AMERICAN ACADEMY OF FAMILY PHYSICIANS

May 17, 2023

The Honorable Ed Markey
Chairman
Senate Committee on Health, Education, Labor and Pensions
Primary Health and Retirement Security Subcommittee
United States Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Roger Marshall
Ranking Member
Senate Committee on Health, Education, Labor and Pensions
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Dear Chairman Markey and Ranking Member Marshall:

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 applaud the Subcommittee's focus on mental health and substance use disorder with today's hearing titled "A Crisis in Mental Health and Substance Use Disorder Care: Closing Gaps in Access by Bringing Care and Prevention to Communities."

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. A study published this month found that Black patients lacked equal access to OUD treatment and were far less likely to be prescribed buprenorphine, to live near a prescriber, and to remain in treatment six months after first being prescribed it when compared to white patients.[ii]

The AAFP shares your commitment to advancing policies that will improve access to mental health and SUD care 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 urge Congress to consider the following policy recommendations.

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Support Integration of Behavioral Health and Primary Care

Given the dire shortage of behavioral health clinicians, especially in many rural and underserved communities, equipping primary care clinicians to provide frontline mental health and substance abuse disorder treatment is essential for ensuring patients have timely access to care. Integrated behavioral health has shown significant cost-savings for payers and physicians, as well as more equitable access to mental health services for traditionally underserved populations.[iii] Unfortunately, while many primary care physicians want to integrate behavioral health services in their practices, they face burdensome start-up costs and payment and reporting challenges that prevent integration.

The AAFP has continuously advocated for additional federal investments to initiate and sustain BHI in primary care practices. We applaud Congress for including a provision in the most recent year-end omnibus to authorize grants to support the uptake and adoption of integrated care services, including the Collaborative Care Model (CoCM). We strongly encourage Congress to build upon this by implementing additional legislation to support BHI.

Specifically, the AAFP urges the reintroduction and passage of the bipartisan Improving Access to Behavioral Health Integration Act. This bill makes necessary changes to existing federal programs to ensure primary care practices can integrate behavioral health care services by providing grant funding that covers the steep start-up costs. This initial financial support is critical to improving access to integrated services and ensuring patients and payers can achieve the long-term cost savings that behavioral health integration often provides.

We also urge Congress to pass the Better Mental Health Care for Americans Act (S. 923), which would establish a Medicare add-on code for office visits provided by primary care physicians who have integrated behavioral health into their practice. This enhanced payment recognizes the unaccounted resources required to provide integrated behavioral health care and ensures that primary care practices can sustain it. Additionally, it would establish a Medicaid demonstration program to ensure that all children covered by Medicaid have access to integrated behavioral health care in primary care, schools, or other critical settings. This program would provide infrastructure, technical assistance, and sustainable financing to support expanding access to integrated mental health care for children.

Additionally, to improve access to integrated tele-mental and behavioral health care in primary care settings, **the AAFP encourages Congress to establish a new program for adults that mirrors HRSA's Pediatric Mental Health Care Access Program (PMHCA).** This program, recently reauthorized in 2022, promotes behavioral health integration into pediatric primary care by using telehealth, and has a proven track record of increasing mental and behavioral health needs despite ongoing workforce shortages by meeting children and adolescents where they are. Given the well-documented shortage of mental and behavioral health clinicians and the growing demand for specialized care, a HRSA-funded program that provides primary care clinicians with virtual access to specialists could increase timely access to care for adult patients.

Telehealth

The COVID-19 public health emergency (PHE) transformed access to mental and behavioral health care via telehealth, making it possible for many patients to be connected to appropriate clinicians and treatment that had otherwise been unavailable to them due to financial, geographic, coverage, or other barriers. As PHE flexibilities end, we strongly urge that Congress implements policies to minimize disruptions in access to tele-mental and behavioral health care.

The AAFP has consistently advocated to Congress to permanently remove the in-person requirement for tele-mental health services for Medicare beneficiaries. Evidence has shown that telehealth is an effective modality for providing mental and behavioral health services.[iv] Meanwhile, family physicians report that persistent behavioral health workforce shortages create significant barriers to care for their patients. Arbitrarily requiring an in-person visit prior to coverage of tele-mental health services will unnecessarily restrict access to behavioral health care.

As acknowledged in the AAFP's recent comments to the Drug Enforcement Administration (DEA), the in-person connection between a physician and patient can provide a valuable touchpoint for patients receiving MOUD and other OUD treatment services. However, existing shortages of clinicians prescribing buprenorphine for OUD, as well as numerous other barriers faced by patients with OUD, will prevent many patients from being able to obtain an in-person visit, particularly within the DEA's proposed 30-day timeframe. **To that end, we strongly urge against requiring an in-person exam for prescribers of buprenorphine for treatment of OUD**, given evidence in support of telehealth, limited access to OUD treatment prescribers, and relatively lower rates of buprenorphine diversion.

While an in-person evaluation may be necessary for other primary care treatment, data shows that buprenorphine prescribing is particularly well-suited for virtual-only visits. Telehealth initiation of and continued treatment with buprenorphine has shown greater treatment retention, reduced illicit opioid use, improved access to treatment, greater patient satisfaction, and reduced healthcare costs.[v]

Nearly 160 million individuals live in a mental health professional shortage area, and many more have mental health professionals in their area that do not accept the patient's insurance or require unfeasible cost sharing.[vi] Nearly 99 million individuals live in a primary care health professional shortage area and would be unable or challenged to receive MOUD without telehealth and audio-only visits.[vii] This difficulty in access to care for patients is compounded by transportation, time, and child-care challenges, as well as trauma and stigmatization from past experiences with the health care system. All of which makes virtual visits critically important for initiating and maintaining OUD treatment.

Close the Medicaid Coverage Gap

The AAFP supports efforts to provide coverage for low-income individuals in states that decided to forgo the Affordable Care Act's Medicaid Expansion. Closing the Medicaid expansion coverage gap would grant over 2 million uninsured Americans access to health coverage and would be a critical step in improving access to mental and behavioral health care, as well as addressing existing disparities in access. Data has shown that 60 percent of those in the Medicaid coverage gap are people of color, and more than 1 in 4 are estimated to have a behavioral health condition.[viii] Family physicians have repeatedly called upon states to expand Medicaid to avoid coverage gaps, and in the absence of state action, we support alternative options to cover individuals who would otherwise be eligible.

Improved Access 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%) 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.[ix] Unfortunately, only 12 to 15% of individuals who have a substance use disorder receive drug treatment while incarcerated.[x] 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.[xi,xii]

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.

Thank you for the opportunity to offer these recommendations. The AAFP looks forward to continuing to work with you to advance policies that improve patient access to mental health and substance use disorder care. 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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