



Statement for the Record
American College of Physicians
Hearing before the House Energy and Commerce Subcommittee on Health
“Communities in Need: Legislation to Support Mental Health and Well-being”
April 5, 2022

The American College of Physicians (ACP) is pleased to submit this statement and appreciates that Chairwoman Eshoo and Ranking Member Guthrie are examining legislation designed to improve access to mental and behavioral health education, prevention, treatment, and recovery services. ACP applauds the work of the subcommittee in trying to address the mental health needs of individuals, a crisis that has only been exacerbated by the COVID pandemic. As outlined below, we welcome this opportunity to offer our perspective on specific provisions of legislation under consideration today where we have established policy.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 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. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

H.R. 5218, THE COLLABORATE IN AN ORDERLY AND COHESIVE MANNER

This bipartisan legislation would provide grants through the Department of Health and Human Services to primary care physicians who choose to deliver behavioral health care through the Collaborative Care Model (CoCM). The bill authorizes \$30 million annually for FY 2022 through FY 2026 and funding may be used for initial costs such as hiring staff, establishing contractual relationships with health care clinicians, purchasing or upgrading software, and other necessary activities. Recipients who provide care to medically underserved populations and in areas where the prevalence of behavioral health conditions exceeds the national average are given priority for these grants.

ACP strongly supports H.R. 5218 and believes that 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 currently the entry point and the most common source of care for most persons with [behavioral health issues](#)—it is already the de-facto center for this care.

The CoCM involves a primary care physician working collaboratively with a psychiatric consultant and a care manager to manage the clinical care of behavioral health patient caseloads. This model allows patients to receive behavioral health care through their primary care doctor while alleviating the need to seek care elsewhere, unless behavioral health needs are more serious. The CoCM demonstrably improves patient outcomes because it facilitates adjustment to treatment by using measurement-based care. It is currently being implemented in many large health care systems and group practices throughout the country and reimbursed by several private insurers and Medicaid programs.

ACP released a [position paper](#) that recommends that public and private health insurance payers, policymakers, and primary care and behavioral health care professionals work toward removing payment barriers that impede behavioral health and primary care integration. Stakeholders should also ensure the availability of adequate financial resources to support the practice infrastructure required to effectively provide such care. Toward that end, because small and rural practices have an especially difficult time entering the CoCM due to the financial burden associated with the start-up costs, we believe that ensuring the proper valuation of CPT codes for the CoCM would significantly reduce the financial burden on these practices and would further encourage participation in the model.

H.R. 7232, THE 9–8–8 IMPLEMENTATION AND PARITY ASSISTANCE ACT OF 2022

This bipartisan legislation would establish a Behavioral Health Crisis Coordinating Office within SAMHSA; creates a new Regional and Local Lifeline Call Center Grant Program; establishes a Mental Health Crisis Response Partnership Pilot Program; and provides critical funding for a national suicide prevention media campaign. The bill broadens HRSA Health Center Capital Grants to include crisis receiving and stabilization programs, including call centers, and expands behavioral health workforce training programs at \$15 million annually for FY 2023 through FY 2027. It also requires the Secretary of Health and Human Services (HHS) to award grants to states to implement mental health parity and provides \$25 million annually for five fiscal years following enactment.

Sec. 101 - Behavioral Health Crisis Coordinating Office: ACP appreciates that this legislation would authorize \$10 million for a Behavioral Health Crisis Coordinating Office. This funding would be used to support technical assistance, data analysis, and evaluation functions to develop a crisis care system to establish nationwide standards with the objective of expanding the capacity of and access to crisis care services. ACP recommends that priority for funding be given to programs that a review of the evidence shows have been effective in promoting critical public health objectives such as initiatives to prevent and treat illnesses relating to alcohol, drug, and other substance misuse, including misuse of prescription drugs.

Although ACP policy does not specifically endorse a Behavioral Health Crises Coordinating Office, our policy does support specifically integrating behavioral health in the context of primary care and increased access to mental health services. ACP has joined with eight major medical societies to establish a [Behavioral Health Integration Collaborative](#) to cultivate effective and sustainable integration of behavioral and mental health care into primary care practices. The collaborative is focused on ensuring that primary care practices act as a trusted partner to ensure that patients can overcome obstacles that prevent them from meeting their mental and behavioral health needs. This collaborative could act as a trusted resource for the Behavioral Health Crisis Coordinating Office that would be established by this legislation to provide evidence-based materials and best practices on behavioral health integration into primary care practices.

Sec. 102 – Regional and Local Lifeline Call Center: This provision provides \$441 million to assist states in the implementation of a new, modernized 9-8-8 national hotline for mental health services. This 9-8-8 number was mandated by the federal government in October 2020 with an official nationwide start date on July 16, 2022. This hotline builds on the infrastructure of the National Suicide Prevention Lifeline but with a broader directive to provide 24/7 phone or text support for anyone experiencing a mental health crisis or in need of suicide prevention services.

This provision is consistent with ACP's [position paper](#) on *Understanding and Addressing Disparities and Discriminations in Law Enforcement and Criminal Justice Affecting the Health of At-Risk Persons and Populations* that recommends policymakers understand, address, and implement evidence-based solutions to systemic racism, discrimination, and violence in criminal justice and law enforcement policies and practices because they affect the physical health, mental health, and well-being of those disproportionately affected because of their personal identities. ACP supports the study, implementation, and funding of alternative models that deploy social workers and other mental health professionals specially trained in violence interruption, mediation, homelessness outreach, and mental health, who are ancillary to law enforcement, when their intervention would be more appropriate and effective than law enforcement intervention alone.

Sec. 202 – Behavioral Health Workforce Training Grants: This provision provides \$15 million annually through FY 2027 for such grants. ACP supports policies to increase the behavioral health professional workforce, including loan forgiveness programs, mentoring initiatives, and increased payment, which may encourage more individuals to train and practice as behavioral health professionals.

ACP encourages efforts by federal and state governments, relevant training programs, and continuing education providers to ensure an adequate workforce to provide for integrated behavioral health care in the primary care setting. Cross-discipline training is needed to prepare behavioral health and primary care physicians to effectively integrate their respective specialties. Primary care physicians need to be trained to screen, manage, and treat common behavioral health conditions, and behavioral health clinicians need to be trained to understand

care for common medical needs. Both sectors need to overcome the operational and cultural barriers that prevent seamless integration.

Primary care physicians, including internal medicine specialists, continue to serve on the frontlines of patient care during this pandemic with increasing demands placed on them. Funding should be continued and increased for programs and initiatives that work to increase the number of physicians and other health care professionals providing care for all communities, including for racial and ethnic communities historically underserved and disenfranchised. According to a 2021 [study](#) by the Association of American Medical Colleges (AAMC), there will be an estimated shortage of 17,800 to 48,000 primary care physicians by 2034. In addition, the federal government [estimated](#) that an additional 13,758 primary care physicians and 6,100 psychiatrists (19,858 total physicians) would have been needed in 2019 to provide a level of care that would have removed the Health Professional Shortage Area (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 due to COVID-19, it is even more imperative to assist those clinicians serving on the frontlines and increase the number of future physicians in the pipeline.

Sec. 310 – Crisis Response Continuum of Care: ACP supports this provision that would expand access to and oversight of mental health and substance use disorder crisis response services through the establishment of continuum of care standards in responding to behavioral or mental health crisis. This bill provides coverage of behavioral health crisis services for all patients enrolled in public or private plans. It would require coverage of crisis response services under Medicaid and makes crisis response services an essential health benefit under the Affordable Care Act as well as mandate coverage from group health plans. It would also appropriate funds for block grants to support crisis response services infrastructure.

Sec. 401 – Mental and Substance Use Parity Grants: This provision provides \$25 million annually through FY 2027 for such grants. ACP strongly supports mental health and substance use disorder parity and the coverage of comprehensive evidence-based substance use disorder treatment. Strong oversight must be applied to ensure adequate coverage of medication-assisted treatment components, counseling, and other items and services. Components of comprehensive drug addiction treatment should also be extended to those in need, including medical services, mental health services, educational services, HIV/AIDS services, legal services, family services, and vocational service.

One of the barriers to true integrated primary and behavioral health care are the likely instances of noncompliance by insurance plans with mental and SUD coverage parity required by federal law. While the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires parity for mental health and SUD coverage, state and federal oversight and compliance efforts have been uneven. Unfortunately, according to the [Government Accountability Office](#) (GAO), the true nature of the problem of noncompliance with MHPAEA is not well known. While noncompliance violations have been reported, these complaints were relatively small in number and not considered a true snapshot of the

magnitude of noncompliance. While the GAO found that insurance-plan compliance with federal parity law was key to coverage parity, federal agencies are only aware of a small number of patient complaints and discovered violations of coverage parity law.

In addition, the GAO found that when federal agencies did engage in compliance reviews for coverage parity that there was a high rate of insurance plan violations. This frequency, the GAO determined, could indicate that insurance-plan noncompliance with mental health and SUD coverage parity law could be a common occurrence. In response, the GAO recommended that the federal government should determine whether current targeted oversight of compliance efforts is sufficient and effective and then develop better ways in which to enforce MHPAEA as well as attain greater oversight authority if needed. ACP strongly recommends that federal and state governments, insurance regulators, payers, and other stakeholders address behavioral health insurance coverage gaps that remain barriers to integrated care. This includes strengthening and enforcing relevant nondiscrimination laws, including oversight and compliance efforts by federal and state agencies.

H.R. 7235, THE SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES BLOCK GRANT ACT OF 2022

This bipartisan legislation reauthorizes and renames SAMHSA's Substance Abuse Prevention and Treatment Block Grant Program at \$1.9 billion annually through FY 2027. It provides states and Tribes with funding to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance misuse.

ACP supports reauthorization of this block grant and firmly believes that substance use disorders are treatable chronic medical conditions that should be addressed through expansion of evidence-based public and individual health initiatives to prevent, treat, and promote recovery. ACP supports appropriate and effective efforts to reduce all substance use including educational, prevention, diagnostic, and treatment efforts. It is also critical to address the stigma surrounding substance use disorders among the health care community and the general public.

CONCLUSION

ACP appreciates this opportunity to provide feedback and recommendations on these legislative proposals designed to increase access to mental and behavioral health services. We look forward to working with the subcommittee to advance these policies and others and stand ready to offer the perspective of internal medicine specialists on future legislation. Should you have any further questions, please contact Jonni McCrann at jmccrann@acponline.org.