulary exclusions, high cost-sharing requirements and delays in coverage decisions may prevent patients from benefiting from these innovations as they become available.

NEXT STEPS

Clinicians emphasized that innovation alone will not improve outcomes unless patients can access the treatments their clinicians prescribe. AfPA will use these discussions to inform future educational resources and advocacy efforts that advance patient-centered mental health policy and improve access to timely, appropriate care.

GET INVOLVED

To learn more about AfPA's Mental Health Working Group, visit
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