October 4, 2017

The Honorable Orrin Hatch  
Chairman  
Senate Finance Committee  
104 Hart Senate Office Bldg.  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Senate Finance Committee  
221 Dirksen Senate Office Bldg.  
Washington, DC 20510

The Honorable Michael Burgess  
Chairman  
House Energy & Commerce  
Health Subcommittee  
2336 Rayburn House Office Bldg.  
Washington, DC 20515

The Honorable Gene Green  
Ranking Member  
House Energy & Commerce  
Health Subcommittee  
2470 Rayburn House Office Bldg.  
Washington, DC 20515

The Honorable Bill Nelson  
Chairman  
United States Senate  
716 Hart Senate Office Bldg.  
Washington, DC 20510

The Honorable Joseph Crowley  
Ranking Member  
U.S. House of Representatives  
1035 Longworth House Office Bldg.  
Washington, DC 20515

Re: Resident Physician Shortage Reduction Act of 2017 (S. 1301/H.R. 2267)

Dear Senators Hatch, Wyden, and Nelson and Representatives Burgess, Green, and Crowley:

The National Association of State Mental Health Program Directors writes to express our support for the Resident Physician Shortage Reduction Act of 2017 (S. 1301/H.R. 2267) as a means to address the severe shortage of residencies for psychiatrists and the aging toward retirement of the existing population of practicing psychiatrists.

In offering our support, we ask that the bill be amended to provide that at least 30 percent of the 1,500 residencies set aside each year for physician specialties under § 42 U.S.C. 1395ww(h)(9)(A)(i) of Section 2 of the bill be reserved for psychiatric residencies.

NASMHPD is the organization representing the state executives responsible for the $41 billion public mental health service delivery systems serving 7.5 million people annually in 50 states, 4 territories, and the District of Columbia.

We request these amendments to the bill because HRSA, as of June 30, 2017, found that only 43.4 percent of need for mental health professionals is met nationwide (down 8/10 of a percent in the six months since December 31, 2016), with 3,474 additional professionals needed in the 4,627 Mental Health Care HPSAs designated by HRSA. Only half of all states meet 50 percent or more of their mental health care need, while some states fail to meet even a quarter of their need.

There are only 8.9 practicing full-time psychiatrists for every 100,000 individuals in the U.S, and of the approximately 28,250 psychiatrists active in 2015, 59 percent were 55 years of age or older. In hospital emergency
departments, the wait for psychiatric services averages up to 23 hours for some dispositions, according to a March 28 report by the National Council on Behavioral Health’s Medical Directors Institute, *The Psychiatric Shortage: Causes and Solutions*, authored by Dr. Parks.

That same report finds that the pool of psychiatrists working with public sector and insured populations declined by 10 percent between 2003 and 2013. Fifty-five percent of states have a “serious shortage” of child and adolescent psychiatry.

There is an inadequate workforce to deliver safe and effective care in outpatient and inpatient psychiatric programs. The cramped schedule created by workforce shortages leaves psychiatrists less time to review clinical information, provide expert guidance to their treatment teams, and practice up to the level of their licensure. Further, the limited opportunities to expand competencies in residency training programs leave the psychiatric workforce less prepared to participate in the innovative models of care and alternative/value-based payment models that are central to health care reform.

Additional training of “physician extenders” in the mental health field and the use of peer support specialists only partially addresses the mental health workforce shortage. Physician assistants and psychiatric nurse practitioners all require some degree of medical supervision, and the promising “Collaborative Care Model” being piloted in the Medicare program can only bear fruit on its promises as long as there are psychiatrists available to participate in that model. State scope of practice laws permit practicing psychologists and clinical social workers to do little or no prescribing of medications and otherwise limit the parameters of the care they can deliver. Further, the increased emphasis under Federal and state health policy on the need to integrate general somatic and mental health care, will best work if there are medically trained psychiatrists capable of recognizing co-occurring physical illnesses and conditions participating in the patient’s mental health examinations and treatment.

It is for these reasons that we strongly urge that you amend the Resident Physician Shortage Reduction Act of 2017 to provide that at least 30 percent of the 1,500 residencies set aside each year for physician specialties under § 42 U.S.C. 1395ww(h)(9)(A)(i) of Section 2 of the bill be reserved for psychiatric residencies.

Please feel free to reach out to [me](mailto:brian.hepburn@nasmhp.org) by email or by phone at 703-682-5181 or to NASMHPD’s Director of Policy and Communications, [Stuart Yael Gordon](mailto:stuart.gordon@nasmhp.org), by email or by phone at 703-682-7552 with any questions regarding this letter.

Sincerely,

Brian Hepburn, M.D.
Executive Director
National Association of State Mental Health Program Directors (NASMHPD)