



March 14, 2016

Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and
Pensions
United States Senate
Washington, DC 20510

Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor and
Pensions
United States Senate
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the American College of Physicians (ACP), I am writing to convey our appreciation for your leadership and consideration of several important mental health and substance use disorder bills by the Committee in its upcoming markup on March 16. We applaud your efforts in trying to improve access to care and treatment for those suffering from mental health and substance abuse disorders, which we recognize as a growing need. As the Committee prepares to consider these bills, we would like to offer our views and recommendations on several key provisions and policies that are of greatest significance to our members.

The ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 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.

Mental and Behavioral Health

The ACP strongly supports the integration of behavioral health care into the primary care setting, as we view this as an essential first step in improving access to care for patients with these disorders. Primary care physicians are often the first line of defense in helping to identify patients with these conditions and in getting them the care they so desperately need. Furthermore, ACP believes that federal and state governments, insurance regulators, payers, and other stakeholders play key roles in addressing behavioral health insurance coverage gaps that are barriers to integrated care. This includes strengthening and enforcing relevant nondiscrimination laws.

Accordingly, ACP supports Sec. 403 of the draft of the Mental Health Reform Act of 2016, as released on March 7, 2016, that would build and improve upon the current grant program for integrating mental health and primary care. ACP strongly supports research to test and evaluate models that integrate behavioral health in the primary care setting and believe this

grant program could help address the need for further focus on the efficacy of various models of integration. **ACP is particularly pleased that the definition of “special population” is worded so that it could include adults with mental illness and co-occurring primary care/chronic diseases as well as those with substance use disorders and not limited to only patients with serious behavioral health illness.** Because the legislation does require eligible grantees to submit a plan to the Department of Health and Human Services reporting on performance measures necessary to evaluate patient outcomes and to facilitate evaluations across participating projects, ACP would recommend that physician input be taken into consideration when determining agreed upon performance measures.

The College also strongly supports mental health parity and benefit coverage and has recommended enhanced attention to ensure that health plans are compliant with the law. Although the Affordable Care Act and mental health parity laws have undoubtedly helped many patients with their behavioral health needs, gaps in coverage persist. **Therefore the College supports the guidance for enhanced compliance with mental health and substance abuse disorder coverage requirements contained in Sec. 604. The College is hopeful that this guidance can help close coverage gaps for patients as well as assist health plans to be initially compliant with mental health parity requirements.**

Lastly, with respect to the Act, ACP has recommended that Federal and state regulators work together to ensure that the mental health and substance use disorder laws are fully implemented as intended so that patients with behavioral health needs do not enroll in plans with discriminatory benefit packages. Specifically, the Act would require stakeholders from Federal and State agencies to meet and then develop an, “action plan” to identify specific ways to collaborate to improve enforcement of mental health and substance use disorder requirements. **ACP supports the “action plan” of Sec. 605 that enhances enforcement of mental health and substance use disorder coverage by increasing Federal and State enforcement coordination.**

Substance Abuse

The College also commends the Committee for its consideration of legislation to address the growing opioid abuse crisis in this country. The ACP supports these provisions contained in the legislation being considered by the HELP Committee:

- **As contained in S. 2256, Co-Prescribing Saves Lives Act of 2015,** ACP supports a comprehensive national policy on prescription drug abuse containing education, monitoring, proper disposal, and enforcement elements. ACP supports efforts to educate physicians, patients, and the public about the appropriate medical uses of controlled drugs and the dangers of both medical and nonmedical use of prescription drugs. ACP advocates development of evidence-based clinical guidelines and other tools to facilitate appropriate opioid prescribing and supports the development of prescribing guidelines for health care providers within the federal government who prescribe opioids.

- **As contained in S. 2256, Co-Prescribing Saves Lives Act of 2015**, ACP is supportive of expanding access to naloxone within the community. The medical literature clearly reflects that the increased availability of this medication is a life-saving approach.
- **As contained in S. 480, the National All Schedules Prescription Electronic Reporting Reauthorization (NASPER) Act**, ACP supports the bill's reauthorization of NASPERs. ACP policy supports the establishment of a national Prescription Drug Monitoring Program (PDMP). Until such a program is implemented, ACP supports efforts such as S. 480 to standardize state PDMPs through the federal National All Schedules Prescription Electronic Reporting (NASPER) program. Accordingly, we further encourage Congress to develop a national PDMP policy.

The College would further recommend that the Committee give consideration to incorporating in its legislative package addressing substance abuse the policy proposal often referred to as "partial-fill." This would allow a patient to elect to receive a portion of a prescription, and return for either a portion of, or the remainder of the prescription, if the pain persists, up to a 30-day maximum. Current Drug Enforcement Administration regulations do not allow this practice in most situations. ACP believes this policy could contribute to a significant reduction in unused pills available for misuse and diversion.

We appreciate your continued leadership on these important issues. We stand ready to serve as a resource and welcome the opportunity to work with you going forward.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne J. Riley". The signature is fluid and cursive, with a large initial "W" and "R".

Wayne J. Riley, MD, MPH, MBA, MACP
President

CC: Members, Senate Committee on Health, Education, Labor and Pensions