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June 22, 2021

Liz Richter

Acting Administrator
Centers for Medicare and Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1752-P

Dear Ms. Richter:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,600 physicians and associated health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on the proposals to implement provisions of the Consolidated Appropriations Act (CAA) of 2021 related to the distribution of additional residency positions to qualifying hospitals.

ASAM commends the Biden-Harris Administration and CMS for your commitment to addressing the pervasive health and social inequities in America, which have been exposed and exacerbated by the COVID-19 pandemic. One area of persistent and worsening inequity in American health care relates to access to evidence-based addiction treatment. During the course of the past year, drug overdose death rates have reached historic highs. Estimates of drug overdose deaths exceed 88,000 for the 12-month period to August 2020,¹ with overdose death rates surging among Black and Hispanic Americans.² Alcohol consumption also increased 17 percent between 2019 and 2020.³

These increases in substance use and overdose deaths during the COVID-19 Public Health Emergency certainly reflect a combination of treatment disruptions, social isolation, and other hardships imposed by the pandemic, but they also reflect the longstanding inadequacy of our addiction treatment infrastructure and workforce. Even before the pandemic began, in 2019, more than 21 million Americans aged 12 or over needed treatment for a substance use disorder (SUD), but only about 4.2 million Americans received any form of treatment for it.⁴ According to the Substance

Abuse and Mental Health Services Administration (SAMHSA), the U.S. needs more than 40,000 additional addiction medicine specialist physicians and more than 40,000 additional addiction psychiatrists to meet our nation's substance use disorder workforce needs.⁵

Recognizing the national shortage of addiction physician specialists amidst a dramatic treatment gap and worsening epidemic of drug overdose deaths, ASAM has advocated for an increase in resident physician positions for hospitals that either have or are developing residency programs in addiction psychiatry and addiction medicine.⁶ By increasing residency positions at institutions with established or future training programs in these subspecialties, the federal government could strengthen the pipeline of addiction physician specialists at a time when the workforce is severely under-equipped to meet the needs of millions of Americans living with addiction.

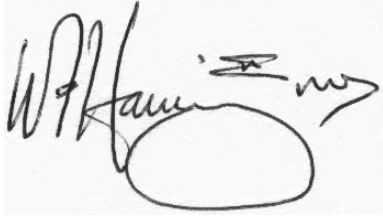
ASAM urges CMS to capitalize upon the opportunity presented by the implementation of the CAA to address both the COVID-19 pandemic and the addiction and overdose death epidemic that is gripping our nation. **Hospitals that either have, or are developing, training programs in addiction medicine or addiction psychiatry should be given priority in the application process.** This prioritization of institutions that are training addiction physician specialists aligns with the intent of Congress to attract physicians to serve medically underserved populations. CMS has proposed to fulfill this intent using the Health Professional Shortage Area (HPSA) designation as an objective criterion for establishing whether the additional residency slots would benefit underserved populations. We agree the HPSA designation is useful for identifying underserved geographies and some patient populations that are disproportionately impacted by the addiction crisis, such as people experiencing homelessness and those who are eligible for Medicaid. In the absence of a HRSA-defined SUD HPSA, CMS can target the addiction treatment gap and workforce shortage by additionally prioritizing hospitals with training programs in addiction medicine and addiction psychiatry. Such applications can be identified objectively, and CMS could require that residency slots awarded to such hospitals be allocated to those training programs or their pre-requisite programs. For future years, we urge CMS to work with HRSA to define and designate SUD HPSAs so that these residency positions and other funding opportunities can be better targeted to underserved areas with high SUD and overdose burdens but limited treatment access.

Further, ASAM objects to the proposal to limit applications from hospitals in mental health-only shortage areas to psychiatry residency programs. Physicians who are board-certified in addiction medicine are a key component of the mental health workforce, and they are trained to provide comprehensive bio-psycho-social care to patients with addiction. These physician experts may enter addiction medicine from any primary medical board, and the federal government has recognized the critical role that primary care providers, in particular, play in the treatment of SUD.⁷ Accordingly, **ASAM urges CMS to accept and prioritize applications for any primary residency program from hospitals that either have, or are developing, training programs in addiction medicine in mental health-only shortage areas as well.** These hospitals have demonstrated a commitment to training professionals who will be poised to lead our country's response to the ongoing addiction crisis, and we need to support them by expanding the pipeline of trainees in any pre-requisite program.

Thank you for your consideration of these recommendations. ASAM stands ready to support CMS' work to expand access to evidence-based addiction treatment services and help alleviate

some of the persistent health inequities experiences by patients with addiction. Please reach out to Kelly Corredor, Chief Advocacy Officer at kcorredor@asam.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "W F Haning, III", with a large, stylized flourish underneath.

William F. Haning, III, MD, DLFAPA, DFASAM
President, American Society of Addiction Medicine

¹ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

² Drake J, Charles C, Bourgeois JW, Daniel ES, Kwende M. Exploring the impact of the opioid epidemic in Black and Hispanic communities in the United States. Drug Science, Policy and Law. January 2020. doi:10.1177/2050324520940428

³ Pollard,MS, Tucker, JS, Green HD. Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. JAMA Network Open. 2020;3(9): e2022942. doi:10.1001/jamanetworkopen.2020.22942

⁴ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

⁵ SAMHSA. Behavioral Health Workforce Report. December 2020. [Behavioral Health Workforce Report \(samhsa.gov\)](https://www.samhsa.gov/behavioral-health-workforce-report)

⁶ <https://www.asam.org/advocacy/national-advocacy/teach-it-addiction-treatment-workforce/asam-advocacy-blog/2021/04/27/asam-applauds-reintroduction-of-the-opioid-workforce-act>

⁷ [Substance Use Disorders and Primary Care Integration | Bureau of Primary Health Care \(hrsa.gov\)](https://www.hrsa.gov/primary-care-integration)