



November 14, 2022

The Honorable Ron Wyden
Chairman, Senate Finance Committee
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
Washington, DC 20510

The Honorable Debbie Stabenow
United States Senate
Washington, DC 20510

The Honorable Steve Daines
United States Senate
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Stabenow, Senator Daines:

On behalf of the American College of Physicians (ACP), I am writing to share our views regarding your Mental Health Workforce Enhancement discussion draft legislation, as released on September 22, 2022. We appreciate your commitment to expanding access to care for individuals in need of mental health services by strengthening our country's health care workforce. This legislation expands access to behavioral health services through measures that would: expand Graduate Medical Education (GME), facilitate physician wellness, increase the mental health workforce in shortage areas, and expand Medicaid mental health coverage. ACP has several recommendations for enhancing this legislation, which are included in this letter. We look forward to working with you to advance the provisions that we support and improve patient access to mental and behavioral health services.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease and asthma.

As you know, the number of individuals in need of mental or behavioral health services has significantly increased over the past several years, especially since the COVID-19 pandemic. Before the pandemic, the Health Resources and Services Administration (HRSA) [found](#) that shortages of more than 10,000 psychiatrists and addiction counselors were anticipated by 2030. As of September 30th of this year, HRSA designated over 6,464 [mental health clinician shortage areas](#) with more than 119 million people living in these areas.

ACP strongly supports the integration of behavioral health care in primary care and encourages its members to address behavioral health issues within the limits of their competencies and resources. Accordingly, ACP supports using the primary care setting as the springboard for addressing both physical and behavioral health care. The basis for using the primary care setting to integrate behavioral health is consistent with the concept of “whole-person” care, which is a foundational element of primary care delivery. It recognizes that physical and behavioral health conditions are intermingled; many physical health conditions have behavioral health consequences, and many behavioral health conditions are linked to increased risk for physical illnesses. In addition, the primary care practice is already the de facto center for this care, as it is currently the entry point and most common source of care for most persons with behavioral health issues.

Expanding Psychiatrist Workforce through Medicare Graduate Medical Education

A provision in this discussion draft would expand the psychiatry workforce by funding 400 additional GME slots for psychiatry residencies each year starting on October 1, 2024. Over a full decade, 4,000 additional psychiatrist residency positions would be supported by the GME slot increase.

We support funding for 400 additional GME slots per year for psychiatry residencies over ten years, but we also urge you to increase the number of GME positions available for primary care physicians in this legislation. The additional GME slots for psychiatry residencies are a good start to addressing the mental health workforce shortage but is insufficient to ensure all Americans have access to a physician to meet their mental health needs. The federal government [determined](#) that an additional 14,900 primary care physicians and 6,894 psychiatrists were needed *in 2018* to provide services that would have eliminated a HPSA designation for areas with primary care and mental health shortages. Now, with the closure of many physician practices and near-retirement physicians not returning to the workforce relating to COVID-19, it is even more imperative to bolster those clinicians serving on the frontlines and increase the number of future physicians in the pipeline.

We urge you to include in the final version of your legislation, S. 834, the Resident Physician Shortage Reduction Act, which would provide 14,000 new GME positions over seven years. In addition, ACP was encouraged that bipartisan congressional leaders worked together in 2020 to provide 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act, 2021 (H.R. 133)—the first increase of its kind in nearly 25 years—and that some of those new slots will be prioritized for hospitals that serve Health Professional Shortage Areas (HPSAs).

Supporting Physician Wellness

We support provisions in the discussion draft that would improve access to physician wellness programs. The discussion draft would allow for hospitals and other entities to provide evidence-based programs for physicians to improve their mental health, increase resiliency, and prevent suicide among physicians. The COVID-19 pandemic has added a tremendous level of strain on medical professionals, many of whom are experiencing personal hardships as they care for distressed patients and manage their own families and their own health. America’s physicians are at a critical breaking point that must be urgently addressed.

Improving Distribution of the Workforce to Shortage Areas through Medicare Bonus

Beginning on January 1, 2024, the discussion draft would expand Medicare's HPSA bonus program to increase bonus payments for physicians in mental health shortage areas that diagnose, evaluate, or treat mental health or substance use disorders. It would also allow for psychologists, clinical social workers, marriage and family therapists, mental health counselors, physician assistant, nurse practitioner, to receive bonuses when they practice in mental health shortage areas.

We are supportive of incentives such as bonus payments, scholarships, and loan repayments for physicians and to practice in shortage areas. ACP [supports policies](#) to increase the professional workforce engaged in the treatment of behavior health and SUDs. Loan forgiveness programs, mentoring initiatives, and increased payment may encourage more individuals to train and practice as behavioral health professionals.

Expanding Medicaid Workforce Capacity

Beginning no later than one year after enactment, the discussion draft would allow any state to receive a planning grant and participate in a demonstration where they would receive additional federal Medicaid funding to expand or improve the capacity of mental health and SUD clinicians in their state participating in the Medicaid program. States would have the option and ability to increase the current reimbursement rate for clinicians who provide behavioral health services in Medicaid.

We support this demonstration project as Medicaid can promote behavioral health integration models and remove payment, administrative, and other barriers that impede behavioral health and primary care integration. Funding to assist practices with workforce, health IT infrastructure, training and education costs is also crucial. Further, Medicaid should support evidence-based primary care-behavioral health integration models like the collaborative care model, through adequate payment rates (i.e., at least at parity with Medicare) and funding for health information technology infrastructure, workforce, and technical assistance.

ACP believes that payment for Medicaid primary care and other specialists' services must be permanently increased to at least the level of Medicare reimbursement. **We urge you to include S. 1833, the Ensuring Access to Primary Care for Women and Children Act of 2021, in this discussion draft, as this legislation would match Medicaid payment rate for primary care physicians to at least the level of Medicare.** Such action is especially important for physicians and facilities that serve a disproportionate number of Medicaid beneficiaries, since [evidence](#) shows they experienced significant financial struggles during COVID-19 pandemic.

Conclusion

We appreciate the opportunity to share our comments regarding this mental health workforce discussion draft as well as your sustained commitment to improving access to care for those in need of mental and behavioral health services. We look forward to working with you to implement these recommendations as you draft a final mental health reform bill in the 117th

Congress. If you have any questions, please do not hesitate to contact Brian Buckley, our Senior Associate for Legislative Affairs at bbuckley@acponline.org.

Sincerely,

A handwritten signature in black ink, appearing to be 'RDM', enclosed within a large, loopy oval shape.

Ryan D. Mire, MD, MACP
President