



February 8, 2022

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 133,500 family physicians and medical students across the country, I write to share testimony in advance of the hearing "[Protecting Youth Mental Health: Part I - An Advisory and Call to Action](#)" on February 8, 2022.

Access to comprehensive primary care is especially important for children and adolescents. Family physicians care for patients at all stages of life, from newborn care to geriatrics. Family physicians are the usual source of care for about 20 percent of U.S. children, and in rural and underserved areas this percentage is even higher.ⁱ Additionally, family physicians are critically important to addressing the mental health crisis because nearly 40 percent of all visits for depression, anxiety, or cases defined as "any mental illness" were with primary care physicians.ⁱⁱ Primary care physicians are also more likely to be the main source of physical and mental health care for patients with lower socioeconomic status and for those with co-morbidities.ⁱⁱⁱ

The AAFP applauds the Surgeon General's recent advisory on [Protecting Youth Mental Health](#) and commitment to improving access to behavioral health services. This advisory includes recommendations for families, schools, communities, employers, health care workers, and more, illustrating the need for coordinated efforts to stymie the increasing mental health concerns for young people. However, to achieve the recommendations outlined, Congress must take action to support primary care physicians and the behavioral health workforce.

To begin, Medicaid is a critical component of the response to the children's mental health crisis because it provides health insurance to 1 in 5 Americans and covers some of our most vulnerable populations. Specifically, in July 2021 nearly 40 million children were enrolled in Medicaid and CHIP.^{iv} This includes low-income children, pregnant women, and families, children with special health care needs, non-elderly adults with disabilities, and other adults. When Congress raised Medicaid primary care payment rates to Medicare levels in 2013 and 2014, patient access improved.^v Improving access to primary care through improved payment will in turn improve screening, diagnosis, and treatment of mental health and behavioral health needs for the 40 million children enrolled in Medicaid and CHIP.

The [Ensuring Access to Primary Care for Women and Children Act](#) would return Medicaid

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payments for primary care services to Medicare payment levels for two years and expand the number of clinicians eligible for this increase to ensure that all Medicaid enrollees have access to the primary and preventive care they need. The legislation also raises Medicaid payment rates to those of Medicare for the duration of any future public health emergency and six months thereafter. During this time of crisis and once things return to normal, it is critical that the Medicaid program be able to respond to take on any qualified new individuals and ensure physicians have the means to serve these new patients.

To further bolster behavioral health access for Medicaid beneficiaries, **the AAFP strongly recommends Congress pass legislation to establish a Medicaid demonstration program providing infrastructure, technical assistance, and sustainable financing for expanding access to integrated mental health care for children in primary care, schools, or other critical settings, including through telehealth.** Such program should be designed to ensure long-term and sustainable access to integrated mental health care for children, with a special focus on improving access for traditionally marginalized populations. Integrating behavioral health in primary care requires significant upfront investment, which can be a barrier to implementation for physician practices. This demonstration program would provide practices with the support they need to integrate behavioral health into their practices, ultimately improving access to care for beneficiaries.

Existing programs under Medicaid, like the early, periodic, screening, diagnostic, and treatment (EPSDT) benefit, have potential to improve access to early prevention and treatment for children and adolescents presenting with behavioral health concerns. However, state Medicaid programs implement EPSDT and medical necessity determinations differently, especially when contracting with Medicaid managed care plans. This variation has resulted in barriers to accessing mental health services treatment for children in some states. **To this end, the AAFP recommends Congress direct CMS to review EPSDT implementation in states and release an informational bulletin clarifying coverage of EPSDT services to facilitate access to prevention, early intervention, and mental health services.**

Furthermore, accurate data collection is essential to understand areas most in need of behavioral health resources. The AAFP recognizes that integrated behavioral health services exist on a spectrum and can include consistent coordinate 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. **The AAFP recommends Congress pass legislation directing the Director of the Agency for Healthcare Research and Quality (AHRQ) and the Assistant Secretary for Mental Health and Substance Use to 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 also recognizes the school nurses and counselors play an important role in ensuring children and adolescents can access care. However, current coordination between primary care physicians and school-based clinics is limited, and many family physicians do not receive all relevant information to ensure care continuity, especially during school breaks. School-based clinics often do not have information on the child's or family's insurance coverage, making it difficult to receive accurate and affordable referrals. **The AAFP strongly recommends Congress make investments to improve care coordination between school-based health care providers and primary care physicians.**

Thank you for the opportunity to respond to the committee's request for information. The AAFP is eager to support the committee in finding solutions to address the growing mental health crisis. For

additional questions, please reach out to Erica Cischke, Director, Legislative and Regulatory Affairs at ecischke@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., Romano, M. J., Jabbarpour, Y., Petterson, S., & Bazemore, A. (2021). A Cross-Sectional Study of Factors Associated With Pediatric Scope of Care in Family Medicine. *The Journal of the American Board of Family Medicine*, 34(1), 196–207. <https://doi.org/10.3122/JABFM.2021.01.200300>

ⁱⁱ 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>

ⁱⁱⁱ 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>

^{iv} CMS. July 2021 Medicaid and CHIP Enrollment Trends Snapshot. <https://www.medicare.gov/medicaid/national-medicare-chip-program-information/downloads/july-2021-medicare-chip-enrollment-trend-snapshot.pdf>

^v Polsky, Daniel; Richards, Michael; Basseyn, Simon; Wissoker, Douglas; Kenney, Genevieve; Zukerman, Stephen; Rhodes Karin: “Appointment Availability After Increases in Medicaid Payments for Primary Care” <https://pubmed.ncbi.nlm.nih.gov/25607243/>