



March 16, 2016

The Honorable Lamar Alexander
Chair, Committee on Health, Education,
Labor, and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor, and Pensions
U.S. Senate
Washington, DC 20510

Dear Senators Alexander and Murray:

On behalf of the American Academy of Family Physicians (AAFP), representing 120,900 physicians and medical students, I write to share the organization's support for your efforts to advance mental health reform and substance use legislation. As the debate moves forward, we offer the following suggestions.

Helping Patients in Need

Mental health reform has the potential to help improve patient health and well-being. To do so, improvements should focus on the patient, increase access to care, and support the doctor-patient relationship. Policies also should recognize that social factors, such as early life experiences, poverty, racial and ethnic minority status, and exposure to violence, put patients at greater risk of developing mental illnesses. We commend the committee for addressing the needs of vulnerable groups such as the homeless and incarcerated individuals within the draft of the *Mental Health Reform Act of 2016*. As the process continues, we hope that Congress can provide the funding necessary to support the needs of vulnerability individuals. We also commend the committee for language clarifying the patient privacy law.

Primary Care and Mental Health Integration

We are pleased that Section 401 of the draft *Mental Health Reform Act of 2016* includes integration incentive and technical assistance grants. Numerous studies indicate that advancing mental health and primary care integration are important endeavors, but more resources are needed to implement these reforms and to study what models produce the best results. Primary care physicians have a strong interest in this integration process and welcome the opportunity to eliminate current barriers. Primary care physicians and patients rely on mental health specialists. This coordination could be supported with greater access to telehealth, particularly for patients in rural areas. Any telepsychiatry provision should support a broad range of integration models. Interoperability could also be a valuable tool to improve care coordination that is essential for all patients with special needs.

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Mental Health Parity

The AAFP supports mental health parity, which would expand health insurance coverage, regardless of medical or mental health diagnosis. We commend you for addressing this important issue under Section 604 of the committee's draft, which would require new guidance from the Departments of Labor and Treasury. We also commend the committee for including language under Section 605 to develop an interagency action parity plan but believe that including primary care physicians as stakeholders would strengthen this provision.

Health care plans should cover mental health care under the same terms and conditions as those governing coverage of other medical care and greater transparency and enforcement are necessary. Payment for primary care office visits with a mental health diagnosis code has traditionally been discounted or proscribed by private insurance, Medicaid, and Medicare. Many managed care plans do not pay family physicians for the provision of mental and behavioral health care, even though family physicians are frequently in the position to diagnose, treat and provide the needed care. While lack of payment is not the only reason for the documented failures in mental illness detection, the absence of payment has an impact on the lack of screening in primary care practices. Addressing health care barriers should include policies to identify and eliminate insurance barriers for mental health care. Proposals also should eliminate barriers that prevent primary care physicians from being paid for utilizing mental health codes. Policies should allow for same day billing for physical and mental health in primary care settings.

Primary Care Physicians Are Stakeholders

Primary care physicians play an important role in identifying mental health conditions, ensuring access to mental health services, and reducing the stigma of mental illness. The legislation emphasizes primary care as part of the requirements for state plans for the Community Mental Health Service Block Grant (Section 301). Family medicine residency training includes clinical psychiatric and mental health rotations. Family physicians must be able to recognize interrelationships among biologic, psychological and social factors in their patients. Chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer, are uniquely associated with mental illness. Health care costs for those with mental illnesses and chronic health conditions are 75 percent higher than for those without a mental health condition.

The general reluctance of patients to seek care for mental health problems complicates the diagnosis of mental illness. One in three patients who go to the emergency department with acute chest pain is suffering from either panic disorder or depression. Eighty percent of patients with depression present initially with physical symptoms such as pain or fatigue or worsening symptoms of a chronic medical illness. Although this type of presentation creates a challenge for family physicians, these patients are not likely to seek care through the mental health system. A survey conducted for the National Mental Health Association (now known as Mental Health America) indicated that 72 percent of diagnosed patients and 61 percent of symptomatic but undiagnosed people want greater involvement by their primary care physician in their treatment. This not only reflects the level of rapport between patients and family physicians, but also is indicative of the apprehension caused by the potential stigma attached to mental illness and to accessing the formal mental health system.

Workforce Provisions

Increasing the mental health workforce is an important priority for mental health reform. Research indicates that 75 percent of counties lack mental health professionals and substance use treatment facilities. However, we urge the committee to address workforce shortages without compromising resources authorized to address primary care physician shortages.

Amending the Health Resources and Services Administration's Health Professionals Shortage Area would have deleterious consequences for both primary care and mental health services.

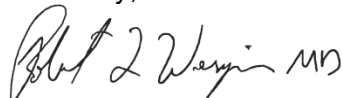
Caring for Patients with Substance Use Disorders

The AAFP shares your interest in improving access to patient education, substance use treatment, overdose prevention, and prescription drug monitoring programs. We also appreciate the draft legislation's emphasis on child and adolescent health (Section 503) as well as on the needs of pregnant and post-partum women (Section 504). We believe that substance use policies, like mental health reforms should be patient-centered and support the doctor-patient relationship, and should avoid imposing cumbersome and unproductive administrative burdens, such as mandatory lock-ins or mandatory continuing medical education.

In 2015, the AAFP joined partners in the public and private sector in announcing a unified effort to address the nation's epidemic of opioid abuse and heroin use. The AAFP, along with the more than 40 stakeholder groups, pledged to increase opioid abuse prevention, treatment, and related activities. Over the next few years, medical and health stakeholders have committed to having more than 540,000 physicians and health care professionals complete opioid prescriber training in the next two years; double the number of physicians certified to prescribe buprenorphine for opioid use disorder treatment -- from 30,000 to 60,000 -- in the next three years; double the number of clinicians who prescribe naloxone; double the number of physicians and health care professionals registered with their State Prescription Drug Monitoring Programs in the next two years; and, reach more than 4 million physicians and health care professionals with awareness messaging about opioid abuse.

We appreciate you considering these comments and welcome an opportunity to work with you as policies to address mental health and substance use disorders advance in the U.S. Senate. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,



Robert Wergin, MD, FAAFP
Board Chair

RW/scc