An estimated 20.7 million Americans aged 12 or over needed treatment for substance use disorder (SUD) in 2017, but only about 4 million Americans aged 12 or over received any form of treatment for SUD.\textsuperscript{i,ii} There are simply too few physicians and other clinicians with the requisite knowledge and training to meet the needs of American suffering with SUD, and this shortage is causing some individuals to wait weeks, or even months, to receive life-saving treatment. In addition, this SUD workforce shortage represents a barrier to the full integration of physical health care and SUD treatment services.

Congress acknowledged the severity of this SUD workforce shortage by authorizing a new loan repayment program in last year’s landmark opioid bill, H.R. 6, the SUPPORT for Patients and Communities Act. This program, authorized at $25 million per year, will help people who pursue full-time SUD treatment jobs in high-need geographic areas repay their student loans.

**Funding Recommendation:** ASAM recommends $25 million in Fiscal Year 2020 to create the Loan Repayment Program for Substance Use Disorder Treatment Workforce within the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services.

**Justification:** The current addiction treatment gap will never be closed with the current addiction treatment workforce. To make a meaningful and sustainable impact on the current opioid overdose epidemic, and to stave off emerging epidemics related to other addictive substances such as cocaine, benzodiazepines or methamphetamine, it is imperative that our country make strategic investments to incentivize clinicians to specialize in the prevention and treatment of SUD.

The President’s Commission on Combating Drug Addiction and the Opioid Crisis recognized this need in its 2017 report, stating: “Adequate resources are needed to recruit and increase the number of addiction-trained psychiatrists and other physicians, nurses, psychologists, social workers, physician assistants, and community health workers and facilitate deployment in needed regions and facilities.”

By 2025, it is estimated that there will be a workforce shortage of up to 250,000 providers in the substance use disorder/mental health field.
Creating new loan repayment opportunities for addiction professionals will help increase the number of dedicated and well-trained treatment providers in high-need communities, expanding access to care for individuals struggling with a substance use disorder. Without a stronger SUD workforce, far too many patients seeking recovery from addiction will continue to face denials for service and long wait lists.

**How the Program Works:** Participants must agree to working a full-time SUD treatment job, which must involve direct patient care, for up to 6 years to be eligible for the program. That job must be based in a Mental Health Professional Shortage Area (HPSA) or in a county where the average overdose death rate is higher than the national average. HPSAs currently exist in all 50 states. The total amount of payments to any individual cannot exceed $250,000.

**About ASAM:** Founded in 1954, the American Society of Addiction Medicine (ASAM) is a professional society representing over 6,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

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2 As used in this context, receipt of any form of treatment for SUD includes treatment received at any location (e.g., hospital, inpatient or outpatient rehabilitation facility, mental health center, emergency room, private doctor’s office, prison, jail, or a self-help group).