AMERICAN ACADEMY OF FAMILY PHYSICIANS

June 21, 2023

The Honorable Brett Guthrie
Chairman
House Energy and Commerce Committee,
Health Subcommittee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Anna Eshoo
Ranking Member
House Energy and Commerce Committee,
Health Subcommittee
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Eshoo:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 129,600 family physicians and medical students across the country, I write to thank the Subcommittee for their focus on improving access to substance use disorder treatment with today's legislative hearing titled "Responding to America's Overdose Crisis: An Examination of Legislation to Build Upon the SUPPORT Act."

Family physicians provide comprehensive mental health services and are a major source for mental health care in the U.S. Nearly 40 percent of all visits for depression, anxiety, or cases defined as "any mental illness" were with primary care physicians, and primary care physicians are more likely to be the source of physical and mental health care for patients with lower socioeconomic status and for those with comorbidities.[i] Family physicians also play a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), and prescribing and maintaining treatment of medications for OUD (MOUD). Primary care physicians are often the first point of care for patients and can provide necessary referrals or coordinate care with psychiatric and other mental health professionals when needed.

Unfortunately, access to mental health care and substance use disorder (SUD) treatment remains a significant challenge for many patients across the country, particularly those from underserved communities or marginalized populations. The AAFP shares your commitment to advancing policies that will improve access to care for SUD for all communities across the country. We long advocated for elimination of the X-waiver and applaud Congress for doing so as part of the Consolidated Appropriations Act of 2023. Removing these burdensome requirements for physicians to prescribe MOUD will greatly improve patient access to evidence-based, lifesaving treatment.

To build upon this momentum, we offer the following feedback on some of the bills before the Subcommittee.

Telehealth Policies that Promote Comprehensive, Coordinated Care

The Academy supports expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. Telehealth technologies can enhance patient-physician collaborations, increase access to care,

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improve health outcomes, and decrease costs when utilized as a component of, and coordinated with, longitudinal care. Any permanent expansion of telehealth benefits should be structured to not only increase access to care but also promote high-quality, comprehensive, continuous care, as outlined in the joint principles for telehealth policy put forward by the AAFP, the American Academy of Pediatrics and the American College of Physicians.

We are concerned that the Telehealth Benefit Expansion for Workers Act (H.R. 824) expands telehealth services – beyond just mental and behavioral health – in isolation without any regard for previous physician-patient relationship, previous medical history, or the eventual need for a follow-up in-person examination. This has the potential to undermine increase fragmentation of care and lead to the patient receiving suboptimal care. We strongly encourage the Committee to instead advance policies that improve access to comprehensive, coordinated, and continuous care while promoting the existing patient-physician relationship and removing remaining barriers for patients to access care through the most appropriate modality.

Improved Access to SUD Treatment for Justice-Involved Populations

Individuals who have been incarcerated have significant health care needs and face multiple barriers to obtaining health insurance and access to care. These challenges affect not only the formerly incarcerated individuals, but also their families and communities, many of which are disadvantaged, and experience health inequities born out of complex social determinants of health.

It is estimated that nearly half (47 percent) of individuals who are incarcerated meet the Diagnostic and Statistical Manual (DSM)-IV criteria for substance use disorder in the 12 months prior to admission to prison.[ii] Unfortunately, only 12 to 15 percent of individuals who have a substance use disorder receive drug treatment while incarcerated.[iii] For this reason, individuals who have chronic addictions have a higher risk of going through withdrawal while in custody and then overdosing when they return to the community.[iv,v]

The AAFP advocates for individuals who are incarcerated or detained to have access to comprehensive medical services, including mental health care and substance use disorder treatment. We support the funding and implementation of successful re-entry models and other evidence-based programs to assist those who have recently been incarcerated. Access to evidence-based treatments for SUD should be provided by correctional health facilities while individuals are still incarcerated, and connections to housing, employment, comprehensive primary care, and substance use and mental health support should be made to best support their health outcomes and transition back into the community.

To that end, the AAFP urges Congress to pass the Reentry Act (S. 1165 / H.R. 2400), which allows Medicaid coverage for incarcerated individuals to automatically begin 30 days prior to their release. This will facilitate better care continuity as part of community reentry, including for those with SUD and mental health needs.

The Academy also supports the Due Process Continuity of Care Act (H.R. 3074), which would amend the Medicaid Inmate Exclusion Policy (MIEP) and ensure eligible individuals being detained pre-trial are able to continue receiving SUD treatment. The impact of incarceration can begin prior to sentencing as people living in poverty are often incarcerated while pending trial due to their inability to pay the cash bond, regardless of their potential threat to society or severity of their alleged crime. In 2019, 65 percent of people who were incarcerated were awaiting trial.[vi] Pre-trial incarceration can last weeks, and sometimes months to years, often disrupting an individual's ongoing SUD treatment and access to care.

Continued Access to SUD Treatment for Medicaid Beneficiaries

Finally, the AAFP advocates to expand public and private insurance coverage of MOUD in the primary care setting, with adequate reimbursement for the increased time, staff, and regulatory commitments associated with providing MOUD. Notably, Medicaid enrollees have the highest overall prevalence of mild, moderate, or severe SUD at 21 percent, compared to 16 percent of commercially insured adults.[vii] It is critical that all Medicaid beneficiaries have access to evidence-based, lifesaving treatment for OUD. Therefore, **we are pleased to support the Extending Access to Addiction Treatment Act (H.R. 3736), which would extend the requirement that state Medicaid programs cover MOUD through 2035.**

Thank you for the opportunity to offer these recommendations. The AAFP looks forward to continuing to work with you to advance policies that improve access to care for patients with SUD. Should you have any questions, please contact Natalie Williams, Senior Manager of Legislative Affairs at nwilliams2@aafp.org.

Sincerely,

Sterling N. Ransone, Jr., MD, FAAFP
Board Chair, American Academy of Family Physicians

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[i] Jetty, A., Petterson, S., Westfall, J. M., & Jabbarpour, Y. (2021). Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey: Https://Doi.Org/10.1177/21501327211023871

[ii] Maruschak L, Bronson J, and M Apler. "Survey of Prison Inmates, 2016: Alcohol and Drug Use and Treatment Reported by Prisoners," U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. July 2021. Accessed online: https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/adutrpspi16st.pdf

[iii] Ibid.

[iv] Fu JJ, Zaller ND, Yokell MA, et al. Forced withdrawal from methadone maintenance therapy in criminal justice settings: a critical treatment barrier in the United States. *J Subst Abuse Treat*. 2013;44(5):502-505.

[v] Magura S, Lee JD, Hershberger J, et al. Buprenorphine and methadone maintenance in jail and post-release: a randomized clinical trial. *Drug Alcohol Depend*. 2009;99(1-3):222-230.

[vi] Zeng Z and Minton TD. "Jail Inmates in 2019," U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. March 2021. Accessed online: https://bjs.ojp.gov/content/pub/pdf/ji19.pdf

[vii] Saunders H and Rudowitz R. "Demographics and Health Insurance Coverage of Nonelderly Adults With Mental Illness and Substance Use Disorders in 2020," *Kaiser Family Foundation*. June 6, 2022. Accessed online: https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/