



April 7, 2022

The Honorable Anna Eshoo  
Chairwoman  
Subcommittee on Health  
Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Brett Guthrie  
Ranking Member  
Subcommittee on Health  
Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of the American Academy of Family Physicians (AAFP) and the 127,600 family physicians and medical students we represent, I applaud the Energy & Commerce Committee for its continued focus on improving behavioral health care in our country. I write in response to the hearing: "Communities in Need: Legislation to Support Mental Health and Well-Being."

The AAFP is committed to improving access to quality behavioral health care resources and services. Family physicians provide comprehensive behavioral health services and are a major source for mental health care in the United States. While psychiatric and other behavioral health professionals play an important role in the provision of high-quality behavioral 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<sup>i</sup>. Additionally, when primary care physicians need to hand-off their patients to other behavioral health clinicians, they are often unable to do so due to coverage limitations or unavailability of clinicians. This underscores the need to better resource primary care physicians and improve behavioral health integration within the primary care setting. care.

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. We are grateful that the Energy and Commerce Committee is considering multiple legislative proposals to address the unique and unmet behavioral health needs of children and adolescents.

The AAFP hopes to see timely action from Congress on the following recommendations.

**AAFP urges Congress to pass the Collaborate in an Orderly and Cohesive Manner Act**

**(HR 5218)**. The Collaborative Care Model (CoCM) is a team-based approach led by primary care physicians who work with behavioral health specialists and psychiatric consultants to provide coordinated care for patients within their medical home. CoCM has tremendous cost savings potential. For example, cost/benefit analysis demonstrates that this model has a 12:1 benefit-to-cost ratio for the treatment of depression in adults<sup>ii</sup>. Furthermore, the model greatly increases the number

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of patients able to be treated for mental health and substance use disorders compared to traditional modes of care. CoCM has also been shown to increase physician and patient satisfaction and reduce stress among primary care physicians.

HR 5218 provides grants to primary care practices to implement CoCM and creates technical assistance centers which will enable more primary care practices to adopt this evidence-based model for integrated behavioral health care. Expanding the use of this model will help address current behavioral health care workforce shortages, increase access to mental health and substance use disorder (SUD) treatment, improve outcomes and health equity, and reduce health care costs. Importantly, this legislation also supports the evaluation and testing of other behavioral health integration models to identify other successful and scalable options for delivering care.

### **AAFP urges Congress to pass the 9–8–8 and Parity Assistance Act ([HR 7232](#)).**

The AAFP applauds Congress' action to implement the 9-8-8 hotline; however, many states have raised concerns about how to handle the increased demand for crisis services. This legislation aims to address those concerns through the establishment of a new Behavioral Health Crisis Coordinating Office and increasing funding for the National Suicide Prevention Lifeline. The legislation also prioritizes care coordination by making investments into a pilot program for communities to create or enhance crisis response teams that include physicians, counselors, EMTs, peer responders, and other team members with the skills and background to support individuals in crisis. To this end, the bill also directs HHS to establish standards for a behavioral health crisis continuum of care, which should include physicians in tune with the needs of their communities.

Primary care physicians and behavioral health providers work to ensure appropriate management of mental health concerns so that a patient does not reach a point of crisis. However, the shortage of primary care physicians and behavioral health providers, as well as exacerbated mental health conditions, has led to an immediate need for investments into our crisis response system.<sup>iii</sup> Today, 139 million Americans live in mental health professional shortage areas.<sup>iv</sup> Roughly two-thirds of primary care physicians are unable to connect their patients to outpatient mental health services.<sup>v</sup> HR 7232 invests in critical stopgap measures that ensure anyone experiencing an acute mental health crisis can get in touch with someone who can provide support.

**The AAFP urges Congress to pass the Supporting Children's Mental Health Care Access Act ([HR 7076](#)).** More than 14 million children and adolescents in the United States, or 1 in 5, have a diagnosable mental health disorder. Additionally, 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.<sup>vi</sup> Primary care clinicians throughout the country rely on Health Resources and Services Administration (HRSA)'s [Pediatric Mental Health Care Access Program](#) to fund the integration of behavioral health in their practice, including through telehealth. Data show that children in states with programs such as the ones funded under this HRSA program were more likely to have received behavioral health services than those in states without such programs.<sup>vii</sup> Federal investments to substantially expand child psychiatric telephone consultation programs could significantly increase the number of children receiving mental health services.<sup>viii</sup>

Initiatives funded through HRSA's Pediatric Mental Health Care Access Program have increased pediatric provider capacity to screen, refer, or treat children's mental health, increased screening, incorporated health equity, and supported quality improvement. The Supporting Children's Mental Health Care Access Act would reauthorize the program for five-years to preserve and enhance

access to behavioral health care for pediatric patients. This is increasingly important as the demand for pediatric behavioral health services has only increased throughout the COVID-19 pandemic.

**The AAFP also supports the goals of the following legislation and urges the Subcommittee to include primary care physicians as it continues its work to develop a comprehensive behavioral health legislative agenda:**

**Strengthen Kids' Mental Health Now Act (HR 7236)** - This bill includes reforms and investments to bolster the pediatric mental health workforce and ensure the availability of a full continuum of care for children. The AAFP supports greater investments in this area but would like to see more resources directed to community-based sources of care for children, like schools, primary care physicians, and preventive services, relative to care provided in hospital settings. Additionally, family physicians are a critical source of care for children and should be included as eligible entities to benefit from pediatric grant programs. Finally, the AAFP supports adding teaching health centers to the list of eligible entities for pediatric behavioral health workforce training programs. As mentioned above, child and adolescent behavioral health services are critically needed, and family physicians along with pediatricians are well suited to provide these services or connect families with other behavioral health clinicians.

**Community Mental Health Services Block Grant Reauthorization Act (HR 7241) & Substance Use Prevention, Treatment, and Recovery Services Block Grant Act (HR 7235)** - The AAFP supports robust funding for federal programs that improve access to mental health care and SUD treatment and promote greater coordination across the health care system.

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 behavioral health care—that they need. Should you have any questions, please contact Erica Cischke, Director of Legislative and Regulatory Affairs at [ecischke@aafp.org](mailto: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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- <sup>i</sup> 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>
- <sup>ii</sup> Washington State Institute for Public Policy Benefit-Cost Results for Adult Mental Health. Retrieved from: <https://www.wsipp.wa.gov/BenefitCost?topicId=8>
- <sup>iii</sup> Kaiser Family Foundation. (n.d.). The Implications of COVID-19 for Mental Health and Substance Use | KFF. Retrieved January 31, 2022, from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid19-for-mental-health-and-substance-use/>
- <sup>iv</sup> Health Resources Services Administration. (2022). Health Professional Shortage Areas (HPSA). (Accessed 2/1/2022). <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- <sup>v</sup> Cunningham PJ. Beyond Parity: Primary Care Physicians' Perspectives On Access To Mental Health Care. *Health Aff.* 2009;28(3):w490-w501.
- <sup>vi</sup> 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>
- <sup>vii</sup> [Child Psychiatry Telephone Consultation Programs Help Increase Mental Health Services for Children | RAND](#)
- <sup>viii</sup> [Child Psychiatry Telephone Consultation Programs Help Increase Mental Health Services for Children | RAND](#)