

Policy At A Glance:

Dr. Lorna Breen Health Care Provider Protection Act (H.R.1667)

The Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667) aims to cultivate a new culture of mental health for healthcare providers. This brief unveils the current mental health culture for US healthcare professionals and provides an overview of the provisions offered by H.R. 1667.

Introduction

Working in the healthcare sector can be emotionally, mentally, and physically exhausting. Even before COVID-19, more than 50 percent of clinicians experienced burnout, a syndrome characterized by high emotional exhaustion, cynicism, and a low sense of personal accomplishment from work.¹ Burnout has been shown to increase job turnover, reduce job performance, and, in its most extreme cases, increase the incidence of medical error or lead to mental illness or suicide.¹

Like many other issues, the COVID-19 pandemic highlighted and exacerbated the mental health crisis facing frontline healthcare professionals. In response to the devastating mental health crisis, the federal government took steps to address this issue by dedicating \$103 million of American Rescues Plan funds.² Then on March 18, 2022, President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667) into law to strengthen the federal government's commitment to addressing this mental health crisis.³

The law is named after Dr. Lorna Breen, a New York City emergency medicine physician who tragically died by suicide in 2020 after experiencing mental strain stemming from the COVID-19 pandemic. Physicians and other healthcare professionals have higher rates of burnout and suicide risk than the general population.⁴ More than ever, healthcare professionals need support to adequately address their mental health concerns in an environment void of stigma and judgment.

The Dr. Lorna Breen Health Care Provider Protection Act aims to transform and improve the mental health culture among healthcare professionals. This brief unveils the current mental health culture in the U.S healthcare system and provides an overview of provisions offered by H.R. 1667.

Relevant Dates for H.R. 1667³

- 3/08/2021** Introduced in the United States House of Representatives
- 12/18/2021** Passed by the House
- 2/17/2022** Passed by the United States Senate without amendment
- 3/18/2022** Signed by President Biden and became law

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Unveiling A Disjointed Mental Health Culture in the U.S. Healthcare System



Background

Before the COVID-19 pandemic, healthcare professionals faced elevated levels of stress, burnout, depression, anxiety, and suicide. In the United States, the rate of physicians and nurses that die by suicide is twice the general population.⁴ While battling the COVID-19 pandemic, 42% of doctors and 62% of nurses reported feeling burned out.⁵ Now more than ever, there is a pressing need to support the mental health and wellbeing of our healthcare workforce.

At the onset of the COVID-19 pandemic, healthcare professionals faced devastating circumstances such as interfacing with an alarming death toll; putting their friends, family, and themselves at risk of infection; and working extended shift hours.⁶

The COVID-19 pandemic underscored and exacerbated the mental health crisis among frontline healthcare workers. However, many healthcare workers remain silent and continue to suffer out of fear of the professional stigma of seeking help for mental and behavioral health concerns.⁴

Barriers to Obtaining Mental Health Services

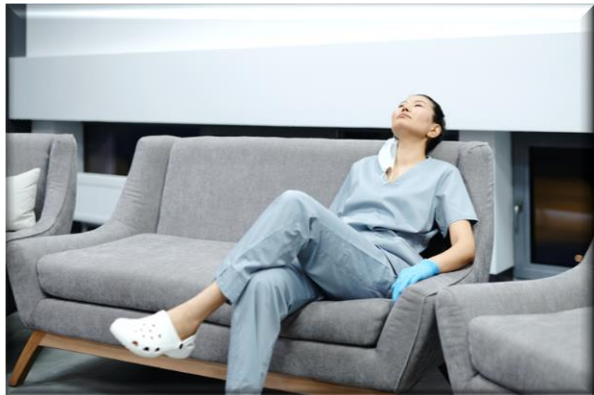
Healthcare providers may face multiple barriers when attempting to access mental health services. One of these barriers include mental illness-related stigma that exists in the healthcare system and among healthcare providers. Of note, stigma can occur on multiple levels simultaneously. For example, stigma can occur at the interpersonal (e.g., relations with others), intrapersonal (e.g., self-stigma), and structural (e.g., exclusionary and/or discriminatory policies, laws, and systems) levels.⁷ Thus, it is imperative that each level is adequately addressed to ensure that all healthcare providers can gain access to quality mental health services. Of note, the fear of repercussions during state licensure and the hospital credentialing process may deter healthcare professionals from seeking mental health services, serving as a structural barrier.

Steps to Prevent Burnout and Suicide among Healthcare Professionals

The prevention of burnout and suicide among healthcare professionals requires a multi-level approach due to the intricate nature of the issue. According to J. Corey Feist, the brother-in-law of Dr. Lorna Breen, a starting point for healthcare organizations is to adopt the acronym C.A.R.E.⁸ C stands for commit. Healthcare organizations should make a visible commitment to address the issue. A stands for assessment. Health systems and hospitals should assess where their workforce is on this issue. R stands for respond. Healthcare organizations should respond to the results they receive from their assessment. Lastly, E stands for education. Healthcare organizations should inform their staff about the facts and myths associated with mental health policies and other pertinent information that may cause healthcare professionals to worry about seeking mental health services.



Cultivating a New Culture of Mental Health in Healthcare



American Rescue Plan Act of 2021 (H.R. 1319)

Before the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667) became law, the Biden-Harris Administration dedicated \$103 million in American Rescue Plan Act funding to strengthen resiliency and address burnout among healthcare professionals.² President Biden strengthened this commitment by signing H.R. 1667 into law on March 18, 2022, which will invest \$135 million.³

A National Education and Awareness Initiative

Under H.R. 1667, an annual investment of \$10 million for three years will be used to establish a national evidence-based education and awareness initiative that aims to do the following:

1. Encourage healthcare workers to seek care and support for their mental health or substance use concerns
2. Help healthcare professionals identify and respond to risk factors associated with mental health conditions and suicide
3. Address the stigma associated with seeking mental health and substance use disorder services

Healthcare Worker Mental Health Promotion

Under H.R. 1667, an annual investment of \$35 million for three years will be used to enhance or establish evidence-based programs committed to improving the mental health and resiliency of the healthcare workforce. Under H.R. 1667, the Secretary of the United States Department of Health and Human Services (HHS) shall award contracts or grants to healthcare entities (e.g., community health centers, hospitals, medical professional associations, and rural health clinics) to enhance or deploy these programs. Also, healthcare entities located in rural or health professional shortage areas will receive priority.³

Healthcare entities can use the funding to do the following:³

1. Provide mental health care, referral for mental health services, or follow-up services
2. Enhance or establish peer-support programs for healthcare professionals
3. Enhance or establish evidence-based programs that aim to improve mental health and resiliency among healthcare workers and prevent suicide
4. Improve awareness among healthcare professionals about signs of and risk factors for mental health disorders and suicide

Lastly, a portion of the \$35 million will be used to conduct a comprehensive research study that examines the root cause of the issue and aids in the development of a roadmap for future legislation.

Conclusion

Even before the COVID-19 pandemic, healthcare providers faced disproportionately higher rates of burnout and suicide when compared to the general population. The demands of the COVID-19 pandemic generated a sense of urgency to better support the healthcare workforce's mental health and wellbeing and resulted in the passage of supportive federal legislation. The Dr. Lorna Breen Health Care Provider Protection Act, coupled with the American Rescue Plan Act of 2021, aims to strengthen resiliency and address burnout among healthcare professionals. These investments demonstrate the federal government's commitment to redesigning the U.S. healthcare system by enhancing and transforming the structural and systemic-level barriers hindering healthcare professionals from seeking and receiving mental health services. Although these initiatives are a step in the right direction, more can be done to strengthen this effort. For one, funding from H.R. 1667 will expire in three years and will only cover a select number of healthcare systems. Thus, more funding and the deployment of innovative, evidence-based, and long-lasting solutions are necessary to ensure all healthcare professionals across the nation have access to much needed mental health services to improve their wellbeing.

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Did you know?

Younger medical staff, female workers, nurses, front-line healthcare workers, and workers in areas with higher infection rates reported more severe degrees of psychological symptoms than other healthcare workers.⁹



LOMA LINDA UNIVERSITY
HEALTH

Institute for Health Policy and Leadership

11209 Anderson Street
Loma Linda, CA 92354
Phone: 909-558-7022
Fax: 909-558-5638
www.IHPL.llu.edu

Questions?

Please contact Queen-Ivoie C. Egiebor,
DrPH(c), MPH, BS, Doctoral
Graduate Assistant at the Institute for
Health Policy & Leadership
(iegiebor@students.llu.edu).