Dear Chair Pallone and Ranking Member McMorris Rodgers:

I write to express the Association of American Medical Colleges (AAMC’s) appreciation for the Energy and Commerce Committee’s ongoing work, including its May 18 markup to advance legislation that reauthorizes and strengthens federal mental health programs, improves the diversity of clinical trial participants, and encourages the development of new and innovative diagnostics, therapies, and cures. As you continue this important work, we encourage you to consider the following suggestions to the bills that have advanced, as well as other innovative legislation to promote access to comprehensive mental and behavioral health services, particularly for children and young people.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 16 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and their more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC’s U.S. membership and expanding its reach to international academic health centers.

**Restoring Hope for Mental Health and Well-Being Act (H.R. 7666)**

The AAMC appreciates the work that this committee has invested in H.R. 7666, the “Restoring Hope for Mental Health and Well-Being Act of 2022.” This bipartisan legislation would authorize and reauthorize key mental and behavioral health programs within the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA). We appreciate the legislation’s concentration on programs that ensure the timely assessment and treatment of maternal mental health conditions, as well as programs that leverage telehealth and other technologies to promote the integration of physical and behavioral health care. We thank you for the inclusion of key provisions of H.R. 5218, the
“Collaborate in an Orderly and Cohesive Manner Act,” which would incentivize adoption of the Collaborative Care Model (“CoCM”), an evidence-based integrated behavioral health model developed by the University of Washington AIMS Center. The AAMC remains committed to working with Congress to advance legislation to promote access to behavioral health care.¹

In addition, we are grateful to the Committee for adopting Representative Tonko’s amendment to H.R. 7666 reflecting key provisions of the bipartisan “Mainstreaming Addiction Treatment Act” (“MAT” Act, H.R. 1384/S. 445). This crucial legislation would expand access to buprenorphine treatment for opioid use disorder (OUD) by suspending the “X-waiver” requirement under the Drug Addiction Treatment Act of 2000, which disincentivizes clinicians from providing evidence-based medication-assisted treatment. This bicameral, bipartisan legislation would expand access to such treatment without adversely impacting quality or patient safety and we appreciate its inclusion in H.R. 7666.²

However, we hope to continue working with you regarding the Committee’s inclusion of the “Medication Access and Training Expansion Act of 2021” (“MATE” Act, H.R. 2067), which would mandate certain training for providers as a condition to prescribe DEA Schedule II, III, IV or V controlled substances. The AAMC and its members are committed to ensuring that medical students and other learners are equipped with the knowledge and tools necessary to prevent, identify, manage and treat chronic pain, addiction, and substance use disorders, among the full range of other current and emerging urgent health issues. As a result of this ongoing, evidence-based approach to medical education, medical schools and teaching hospitals are making great strides in preparing the workforce with the appropriate competencies throughout the course of their careers. However, we are very concerned that the MATE Act would set a problematic precedent of dictating educational content and arbitrary time requirements through legislation and would undermine efforts to emphasize a competency-based approach. Medical science, local community needs, and educational expertise should drive curricular content, not legislative mandates. We strongly urge you to reconsider the inclusion of H.R. 2067 as part of this package.

As the committee considers H.R. 7666 and other behavioral health legislation, the AAMC wishes to reiterate our commitment to promoting the mental health and well-being of children and youth. The AAMC’s member institutions are directly involved in caring for the physical and mental health care needs of young people and have witnessed firsthand the profound impact of the COVID-19 public health emergency on pediatric mental health. We were heartened by the inclusion of Chair Eshoo’s amendment, which would provide guidance to states on how to expand access to behavioral health care by leveraging telehealth capabilities and ensure the consistent application of the Early and Periodic Screening, Diagnostic, and Treatment benefit. However, we believe that more must be done to increase access to mental and behavioral health care for young people. As the House continues to examine mental health legislation, we

¹ To read more about the AAMC’s recommendations to remove barriers to mental health care, please refer to our November 2021 response to the Senate Finance Committee request for information (RFI), available on our “Testimony and Correspondence” page: https://www.aamc.org/media/57666/download?attachment
² To read more about the AAMC’s support for H.R. 1384/S. 445, please refer to our endorsement letter, available on our “Testimony and Correspondence” page: https://www.aamc.org/media/53871/download?attachment
Chair Pallone and Ranking Member McMorris Rodgers
June 22, 2022

P. 3

recommend that you consider key provisions of the bipartisan “Strengthen Kids’ Mental Health Now Act” (H.R. 7236).

Coverage alone does not guarantee access to mental health care, as many families struggle to identify behavioral health providers who are in-network. This challenge is acutely felt among children and young people covered by Medicaid, which offers comparatively low reimbursement rates, thereby disincentivizing provider participation in this program. A recent Health Affairs study examining Medicaid managed care provider network adequacy found that, after excluding providers who see fewer than ten Medicaid beneficiaries per year, there is an average of just one psychiatrist per 8,834 enrollees. The bipartisan “Strengthen Kids’ Mental Health Now Act” aims to address this challenge by increasing Medicaid reimbursement rates for pediatric mental health services to match Medicare levels. If enacted, this legislation would strengthen behavioral health provider network adequacy for children and young people covered by Medicaid.

Advanced Research Projects Agency for Health (ARPA-H) Act (H.R. 5585)

The AAMC appreciates the committee’s bipartisan, longstanding leadership on legislation to promote, develop, and deliver more cures, therapies, diagnostics, and preventive interventions to patients, families, and communities. To further enhance the potential of the new research entity ARPA-H, the AAMC recommends that the Research Council that would be established through the ARPA-H Act be directed to include not only representatives from federal research agencies, but also members from external groups including academic medicine and the public.

Regarding the Committee's efforts to enhance transparency in the funding process, we encourage the committee to consider a modification to align this section with already established requirements for agencies and awardees to share facilities and administrative cost rates as published on award notices.

Additionally, as you know, ARPA-H holds the potential to be truly transformative in driving medical and health advances, but only if coupled with a reliable and substantial commitment to the fundamental basic science work that has been the basis for every major breakthrough improving the lives of patients around the globe. We are grateful for the longstanding, strong bipartisan support for NIH in Congress. Through ongoing, robust financial support for the foundational work that NIH funds at academic medical centers and other laboratories across the country, scientists can continue to gain ground against daily and emerging health threats facing patients, communities, and people everywhere, which could be further elevated through additional support for the new ARPA-H entity. As you consider other legislation addressing medical research, such as the Cures 2.0 Act, we look forward to serving as a resource for the Committee.

Please feel free to contact me at kfisher@aamc.org, or my colleagues Christa Wagner, PhD, Manager, Government Relations (chwagner@aamc.org), or Leonard Marquez, Senior Director of

---

3 This statistic is derived from an analysis of Medicaid managed care plans in (Kansas, Louisiana, Michigan, and Tennessee) from 2015-2017.
Chair Pallone and Ranking Member McMorris Rodgers
June 22, 2022
P. 4

Government Relations & Legislative Advocacy (lmarquez@aamc.org), with any questions or if we can provide more information. We look forward to continuing to work with you on these important issues.

Sincerely,

Karen Fisher, JD
Chief Public Policy Officer
Association of American Medical Colleges

CC:
David J. Skorton, MD
President and CEO
Association of American Medical Colleges

The Honorable Anna Eshoo, Chair, Energy and Commerce Subcommittee on Health

The Honorable Brett Guthrie, Ranking Member, Energy and Commerce Subcommittee on Health