

October 22, 2021

The Honorable Anna Eshoo  
Chair  
House Energy and Commerce Committee  
Subcommittee on Health  
Washington, D.C. 20515

The Honorable Brett Guthrie  
Ranking Member  
House Energy and Commerce Committee  
Subcommittee on Health  
Washington, D.C. 20515

Dear Chair Eshoo and Ranking Member Guthrie:

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, I would like to thank you for including H.R. 1667, the “Dr. Lorna Breen Health Care Provider Protection Act,” in the House Energy and Commerce Health Subcommittee’s legislative hearing on October 26, 2021. We would also like to express our deep appreciation for the work that Representatives Susan Wild (D-PA), David McKinley (R-WV), Raja Krishnamoorthi (D-IL), Fred Upton (R-MI), Judy Chu (D-CA), Morgan Griffith (R-VA), Haley Stevens (D-MI), and John Katko (R-NY), as well as the other 133 bipartisan cosponsors in the House of Representatives, have done to support this important legislation and get it to this point in the legislative process.

As you know, this legislation is named in honor of emergency physician and longtime ACEP member Lorna Breen, MD, FACEP, who died by suicide in April 2020 after treating COVID-19 patients and contracting the virus herself. Dr. Breen was the chair of the Department of Emergency Medicine at the New York Presbyterian Allen Hospital. She had been an ACEP member for 15 years and served on our Emergency Medicine Practice Committee where she spearheaded the development of a Point of Care tool for patients with Autism Spectrum Disorder. Dr. Breen was also active in her state chapter and served on the New York ACEP Board of Directors from 2007 to 2010.

Her loss is still deeply felt by ACEP and our members and remains a tragic reminder that many of our colleagues continue to suffer in silence. That is why we urge you to enact this vital legislation to both honor Dr. Breen’s legacy and the strength of her compassion, and to create the blueprint for delivering mental health support services for the nation’s healers themselves.

Thanks to the work already undertaken by Congress to fund these grants as part of the American Rescue Plan, the framework for these support services has been established, but the authorizing legislation is still needed. This legislation would not only provide more specific guidance to the federal agencies tasked with implementing these grants, but would also require a comprehensive study to be conducted on health care professional mental and behavioral health and burnout. This study, which was not part of the American Rescue Plan because it did not meet the criteria required for inclusion in a reconciliation bill, would also examine barriers to seeking and accessing mental and behavioral health treatment by providers, including stigma and concerns about licensing and credentialing.

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The grant money is very much appreciated and needed, but if health care providers are reluctant to access these programs for fear of impeding their careers or losing their ability to practice medicine altogether, then they cannot fulfill their purpose.

The stigma surrounding mental illness is a well-known barrier to seeking care among the general population, but it can have an even stronger impact among health care professionals. For most physicians and other clinicians, seeking treatment for mental health sparks legitimate fear of resultant loss of licensure (some state licensing boards continue to ask questions about clinicians' mental health histories or past treatment), loss of credentialing at your site of employment (for similar reasons), loss of income, or other meaningful career setbacks as a result of pervasive stigma. Such fears have deterred many from accessing necessary mental health care, leaving them to suffer in silence, or worse. In fact, physicians have a significantly higher risk of dying by suicide than the general public.

A poll from ACEP and Morning Consult released exactly one year ago from the date of your hearing (October 26, 2020) showed that despite the growing toll that serving on the frontlines of the COVID-19 pandemic was having on emergency physicians, many were still hesitant to seek mental health treatment. The results of the poll, conducted among a national sampling of emergency physicians, found:

- More than eight in 10 (87 percent) of emergency physicians reported feeling more stress since the start of the pandemic, with an additional 72 percent experiencing burnout on the job.
- Despite increased levels of stress and burnout, nearly half (45 percent) of the nation's emergency physicians did not feel comfortable seeking mental health treatment.
- When it came to seeking mental health treatment, 73 percent of emergency physicians felt there was stigma in their workplace.
- Nearly three in five (57 percent) of emergency physicians reported they would be concerned for their job if they were to seek mental health treatment.
- More than a quarter (27 percent) reported they had avoided seeking mental health treatment in fear of professional repercussions.
- Emergency physicians who reported not seeking mental health treatments for fear of professional repercussions cited job security, professional stigma, and future job opportunities as their reasons.

While COVID-19 certainly exacerbated the stress and burnout of emergency physicians, those concerns and the fear of seeking help existed long before the pandemic. That is why this legislation is so important. As a country, we need to show support for emergency physicians and other health care providers for their mental well-being, not just as we continue to combat COVID-19, but long after this crisis has passed. The "Dr. Lorna Breen Health Care Provider Protection Act" can address these needs in the short-term and lay the foundation for education, training, and support services moving forward, provided the right safeguards are put in place.

As you are aware, the Senate Health, Education, Labor & Pensions (HELP) Committee considered the Senate companion bill (S. 610), sponsored by Senators Tim Kaine (D-VA), Todd Young (R-IN), Jack Reed (D-RI), Bill Cassidy (R-LA), Angus King (I-ME), and Shelley Moore Capito (R-WV), approving a modified version of this bill on May 25, 2021, which the Senate then adopted by voice vote on August 6, 2021. The changes to the underlying text were negotiated and made in a bipartisan manner and remain consistent with the intent of the original legislative proposal. When your committee prepares to markup H.R. 1667, we would strongly encourage you to consider aligning the House bill text with the Senate-approved bill to ensure the expeditious enactment and full implementation of this law.

In addition to thanking the many bipartisan lawmakers who have cosponsored these bills, we would also like to note that over 30 medical and mental health organizations joined ACEP in endorsing the "Dr. Lorna Breen Health Care Provider Protection Act" (see attached letter).

Ensuring clinicians can freely seek mental health treatment and services without fear of professional setback means their mental health care needs can be resolved, rather than hidden away and suffered through.

Thank you again for your leadership on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Mark Rosenberg". The signature is written in a cursive style with a large, prominent "M" and "R".

Mark Rosenberg, DO, MBA, FACEP  
ACEP President

March 25, 2021

The Honorable Tim Kaine  
U.S. Senate  
231 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Susan Wild  
U.S. House of Representatives  
1027 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Todd Young  
U.S. Senate  
185 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable David McKinley  
U.S. House of Representatives  
2239 Rayburn House Office Building  
Washington, D.C. 20515

Dear Senators Kaine and Young and Representatives Wild and McKinley:

On behalf of the undersigned organizations, we would like to thank you for introducing the “Dr. Lorna Breen Health Care Provider Protection Act” (S. 610/H.R. 1667). This bipartisan, bicameral legislation will help reduce and prevent mental and behavioral health conditions, suicide, and burnout, as well as increase access to evidence-based treatment for physicians, medical students, and other health care professionals, especially those who continue to be overwhelmed by the COVID-19 pandemic.

The stigma surrounding mental illness is a well-known barrier to seeking care among the general population, but it can have an even stronger impact among health care professionals. For most physicians and other clinicians, seeking treatment for mental health sparks legitimate fear of resultant loss of licensure, loss of income, or other meaningful career setbacks as a result of ongoing stigma. Such fears have deterred them from accessing necessary mental health care, leaving many to suffer in silence, or worse. In fact, physicians have a significantly higher risk of dying by suicide than the general public.

Ensuring clinicians can freely seek mental health treatment and services without fear of professional setback means their mental health care needs can be resolved, rather than hidden away and suffered through. Furthermore, optimal clinician mental health is essential to ensuring that patients have a strong and capable health care workforce to provide the care they need and deserve.

To ensure patient access to medically necessary care can be maintained, it is vital that we work to preserve and protect the health of our medical workforce. Your legislation will help establish grants for training health profession students, residents, or health care professionals to reduce and prevent suicide, burnout, substance use disorders, and other mental health conditions; identify and disseminate best practices for reducing and preventing suicide and burnout among health care professionals; establish a national education and awareness campaign to encourage health care workers to seek support and treatment; establish grants for employee education, peer-support programming, and mental and behavioral health treatment; and commission a federal study into health care professional mental health and burnout, as well as barriers to seeking appropriate care.

Thank you again for your leadership on this important issue and for introducing this legislation. We look forward to working with you to ensure the “Dr. Lorna Breen Health Care Provider Protection Act” is signed into law.

Sincerely,

American College of Emergency Physicians  
American Academy of Dermatology Association  
American Academy of Family Physicians  
American Academy of Neurology

American Association of Child and Adolescent Psychiatry  
American Association of Clinical Urologists  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Obstetricians and Gynecologists  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Foundation for Suicide Prevention  
American Gastroenterological Association  
American Medical Association  
American Medical Group Association  
American Nurses Association  
American Osteopathic Association  
American Psychiatric Association  
American Society of Anesthesiologists  
Association for Clinical Oncology  
Association of American Medical Colleges  
Congress of Neurological Surgeons  
Dr. Lorna Breen Heroes' Foundation  
Emergency Nurses Association  
National Alliance on Mental Illness  
National Association of Spine Specialists  
Physicians Advocacy Institute  
Renal Physicians Association  
Society for Vascular Surgery  
The Society of Thoracic Surgeons