July 12, 2016

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Harry Reid
Minority Leader
United States Senate
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Reid,

On behalf of the American College of Physicians (ACP), I would like to take this opportunity to applaud the bipartisan efforts of many in the Senate in developing legislation to address the growing crisis of mental illness and substance use disorders. With the Senate Health, Education, Labor and Pensions (HELP) Committee having approved the Mental Health Reform Act of 2016, and the House having recently passed the Helping Families in Mental Health Crisis Act, the time is ripe for the Senate to now pass comprehensive mental health legislation before leaving for the summer recess.

The College shares your commitment in wanting to improve care and access to treatment for those suffering from these disorders as well as to enhance the clinician workforce who provides care to these individuals. As you work to pass mental health reform legislation in the Senate, the College urges inclusion of innovation grants to support mental health and substance use disorders, measures to improve the clinician workforce who care for these individuals, mental health parity within health coverage, and initiatives to integrate mental and behavioral health into the primary care setting, as outlined below.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Although the need for services to treat patients with mental health and substance use disorders continues to grow, our current health system offers many barriers that prevent patients from accessing treatment for their illnesses. Patients encounter a shortage of trained health professionals to provide treatment, a lack of adequate coverage for mental health and substance use conditions, and limited federal and state resources to combat this growing crisis. Furthermore, the current degree of integration of behavioral health care into the primary care setting can vary greatly – from screening, to diagnosis, to treatment—which can result in challenges or barriers to care for those patients.
Primary care physicians are often the first line of defense for patients struggling with these disorders. These physicians provide an opportunity to address patients’ physical and behavioral health conditions as they recognize the comprehensive needs of the patient.

**Innovation Grants**

ACP supports the establishing of innovation grants for the development of interventions for: enhancing the prevention, diagnosis, intervention, treatment, and recovery of mental illness, serious mental illness, substance use disorders, and co-occurring disorders. In the specifications of these new grants, ACP urges the integration or coordination of physical health services and mental and substance use disorder services. ACP views this integration, especially within primary care, as crucial to improving the care and treatment of these patients across the longitudinal spectrum, for reasons already noted above.

In addition, ACP supports establishing a grant program, and fully funding it, that would allow for the evaluation of various models that integrate behavioral health within the primary care setting. This integration should include adults with mental illness and co-occurring primary care/chronic diseases as well as those with substance use disorders and not be limited to only patients with serious behavioral health illness.

**Access to Care**

The ACP has stated that federal and state governments, insurance regulators, payers, and other stakeholders should address behavioral health insurance coverage gaps that are barriers to integrated care. This includes strengthening and enforcing relevant nondiscrimination laws. ACP supports creation of an action plan for improving Federal and State coordination of enforcement of mental health parity and addiction equity requirements.

**Workforce Development**

Behavioral health faces a significant workforce shortage in many parts of the United States. According to a 2014 report from the U.S. Department of Health and Human Services, 91 million persons live in areas with a shortage of mental health professionals. To meet the mental health needs of this population, more than 1,800 psychiatrists and nearly 6,000 other practitioners would be needed to fill vacant slots. Fifty-five percent of U.S. counties (all rural) have no practicing psychologists, psychiatrists, or social workers. ACP supports establishing grants to state entities, including universities, for the recruitment and training of individuals into the mental/behavioral health field. It would also be beneficial to have a study of national and State-level projections of the supply and demand of mental health and substance use disorder health workers, as well as an examination of the trends and gaps in workforce development for mental health providers and professionals.

In conclusion, we appreciate the good work already done by the HELP Committee and urge the Senate to pass comprehensive mental health reform legislation before the summer recess, with inclusion of the above-stated policies. We welcome the opportunity to work with you on our
common goals of improving access to care and treatment for those suffering from mental health and substance use disorders.

Sincerely,

Nitin S. Damle, MD, MS, FACP
President

CC: Chairman Lamar Alexander, Ranking Member Patty Murray
    Health, Education, Labor and Pensions Committee