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The Voice of Addiction Medicine
American Society of Addiction Medicine

American Society of Addiction Medicine (ASAM) Testimony at the Bipartisan Heroin Task Force Roundtable, “Lessons Learned for Recovery. Improving the National Response to the Opioid Crisis”

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Introduction

Chairwoman Kuster and Chairman Fitzpatrick, thank you for the opportunity to participate today. I am grateful to the Bipartisan Heroin and Opioid Task Force for its leadership in addressing the overdose epidemic currently ravaging our country.

I’m Dr. Kelly Clark, president of the American Society of Addiction Medicine (or ASAM), representing over 6,000 physicians and associated professionals specializing in the prevention and treatment of addiction. I am honored to present some of ASAM’s recommendations on actions this Congress can take to improve our national response to the crisis, because doing more of what we have been doing will not suffice. A new approach is required to deliver services for substance use disorder prevention, treatment, harm reduction, and recovery support.

To that end, ASAM recommends that Congress focus on three primary areas:

1. **Teaching** addiction medicine with the goals of educating the public and strengthening the nation's inadequate addiction treatment workforce;
2. **Standardizing** the delivery of addiction treatment. We must treat addiction like every other disease, which requires us now to (a) incentivize the use of nationally-recognized, expert treatment guidelines and standards which promote individualized biopsychosocial assessments and treatment plans, and (b) modernize regulatory barriers to coordinating care; and
3. **Covering** high-quality addiction care with adequate payments.

Teaching Addiction Medicine

To dispel stigma and empower our citizens, ASAM recommends that Congress facilitate the launch of a new national public education campaign by the Centers for Disease Control and Prevention (CDC). The campaign should carry the key message that addiction is a chronic brain disease and include information on the evidence-based medical treatments which are available. Only the federal government has the capacity and reach to raise public awareness at this scale, as we saw with the CDC's AIDS campaign in the 1980s.

But public education is not enough. Following the Comprehensive Addiction and Recovery Act (CARA) and the SUPPORT for Patients and Communities Act, critical funding is needed now to build an adequate workforce of well-trained clinicians in communities across America. Thus, ASAM recommends that Congress appropriate **\$25 million to create the Loan Repayment Program for Substance Use Disorder Treatment Workforce**. This program was newly authorized in the SUPPORT Act and would allow student loan repayment for health care

professionals who work in high-need areas treating people with addiction. ASAM also encourages Congress to fund training programs for addiction medicine specialists, including appropriating **\$10 million for the Mental and Substance Use Disorder Workforce Training Demonstration Program which was authorized in Sec. 9022 of the 21st Century Cures Act**. This would award grants to support training for postgraduate physicians to practice psychiatry and addiction medicine in underserved, community-based settings. Funding these programs would both increase our workforce and focus those skilled clinicians to underserved rural and urban settings.

Standardize the Delivery of Addiction Treatment

Addiction is a chronic brain disease and to turn the tide of this crisis we must treat it as such - which includes encouraging the adoption of standards. We must ensure that patients can access treatment which meets minimum quality standards through the care continuum; can receive this medical care during periods of incarceration which too often occur, and that addiction treatment is not excluded from care coordination efforts throughout the healthcare system.

To help address these problems, ASAM encourages Congress to consider the following:

- Pass legislation that would incentivize states to adopt standards for the licensure of addiction treatment programs meeting level-of-care standards defined by The ASAM Criteria;
- Pass legislation that would provide people with opioid addiction, during periods of their incarceration, access to all FDA-approved medications for the treatment of addiction and

the infectious diseases associated with it, as well as warm handoffs to community-based care upon the release of incarcerated persons with a substance use disorder; and

- Pass legislation more closely aligning 42 CFR Part 2 with HIPAA within the healthcare system, while leaving in place federal prohibitions on the disclosure of records outside the healthcare system.

Covering High-Quality Addiction Care

The current healthcare financing system is one of the greatest barriers to the successful treatment of individuals with addiction. Short-term, grant-based authorizations for funding addiction treatment services in legislation such as CARA and the SUPPORT Act can be helpful. But the consistent and scalable funding that Medicaid, Medicare, and private health plans provide are the foundation of financing health care delivery.

In addition, we must stop spending scarce federal dollars on programs that do not work. Funding must be directed to scaling and replicating only those prevention and treatment programs shown to be most effective.

Finally, ASAM recommends much-needed insurance-related reforms. For example, Congress should pass legislation that gives the Department of Labor additional enforcement authorities to help address ongoing violations of the Mental Health Parity and Addiction Equity Act across this nation. Despite the passing of the federal parity law in 2008, noncompliance with the law is still too common in many parts of the country and has prevented patients from receiving equitable coverage of mental health and substance use disorder treatment benefits.

Closing

In closing, addiction is a chronic disease and not a decision. Stigma, misunderstanding, an inadequate clinical workforce, lack of patient access to baseline standards of care, continued funding of care that doesn't work – these are issues our country can address. They demand we harness the full strength of federal authority and resources. Whether we rise to meet this historic challenge is a decision that rests largely in Congressional hands.

Thank you again for the opportunity to present. ASAM looks forward to continued collaboration, and I look forward to your questions.