American College of Physicians
Leading Internal Medicine, Improving Lives

December 3, 2021

The Honorable Elizabeth Warren
United States Senate
Washington, DC 20510

The Honorable Tammy Baldwin
United States Senate
Washington, DC 20510

Dear Senators Warren and Baldwin:

On behalf of the American College of Physicians (ACP), I am writing to share our support for the Comprehensive Addiction Resources Emergency (CARE) Act that will be introduced in the 117th Congress. This legislation offers increased access to treatment and will improve care for individuals with substance use disorders (SUDs). The demand for access for mental health and addiction services has increased dramatically since the COVID-19 pandemic and has reached the level of a public health crisis. The CARE Act delivers significant funding and resources to state and local governments efforts to combat SUDs as well as advance federal research and programs to expand access to evidence-based treatments and recovery support services. We appreciate your leadership on this issue and applaud your efforts.

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, 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 like diabetes, heart disease and asthma.

Recent evidence shows that Congress must take action to stem the tide of the crisis facing individuals with SUD's. The U.S. Government Accountability Office (GAO) released a report, Behavioral Health: Patient Access, Provider Claims Payment, and the Effects of the COVID-19 Pandemic. The purpose of the report was to determine if the need for and access to mental health and addiction services varied as the availability to care diminished during the PHE caused by COVID-19. The report showed several concerning trends. The Centers for Disease Control and Prevention (CDC) found that 38 percent of individuals surveyed reported symptoms of anxiety or depression from April 2020 to February 2021. This was a 27 percent increase from 2019 for the same time period. CDC data found that emergency department visits for overdoses was 26 percent higher and suicide attempts were 36 percent higher for the time period of mid-March through mid-October 2020 when compared to that period during 2019.

The CARE Act will provide $125 billion over 10 years to combat addiction and SUDs including: $4.6 billion per year for states, territories, and tribal governments through competitive grants to determine the most effective solutions; $3.3 billion per year for counties and cities faced with severe levels of addiction; and $2 billion per year for public health surveillance, biomedical research, and improved training for health professionals, including $1 billion for the National Institutes of Health, $500 million for the Centers for Disease Control and Prevention and regional tribal epidemiology centers, and $500 million to train and provide technical assistance to professionals treating substance use disorders. ACP appreciates that grant funds may be used to support evidence-based prevention and core medical services, including SUD treatment and outpatient and ambulatory health services. ACP supports appropriate and effective efforts to reduce SUDs. These include educational, prevention, diagnostic, and treatment efforts. As physicians dealing with the health effects of this condition, we also support medical research on addiction, its causes and treatment.

ACP also supports a provision in the CARE Act that will provide $1 billion per year to expand access to overdose reversal drugs (Naloxone) and provide this life-saving medicine to states to distribute to first responders, public health departments, and the public. A 2019 CDC report found that not all individuals in need of naloxone are receiving it due to prescribing and dispensing variations across the country. The CDC recommended actions to improve naloxone access such as reducing patient insurance copays, enhancing clinician training and education, and focusing allocation, especially to rural areas.[i]

Since this proposal provides funding for states, local governments, Tribal nations, and territories to develop proposals and expand on solutions that work best in their areas to improve treatment for individuals with SUD's, we encourage you to support models of care that integrate behavioral health care into primary care and encourage clinicians 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 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 degree of medical practice integration can vary, from basic coordination between a primary care physician and behavioral health clinicians, to colocation with a behavioral health clinician practicing in close proximity to the primary care physician, to a truly integrated care approach in which all aspects of care delivered in the primary care setting recognize both the physical and behavioral perspective.

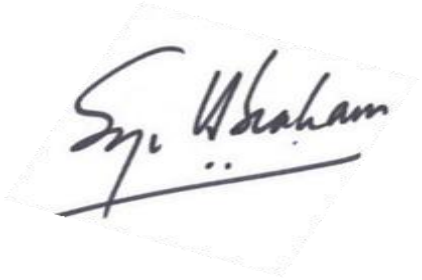
We are pleased that your draft legislation recognizes the hub and spoke model of care as a core medical service that may be eligible for grant funding. This model integrates behavioral health into the primary care setting by offering patients in need of behavioral health treatment a hub

where they may receive addiction treatment drugs through a physician who manages their care, as well as spokes that provide a broad range of services for patients such as disease assessments, treatment planning, stabilization services, and outpatient treatment. This model has been successful in substantially increasing access to treatment for opioid use disorders in Vermont and may be implemented by other states to improve treatment for patients with SUDs.[ii]

ACP also strongly supports increased research to define the most effective and efficient approaches to integrate behavioral health care in the primary care setting and Congress should prioritize research in this area. Although a review of the current literature supports the efficacy of the integration of behavioral health care in the primary care setting, it is limited and filled with many gaps. Substantial research is needed to focus on the efficacy of various models of integration, as well as the diagnostic and treatment interventions most appropriate for use in these models. The following additional factors should be considered within research efforts: specific conditions addressed, populations involved (such as child vs. adult), funding structures, personnel employed, and resources available to the participating practices.[iii] Federal research agencies, such as the Agency for Healthcare Research and Quality (AHRQ) are well suited to study the best ways of integrating behavioral health care in the primary care setting and Congress should provide the resources to enable this type of care.

We look forward to the introduction of this legislation that would stem the growing threat of SUDs and improve access to care for mental and behavioral health. It is clear that Congress can no longer wait to act to address this public health crisis as individuals continue to overdose or misuse these substances at alarming rates. Should you have any questions regarding this letter, please do not hesitate to contact our Senior Associate for Legislative Affairs, Brian Buckley at bbuckley@acponline.org or at 202-261-4543.

Sincerely,



George M. Abraham, MD, MPH, MACP, FIDSA
President

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[i] Life-Saving Naloxone from Pharmacies, More dispensing needed despite progress. CDC Vital Signs. Centers for Disease Control and Prevention, August 2019. https://www.cdc.gov/vitalsigns/naloxone/index.html

[ii] Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation, and Impact, Journal of Addiction Medicine, August 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5537005/

[iii] Crowley R, Kirschner N; Health and Public Policy Committee of the American College of Physicians. The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper. Washington, DC: American College of Physicians, 2015. https://www.acpjournals.org/doi/pdf/10.7326/M15-0510