



November 3, 2015

The Honorable Joe Pitts
Chairman
House Committee on Energy & Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member
House Committee on Energy & Commerce
Subcommittee on Health
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Pitts and Ranking Member Green:

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 appreciation for the Subcommittee's dedication to increasing patient access to behavioral healthcare. While we applaud your efforts to resolve this long-standing problem, we believe that better utilization of PAs, both in primary care and in behavioral healthcare, is an essential part of solving the access problem in these fields. As such, as you consider H.R. 2646, the Helping Families in Mental Health Crisis Act, we urge you to (1) add PAs to the primary care training programs established by the bill and (2) add PAs in psychiatry to the bill's list of mental health and substance abuse professionals.

PAs receive a broad medical education which includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, clinical laboratory sciences, and medical ethics. PA programs average 26 months of study, which include over 2,000 hours of clinical rotations with instruction in specialty areas like psychiatry, emergency medicine, and family medicine, among others. This educational preparation qualifies PAs to provide the full spectrum of patient 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), and ordering referrals.

In addition to their rigorous educational backgrounds, PAs often work on the "front lines" caring for the underserved, and they have the ability to assess and treat the whole patient, whether they are in need of mental healthcare, emergency/primary care, or both. Likewise, PAs' education in both physical and mental health positions them to recognize and diagnose unmet mental health needs regardless of the setting. This type of 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.

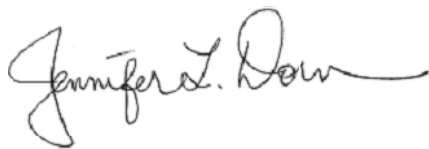
AAPA supports the intentions of H.R. 2646, and we agree that more must be done to increase patient access to mental and behavioral healthcare. However, we believe the bill as written omits PAs in two key areas. First, H.R. 2646 creates new training programs for primary care physicians, but does not include PAs. We believe it is extremely important for all healthcare professionals who provide primary medical care to be included in the primary care integration language in the bill. In many rural and medically-underserved areas, a PA may be the only primary care provider serving an entire community. Leaving these providers out of the training programs in the bill would do a disservice to the millions of Americans who already lack access to both primary care and mental healthcare. As a result, we urge you to include PAs in Section 204 (Early Childhood Intervention and Treatment), Section 207 (Workforce Development), and Section 208 (Authorized Grants and Programs).

Additionally, H.R. 2646 omits PAs working in psychiatry from the list of mental health and substance abuse providers included in the bill. The role of PAs in mental healthcare and addiction medicine is growing, with PAs who specialize in these fields often providing medication management and medication-assisted treatment to patients as

clinically appropriate. As such, we urge you to include “PAs in psychiatry” in Section 101 (Initiatives to Encourage Individuals to Pursue Careers in Underserved Areas and Populations/Nationwide Strategy).

The PA profession has historically been used to supplement areas of medicine in which provider shortages exist. As a result, PAs are already serving as a valuable component of the healthcare team in primary care, as well as at behavioral health facilities, rural health clinics and other settings which treat patients presenting with both physical and mental health needs. We are hopeful the Subcommittee will consider AAPA’s recommendations for including PAs in H.R. 2646, and we look forward to continuing to work with you as you move forward on this important legislation. 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,

A handwritten signature in black ink that reads "Jennifer L. Dorn". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jennifer L. Dorn
Chief Executive Officer