September 30, 2015

The Honorable Fred Upton
Chairman
House Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Upton and Ranking Member Pallone:

On behalf of the more than 104,000 nationally-certified physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), I am writing to express our strong support for increasing patient access to mental and behavioral healthcare. PAs can be an integral part to increasing access to these services. As the Committee works on legislation to address this concern, AAPA recommends that PAs be included as providers who are able to conduct patient histories and examinations, perform psychiatric evaluations and assessments, order and interpret diagnostic tests, establish and manage treatment plans, prescribe medications (including medications to treat opioid addiction when appropriate), and order referrals, as allowed under the laws of the states in which they practice.

Millions of Americans struggle with mental illnesses and addictive disorders, and many of them are unable to receive the treatment they need. This is especially true in rural and medically-underserved areas, where the U.S. Department of Health and Human Services recently estimated that more than 90 million Americans lack access to mental health professionals. Given this outlook, as well as the historical use of PAs to alleviate healthcare provider shortages in other specialty areas, AAPA encourages the Committee to utilize and integrate PAs as part of the solution to the mental healthcare access problem.

PAs often work on the "front lines" of healthcare caring for the underserved. Those trained in behavioral health have the ability to assess and treat the whole patient, whether they are in need of mental healthcare, emergency/primary care, or both, consulting with an offsite psychologist or psychiatrist as needed. There are clear links between physical and mental health, and as a result, patients presenting with the effects of untreated or unmanaged mental illness will often have other unaddressed health conditions. Because PAs receive training in both physical and mental health, they are positioned to recognize and diagnose unmet mental health needs regardless of the setting. This integration is already used successfully in rural and inner-city health centers, jails and prisons, nursing homes, addiction treatment centers, and other facilities where primary care and mental healthcare needs often overlap.

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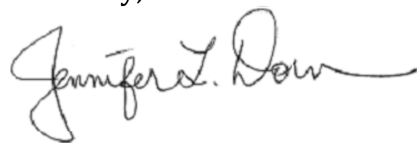
Many of the mental health reform bills before Congress include providers like psychiatric nurse practitioners, clinical social workers, and mental health peer-support specialists, but many fail to include PAs. This is an oversight which should be corrected. PAs are qualified and educated to provide a full spectrum of care including conducting patient histories and examinations, performing psychiatric evaluations and assessments, ordering and interpreting diagnostic tests, establishing and managing treatment plans, prescribing medications (including medications to treat opioid addiction when appropriate), order referrals, etc. PAs receive a broad medical education which includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, clinical laboratory sciences, and medical ethics. Following the completion of over 1,000 hours of classroom study, PA students participate in more than 2,000 hours of clinical rotations which include instruction in specialty areas like psychiatry, emergency medicine, and family medicine, among others. The rigorous and comprehensive nature of PA education ensures PAs are uniquely equipped to adapt to the individual needs of their patients regardless of the setting in which they practice.

PAs play an important role within the care team when it comes to treating patients with multiple conditions, both physical and mental, and that they must be able to treat these patients to the extent allowed under state laws, especially in mental health shortage areas. This includes allowing them to use their broad prescriptive authority to prescribe buprenorphine for the treatment of opioid drug addiction. PAs are currently permitted to prescribe Schedule III, IV, and V drugs in all 50 states and the District of Columbia; 41 states and DC also allow PAs to prescribe Schedule II drugs. Yet, the Drug Addiction Treatment Act of 2000, which allows physicians to prescribe Schedule II buprenorphine for the treatment of opioid addiction, does not include PAs. In light of the shortage of physicians specializing in mental health and addiction medicine, AAPA strongly recommends that PAs be allowed to prescribe buprenorphine to treat opioid addiction in states where they are already permitted to prescribe similarly-scheduled medications.

PAs are versatile healthcare providers who are qualified to provide comprehensive patient care, and they are already serving as a valuable component of the healthcare team at behavioral health facilities, rural health clinics, and other settings. We are hopeful that the Committee on Energy and Commerce will consider AAPA's recommendations for including PAs in all upcoming mental health legislation, and we look forward to working with you as you move forward. Should you have any questions, 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.

Sincerely,



Jennifer L. Dorn
Chief Executive Officer