**Statement for the Record**
**Submitted to**
**U.S. Senate Committee on Finance**
**"Mental Health in America: Where Are We Now?"**
**Thursday, April 28, 2016**
**On Behalf of the American Academy of PAs**

On behalf of the more than 108,500 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), we appreciate the Senate Finance Committee's interest in the state of the American mental healthcare system. While there are numerous policy challenges in this area, the most pressing may be the current shortage of mental healthcare providers. In light of the historical use of PAs to alleviate healthcare provider shortages, the increased number of PAs practicing in psychiatry, and the growing movement towards the integration of primary care and specialty care, AAPA believes that PAs should be – and are well-equipped to be – better utilized in the provision of mental healthcare.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 43.6 million Americans experienced some type of mental health issue in 2014. While the Affordable Care Act (ACA) attempted to make mental healthcare more accessible, many individuals who suffer from mental illnesses continue to go without treatment. For instance, SAMHSA's National Survey on Drug Use and Health found that in 2014, more than 15 million adults reported having a major depressive episode in the previous year. Yet, one third of those individuals did not seek the assistance of a mental healthcare provider. Although a variety of factors likely account for this disparity, the U.S. Department of Health and Human Services recently estimated 90 million people lack access to mental health and addiction medicine providers. Many of these individuals live in rural and medically-underserved areas, where there are little or no options for public transportation and the nearest mental healthcare provider may be hours away. It is clear that more must be done to make treatment for mental illnesses more accessible for this population, as well as the public at large.

While early intervention for suspected mental illness is essential to ensuring positive mental and physical health outcomes for all patients, it is particularly important in the populations served by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), as they are typically less likely to have access to comprehensive and coordinated healthcare. SAMHSA has found that half of adults who have mental illnesses began showing symptoms by age 14. In 2014, more than 11% of youth between ages 12 and 17 had experienced a major depressive episode in the prior year. However, fewer than half of them received treatment or counseling. When combined with the everyday struggles of many families who rely on Medicaid or CHIP, it is easy to see why early intervention in mental healthcare issues within this population is essential.

At the same time, SAMHSA has estimated that 25% of older Americans have reported some kind of mental health problem, and 6.5 million seniors have been diagnosed with depression. As in younger populations, treatment for mental health issues in the Medicare population is necessary to ensure better healthcare outcomes across the board. Yet, an ongoing shortage of mental healthcare providers combined with continued struggles to better coordinate healthcare for all populations has meant that many individuals who are in the highest-need demographics are falling through the cracks. While there are

many factors involved in creating a better mental healthcare system, AAPA believes better utilization of PAs in federal healthcare programs is essential to solving the overall access problem.

## PA Education and Practice

PAs receive a broad education over approximately 27 months which consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Due to these demanding rotation requirements, PA students will have completed at last 2,000 hours of supervised clinical practice in various settings and locations by graduation.

The majority of PA programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years. To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who present with both physical and mental illnesses.

## PAs and Mental Healthcare

PAs are recognized along with physicians and nurse practitioners under Medicare, ACA, and other federal healthcare programs as one of the three types of primary care providers. Overlap between primary care and mental healthcare has traditionally existed, particularly in settings which provide care for the medically underserved like hospitals, community health centers, rural health clinics, free clinics, and jails and prisons. This is largely due to the fact that many of these facilities' patients suffer from both physical and mental ailments and have little ability to obtain either primary or mental healthcare. In these situations, providers will often work to treat the whole patient. The interface between primary care and mental healthcare is becoming more common due to the growth of alternative payment models within Medicare, as well as efforts to better coordinate patient care at the federal level. As a result, primary care providers in all settings are beginning to offer mental health screenings, arrange "warm handoffs" to a mental health specialist, or work in tandem with a specialist via telemedicine or other means.

Many of the mental healthcare bills currently before Congress acknowledge the interface between primary healthcare and mental healthcare. Today, there are approximately 30,000 PAs practicing as primary care providers who are on the "front lines" of care. This means even if they do not specialize in mental healthcare, a significant number of PAs care for patients who reside in medically underserved areas and present with complex or comorbid conditions affecting both their physical and mental health. According to data collected by AAPA in 2015, 10% of all patients cared for by PAs suffer from depression. An additional 5% suffer from behavioral or other psychiatric conditions other than depression. PAs who practice in primary care are qualified to provide a full spectrum of healthcare services for these patients, including conducting patient histories and examinations, performing psychiatric evaluations and assessments, ordering and interpreting diagnostic tests, establishing and

managing treatment plans, prescribing medications, and ordering referrals as appropriate, and they should be fully utilized as members of the care team.

At the same time, it is important to note that a growing number of PAs are receiving additional education to specialize in psychiatry. While Medicare recognizes these PAs as reimbursable mental healthcare providers, they are not always included in legislation as mental health professionals along with psychiatrists, psychologists, clinical social workers, and psychiatric nurse practitioners. PAs in psychiatry work in behavioral health facilities, jails and prisons, and psychiatric units of rural and public hospitals. These PAs are credentialed and privileged affiliate members of the medical staff who provide both initial and ongoing care to patients. Given the current shortage of providers in this field, it is critical that PAs in psychiatry be fully included as part of the mental healthcare team.

## Recent Legislative and Administrative Actions

There have been some notable efforts in recent proposals by both Congress and the Administration to better integrate PAs into mental healthcare. In March, the Senate Committee on Health, Education, Labor and Pensions (HELP) favorably reported S. 2680, the Mental Health Reform Act of 2016, a comprehensive bill directed at improving access to mental healthcare. AAPA supports this legislation because it acknowledges the role of primary care providers in assisting patients with mental illnesses, aims to increase coordination of care for patients needing primary and mental health care, and includes PAs in psychiatry among the specialty providers listed in the bill.

Additionally, the Health Resources and Services Administration (HRSA) recently acknowledged the role of PAs in mental healthcare and addiction medicine in its FY17 budget request by including them in the definition of "behavioral health workforce." AAPA is pleased by this recognition, and we support HRSA's efforts to further integrate primary care providers like PAs into mental healthcare by encouraging the use of screenings, referrals, and telemedicine to connect patients with mental health specialists when appropriate, all of which have been shown to improve patient outcomes and mitigate gaps in coverage caused by too few providers.

## AAPA Legislative Recommendations

As the Committee works on solutions to the mental healthcare access problem, AAPA hopes you will consider the following recommendations:

1) **Affirmatively including PAs in mental healthcare legislation as members of the healthcare team.** This inclusion is important for all types of healthcare legislation, but it is especially important in mental healthcare given the critical level of provider shortages in this field. Moreover, as the Committee works on continuing to integrate primary care into mental healthcare, PAs should continue to be counted among primary care providers who may assist their patients in receiving mental healthcare when it is appropriate.

2) **Including "PAs in psychiatry" as mental healthcare providers.** Mental health legislation has historically included a number of specified mental healthcare providers, but left out PAs who specialize in psychiatry. There is a growing number of PAs who receive additional education to specialize in this field, and they work in behavioral healthcare centers and other high-need facilities. These PAs should be included in any definition of mental healthcare provider as a result of their qualifications and experience. S. 2680, the Mental Health Reform Act, is an

example of how PAs can be included as part of the solution to mental healthcare provider shortages.

AAPA looks forward to working with the Committee as you move forward on these important issues. Please do not hesitate to have your staff contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at 571-319-4338 or sharding@aapa.org should you have any questions.