



March 3, 2022

The Honorable Richard Neal
Chairman
Ways and Means Committee
Washington D.C. 20515

The Honorable Kevin Brady
Ranking Member
Ways and Means Committee
Washington D.C. 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I write to share testimony in response to the hearing: “Substance Use, Suicide Risk, and the American Health System.” Thank you for holding a hearing on this important subject and for the opportunity to submit testimony.

Mental health concerns are highly prevalent in the United States and are one of the most pervasive causes of disease and disability worldwide. 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.ⁱ Today, 139 million Americans live in mental health professional shortage area.ⁱⁱ Roughly two-thirds of primary care physicians are unable to connect their patients to outpatient mental health services.ⁱⁱⁱ This results in the need for primary care physicians to assume a leading role in the management of mental health care services.^{iv} Primary care physicians see nearly 40 percent of all visits for depression, anxiety, or cases defined as “any mental illness” and are 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.^v

Family physicians not only provide comprehensive health care to patients of all ages, they are also 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.

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.

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These burdensome, redundant requirements create barriers to offering MAT in physician practices and have worsened access to this evidence-based treatment.^{vi} 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 the 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.^{vii}

Support Primary Care Practices in Integrating Behavioral Health

The AAFP supports integration of behavioral health services within a patient's medical home. Behavioral integration has shown significant cost-savings for payers and physicians, as well as more equitable access to mental health services for traditionally underserved populations.^{viii} It is a proven solution that meets patients where they are. One solution is the collaborative care model, which supports a team-based approach to behavioral health care, often in the context of a medical home and steered by primary care physicians. Despite interest from family physicians, integrating behavioral health in primary care practices faces several barriers including a limited workforce, payment and reporting requirements, and burdensome start-up costs. **The AAFP urges Congress to support the adoption of the Collaborative Care Model by passing the Collaborate in an Orderly and Cohesive Manner Act (H.R. 5218) to fund grant programs for primary care practices and encourage the Centers for Medicare and Medicaid Innovation to develop models for behavioral health integration.**

The AAFP is also encouraged by President Biden's forthcoming FY2023 budget, which calls for a doubling of funds for behavioral health integration, and we urge Congress to consider equivalent investments.

Improve 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.

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 Erica Cischke, Director of 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

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- 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 Health Resources Services Administration. (2022). Health Professional Shortage Areas (HPSA). (Accessed 2/1/2022). <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- ⁱⁱⁱ Cunningham PJ. Beyond Parity: Primary Care Physicians' Perspectives On Access To Mental Health Care. *Health Aff.* 2009;28(3):w490-w501
- ^{iv} Xierali IM, Tong ST, Petterson SM, Puffer JC, Phillips RL, Bazemore AW. Family physicians are essential for mental health care delivery. *J Am Board Fam Med.* 2013;26(2):114-115
- ^v 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>
- ^{vi} 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>
- ^{vii} 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>
- ^{viii} 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>