



February 1, 2022

The Honorable Patty Murray
Chairwoman
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
Washington, D.C. 20510

Dear Chairwoman Murray and Ranking Member Burr,

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the Health, Education, Labor and Pensions Committee for its continued focus on mental and behavioral health. I write in response to the hearing: “Mental Health and Substance Use Disorders: Responding to the Growing Crisis.”

The COVID-19 pandemic has exacerbated existing issues with anxiety, depression, and post-traumatic stress disorder amid a growing shortage of mental health and behavioral health providers. This is especially true for historically marginalized populations and children and adolescents. Family physicians provide comprehensive mental health services and are a major source for mental health care in the U.S. The behavioral sciences and mental health are central tenets of the specialty of family medicine, and family physicians receive high-quality training in these areas. While psychiatric and other mental health professionals play an important role in the provision of high-quality mental health care services, primary care physicians are the first point of care for most patients. Nearly 40% 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 co-morbidities.¹

Family physicians not only provide comprehensive health care to patients of all ages, they are tuned in to the needs of their community and are often the first line of defense for primary care, chronic care management, and acute illness. To this end, family physicians play a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), naloxone administration, and medication assisted treatment (MAT) for patients with OUD. Mental health concerns are highly prevalent in the U.S. and are associated with an increased risk of morbidity and mortality.

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Considering the important role family physicians play in the provision of mental health care services, The AAFP urges the Committee to consider the recommendations below to ensure that our nation's primary care workforce can support the mental and behavioral health needs of our patients, families and communities.

Support Behavioral Health and Primary Care Integration:

The Collaborative Care Model, supported by various organizations including the AAFP and the American Psychiatric Association, is a model for the successful integration of primary care and behavioral and mental health.^{vi} At its core, the idea of collaborative care is anchored in team-based approach, often in the context of a medical home, and steered by primary care physicians. It involves behavioral health specialists and consulting mental health professionals delivering evidence-based care that is patient-centered.

Central to its goal, the collaborative care model is team-driven, population focused, measurement guided, and evidence based. These four elements, when combined, can allow for a fifth guiding principal to emerge—accountability and quality improvement. Collaborative care is team-driven, led by a primary care clinician with support from a “care manager” and consultation from a psychiatrist who provides treatment recommendations for patients who are not achieving clinical goals. Other mental health professionals can contribute to the Collaborative Care Model.

The AAFP urges Congress to support the adoption of the Collaborative Care Model by funding grant programs for primary care practices and encouraging the Centers for Medicare and Medicaid Innovation to develop models for behavioral health integration.

Support Data Collection:

Accurate data collection is essential to understanding areas most in need of behavioral health resources. The AAFP recommends Congress **direct the Director of the Agency for Healthcare Research and Quality (AHRQ) and the Assistant Secretary for Mental Health and Substance Use create and implement a plan to improve measurement of the extent to which children and adults have access to integrated mental health care in primary care - and the effectiveness of the care provided.**

The AAFP recognizes that integrated behavioral health services exist on a spectrum and can include consistent coordination of referrals and exchange of information, colocation of services in the primary care setting, or full integration of treatment plans shared between primary care and behavioral health clinicians. In order to effectively measure access to integrated behavioral health services or create a futures standard, AHRQ will need to work with stakeholders to outline what level of integration is required. Furthermore, interagency collaboration is essential to ensuring resources are in place to achieve a comprehensive system of care that includes primary care physicians and mental health providers.

The AAFP also recommends Congress provide resources for HHS to further study behavioral health integration best practices and areas of need, focused on vulnerable and at-risk populations. Additional research is needed on health inequities, mental and behavioral health outcomes, case management, and best practices for historically marginalized

or disadvantaged groups like minoritized racial and ethnic communities, LGBTQ patients, patients with intellectual disabilities, and those with limited English proficiency. To eliminate existing disparities, primary care physicians should have the needed resources to effectively care for diverse patient populations, especially when unique or complex mental and behavioral health concerns present during routine wellness exams.

Improve Access to Medication-Assisted Treatment (MAT):

Physicians continue to face barriers to prescribing evidence-based treatment like buprenorphine and other MAT. Clinicians are required to obtain an X-waiver from the Drug Enforcement Administration (DEA) in order to prescribe MAT. To obtain the waiver, physicians must complete 8 hours of training and attest to meeting counseling and other requirements. Previous caps on patient volume for MAT administration have also hindered the expansion and accessibility of MAT. While documentation, counseling, and inspection requirements are important to ensuring practices follow recommended guidelines, they often make it difficult for small or rural practices to provide MAT given geographical and financial challenges.

These burdensome, redundant requirements create barriers to offering MAT in physician practices and have worsened access to this evidence-based treatment.ⁱⁱ The administration recently finalized new buprenorphine prescribing guidelines to exempt clinicians from certain training and reporting requirements if they provide buprenorphine to fewer than 30 patients. The AAFP [recognized](#) these new guidelines as a positive step toward improving access to MAT but additional action is needed to ensure patients with SUD can get the care they need. **We urge Congress to pass the Mainstreaming Addiction Treatment Act (S. 445) to eliminate the X-waiver and improve patients' access to MAT.**

The AAFP is [concerned](#) that DEA has not promulgated regulations to implement a special registration process for waived clinicians to prescribe buprenorphine via telehealth, as mandated by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Emerging evidence indicates that telehealth OUD treatment during the COVID-19 pandemic has improved access to MAT and helped patients stay in treatment, particularly for historically underserved populations. To ensure ongoing access to telehealth OUD treatment after the pandemic, we urge Congress to ensure DEA swiftly publishes regulations establishing a special registration process for providing MAT via telehealth.ⁱⁱⁱ

Increase Mental and Behavioral Health Services for Children & Adolescents:

More than 14 million children and adolescents in the United States, or 1 in 5, have a diagnosable mental health disorder. Depression negatively impacts growth and development, school performance, and peer or family relationships, and may lead to suicide. According to the CDC, Today, suicide is the second leading cause of death for young people ages 10 to 24 – and the pandemic only threatens to accelerate these alarming trends. The AAFP recognizes the critical role family physicians, and their colleagues play in identifying mental health conditions, ensuring equitable access to mental health care, and reducing the stigma of mental disorders. In October 2021, the AAFP joined forces with the American Academy of Pediatrics, the

American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association in [declaring](#) children's mental health a national emergency.

Family physicians are critically important to addressing this mental health crisis because nearly 40% of all visits for depression, anxiety, or cases defined as "any mental illness" were with primary care physicians. Primary care physicians are also more likely to be the source of physical and mental health care for patients with lower socioeconomic status and for those with co-morbidities.

The AAFP supports collaborative programs and legislative measures to improve pediatric and adolescent mental health screenings and prevention services – and better serve children with their mental and behavioral health needs.

- **We urge Congress to reauthorize the Pediatric Mental Health Care Access Program** for another five years to help promote behavioral health integration into pediatric primary care and support pediatric mental health care telehealth access programs.
- **We urge Congress to pass the *Mental Health Services for Students Act (S. 1841/H.R. 721)*** which would help schools form partnerships with community-based resources, like primary care physicians, to establish on-site mental health services for students and provide training for school personnel on how to recognize, assist and refer students who may need mental health support.
- **We urge Congress to pass the *Child Suicide Prevention and Lethal Means Safety Act (S.2982)*.** This legislation would establish a grant program to provide funding for initiatives that offer youth suicide prevention and lethal means safety education, training, and resources to health care professionals. This legislation supports implementation of several safety recommendations contained in AAFP's "[Prevention of Gun Violence](#)" position paper.

Prioritize Maternal Mental Health Care:

Maternal postpartum depression is common in the U.S., affecting approximately 1 out of every 7 new mothers each year. Data show that women of color and women within underserved communities experience higher rates of postpartum depression and are at higher risk of maternal mental health conditions.^{iv} Family medicine practices have long implemented a practical approach to screen, diagnose, and manage postpartum depression to improve the wellbeing of new mothers and their families. The AAFP urges congress to pass legislation to improve access to maternal mental health treatment and services for underserved communities.

- **We urge Congress to pass the *Moms Matter Act (S.484)*,** which would establish grant programs to improve maternal mental health care access and support services – and address the mental and behavioral health needs of underserved communities that are at higher risk for maternal mental health conditions.
- **We urge Congress to pass the *TRIUMPH for New Moms Act (S. 2779)*,** which would create a maternal mental health taskforce of federal agencies to establish best practices

and make recommendations on how to improve mental perinatal and postpartum health for new mothers.

Thank you for your consideration of our recommendations. The AAFP looks forward to working with the committee to develop and implement policies to ensure that patients and their families have equitable and timely access to the comprehensive, high-quality care—including mental health care and behavioral health support services—that they need. Should you have any questions, please contact Alyssa Brockington, Legislative Strategist, at abrockington@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is written in a cursive, flowing style.

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

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 Kleinman, R. A., & Morris, N. P. (2020). Federal Barriers to Addressing the Opioid Epidemic. *Journal of General Internal Medicine* 2020 35:4, 35(4), 1304–1306. <https://doi.org/10.1007/S11606-020-05721-5>

ⁱⁱⁱ Pew Trust. (2021, December 14). *State Policy Changes Could Increase Access to Opioid Treatment via Telehealth | The Pew Charitable Trusts*. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/state-policy-changes-could-increase-access-to-opioid-treatment-via-telehealth>

^{iv} SY, L.-T., J, E., D, C., & PY, C. (2018). A Systematic Review of Interventions to Improve Initiation of Mental Health Care Among Racial-Ethnic Minority Groups. *Psychiatric Services (Washington, D.C.)*, 69(6), 628–647. <https://doi.org/10.1176/APPI.PS.201700382>