



ASAM American Society of
Addiction Medicine

**American Society of Addiction Medicine (ASAM) Testimony,
House Committee on Appropriations Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
FY 2021 Appropriations**

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Summary of FY 2021 Request

The American Society of Addiction Medicine (ASAM) respectfully recommends:

- \$25 million for the Loan Repayment Program for Substance Use Disorder Treatment Workforce within the Health Resources and Services Administration (HRSA)
- \$30 million for the Mental and Substance Use Disorder Workforce Training Demonstration Program within HRSA
- Application of a long-standing, bipartisan provision in the Ryan White CARE Act, known as the "Requirement of Status as Medicaid Provider," to the State Opioid Response (SOR) Grants program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA)

Justification

Loan Repayment Program for Substance Use Disorder Treatment Workforce

There are not enough physicians and other clinicians with the requisite knowledge and training to meet the needs of millions of Americans suffering with substance use disorders (SUD). In fact, the Office of National Drug Control Policy's (ONDCP) 2020 National Drug Control Strategy cites "building the addiction treatment workforce" as one of its top recommendations for improving addiction treatment.

Congress acknowledged the severity of this shortage by authorizing a new loan repayment program in the SUPPORT for Patients and Communities Act and funding it for the first time for FY20. This program helps people who pursue full-time SUD treatment jobs in high-need geographic areas repay their student loans.

Expanding loan repayment opportunities for addiction treatment professionals by increasing funding for this program to the \$25 million authorized level will help increase the number of dedicated and well-trained treatment providers in high-need communities, thus expanding access to care for individuals struggling with SUD. Without a stronger SUD workforce, far too many patients seeking recovery from addiction will continue to face denials for service and long wait lists.

Mental and Substance Use Disorder Workforce Training Demonstration Program

Treating the 21.2 million Americans who need treatment for SUD will require training that is too often lacking in our nation's current medical workforce. According to ONDCP, there are only about 5,000 medical doctors with addiction medicine or addiction psychiatry credentials, and most only practice addiction medicine part-time.

Only 70 of the nation’s 179 accredited medical schools offer ACGME-accredited addiction medicine fellowship programs—compared with 284 accredited fellowship programs in sports medicine.¹

Thanks to your leadership, Congress took a critical step toward addressing this workforce shortage by creating the Mental and Substance Use Disorder Workforce Training Demonstration Program for FY20. This program, authorized in the 21st Century CURES Act and administered by HRSA, awards grants to certain institutions to expand the number of fellows trained as addiction specialist physicians who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services.

The President’s Commission on Combating Drug Abuse and the Opioid Epidemic has recommended quickly ramping up the numbers of fellowships to address the opioid crisis—to 125 fellowships by 2022. Funding for the HRSA demonstration program is critical for meeting this goal. Therefore, we respectfully request \$30 million for this program in FY21, a \$3.3 million increase over the FY20 level and a \$500,000 increase over the President’s FY21 budget.

State Opioid Response (SOR) Grants Program

The 21.2 million Americans who need treatment for SUD deserve high-quality, evidence-based, and cost-effective care. Thanks to your leadership, Congress took a

¹ Accreditation Council for Graduate Medical Education. “Number of Accredited Programs by Academic Year 2019-2020.” Accessed February 15, 2020. <https://apps.acgme.org/ads/Public/Reports/Report/3>

critical step toward closing the treatment gap by creating the SOR Grants program for FY18. These grants, administered by SAMHSA with annual funding of \$1.5 billion, are allocated to states by formula for the purpose of increasing access to FDA-approved medications for addiction treatment, reducing unmet treatment need, and preventing overdose deaths.

Unfortunately, due to wide variability among state licensing standards for SUD treatment programs, Congress has no guarantee these federal grant monies are spent on high-quality, evidence-based, and cost-effective care. Additionally, while the grant application makes clear that SOR Grants are intended to be a payer of last resort for SUD-related services, the grant awards do not include a mechanism to ensure that the funds support rather than supplant existing available funding sources for an individual's treatment, such as Medicaid financing, a funding source likely to increase during the declared COVID-19 national emergency.

To gain assurances that SOR Grants are used as intended - to pay for crucial SUD-related services that facilitate remission and recovery but not otherwise reimbursed through other sources such as Medicaid - and are funding quality treatment programs, we respectfully recommend that a long-standing, bipartisan provision similar to Section 2604(g) of the Ryan White CARE Act, known as the "Requirement of Status as Medicaid Provider," be applied to the SOR Grant program in the Fiscal Year 2021 LHHS Appropriations Act.

Such a requirement for certain SOR Grant recipients to enroll in Medicaid would ensure they meet minimum standards for Medicaid healthcare providers and should help prevent those providers who cannot meet Medicaid standards from receiving federal funding for Medicaid-covered SUD-related services. In addition, applying such a requirement, beginning with FY21, makes particular sense given that Medicaid will be required to provide coverage for medications for the treatment of opioid use disorder and related therapies, from October 1, 2020 to September 30, 2025, under the SUPPORT for Patients and Communities Act. Ultimately, a Medicaid provider provision would improve accountability of the SOR Grants program and better integrate these grant funds with Medicaid so that more Americans have access to high-quality, comprehensive addiction care.

Conclusion

The COVID-19 pandemic has highlighted some of the many weaknesses in our nation's public health infrastructure. People with addiction may be particularly vulnerable to infection and severe illness from the novel coronavirus, as well as overdose in the event there's an abrupt discontinuation of their medications for addiction treatment. Thus, if left untreated or undertreated, they could add tremendous stress to a soon-to-be overwhelmed US healthcare system. But even after COVID-19 subsides, the addiction and overdose crisis will remain, as will the shortage of clinicians who are trained to address this crisis. ASAM urges you to

continue the efforts you have begun to strengthen the nation's addiction treatment infrastructure. We must not forget addiction – the national crisis within a world pandemic.

We recognize the difficult task you face in balancing the many needs of our nation in the FY 21 LHHS appropriations bill, and we appreciate your consideration of these recommendations. Should you have any questions about these recommendations, please contact ASAM's Vice President, Advocacy and Government Relations, Kelly Corredor at kcorredor@asam.org or 301-547-4111.

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