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November 5, 2021

The Honorable Chris Murphy
136 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
502 Hart Senate Office Building
Washington, DC 20510

RE: Legislation to Address Mental Health and Substance Use Disorders

Dear Senators Murphy and Cassidy:

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, we are grateful for the opportunity to provide input on legislative priorities to address the mental health and addiction crisis.

Thanks to your leadership, the majority of the Mental Health Reform Act of 2016 was enacted as part of the 21st Century Cures Act, and programs within that law have helped ensure that federal resources for mental health and substance use disorder (SUD) programs reach the communities most in need. We applaud you for recognizing that there is still more to do, especially as the COVID-19 pandemic has only exacerbated this crisis and further contributed to pervasive health and social inequities. As you may know, drug overdose deaths exceeded 96,000—a record high—for the 12-month period to March 2021,[i] with overdose death rates surging among Black and Hispanic Americans.[ii] Alcohol consumption also increased 17 percent between 2019 and 2020.[iii]

The increases in substance use and overdose deaths 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 medical infrastructure when it comes to preventing and treating addiction. In 2019, even before the COVID-19 pandemic began, more than 21 million Americans aged 12 or over needed treatment for a SUD, but only about 4.2 million Americans received any form of treatment or ancillary services for it. Further, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), the United States needs more than 40,000 additional addiction medicine physicians and more than 40,000 additional addiction psychiatrists to meet our nation's SUD workforce needs.[iv]

Given these daunting statistics, ASAM appreciates the opportunity to detail recommendations that are crucial to addressing this deadly crisis. We provide comments below on several of the programs that you identified in your request, as well as related legislation and a new policy proposal concerning contingency management.

Recommendations for Existing Programs

Encouraging Innovation and Evidence-Based Programs within the National Mental Health and Substance Use Policy Laboratory: The nation's response to the mental health and addiction crisis would benefit from stronger coordination between the relevant federal agencies. One opportunity for improvement concerns the National Mental Health and Substance Use Policy Laboratory at SAMHSA. ASAM recommends requiring the Laboratory to collaborate and share information with the Centers for Medicare and Medicaid (CMS). Specifically, the Laboratory should help support states with their implementation of Section 1115 SUD waivers related to Medicaid's IMD exclusion by enhancing state data collection efforts and SUD care delivery systems.

Increasing Access to Pediatric Mental Health: ASAM supports this program but recommends adding at least one addiction medicine physician to the pediatric mental health team; this change will help ensure that children with SUD receive comprehensive treatment. In 2016, the American Board of Medical Specialties announced the recognition of addiction medicine as a new subspecialty under the American Board of Preventive Medicine. ASAM urges Congress to incorporate that development when reauthorizing mental health and SUD programs such as this one.

Grants for Jail Diversion Programs: ASAM supports jail diversion programs as a means of community-based treatment for individuals with mental illnesses and SUDs as opposed to incarceration. ASAM notes, however, that the authorization refers to integrating mental health and "co-occurring" SUD treatment; elsewhere, it refers to "co-occurring" mental illness and SUD services. While multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience SUD, and vice versa, that means the other half of people with SUD may not experience a co-occurring mental illness. Therefore, ASAM recommends modifying the authorizing language to clarify that it applies to SUD alone as well as when co-occurring with mental illness.

Promoting Integration of Primary Care and Behavioral Health: ASAM encourages you to consider introducing a Senate companion to H.R. 5218, the Collaborate in an Orderly and Cohesive Manner Act, which would improve access to evidence-based mental health and SUD care by supporting and investing in the implementation of the Collaborative Care Model (CoCM) in primary care offices. The CoCM involves a primary care physician working collaboratively with a psychiatric consultant and a care manager to manage the clinical care of behavioral health patient caseloads. This model allows patients to receive behavioral health care through their primary care doctor alleviating the need to seek care elsewhere, unless behavioral health needs are more serious. Numerous research studies have shown that this model improves patient outcomes. The CoCM is already reimbursed by Medicare, with established CPT codes. Importantly, addiction medicine physicians may serve as the consulting physician for purposes of Medicare billing in cases where SUD is being treated through the CoCM.

Minority Fellowship Program: ASAM recommends explicitly naming the field of addiction medicine in 42 U.S.C. §290ll(b), as it's imperative that we increase the number of addiction medicine physicians who provide high-quality care to patients who have SUD and/or co-occurring mental health disorders and who are from racial and ethnic minority populations. (See the section above on pediatric mental health for background.)

Mental and Behavioral Health Education and Training Grants: ASAM supports education and training grants that help ensure a prepared addiction treatment workforce, including these grants authorized by 42 U.S.C. §294e-1. Another noteworthy example is the Addiction Medicine Fellowship (AMF) Program, authorized under 42 USC 294k(a)(1), which is also administered by the Health Resources and Services Administration and is intended to expand the number of addiction specialist physicians who will work in underserved community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. The AMF program was created as part of the Mental and Substance Use Disorder Workforce Training Demonstration under the 21st Century Cures Act at an overall authorized level of $10 million, but the fiscal year 2021 funding level is $29,700,000. We urge you to introduce legislation that would reauthorize this program using the "Addiction Medicine Fellowship (AMF) Program" name for 42 USC 294k(a)(1), but with a higher overall authorization level that would benefit the AMF Program. In addition, the Expansion of Practitioner Education program, also known as Prac-Ed, is housed at SAMHSA and supports the integration of SUD education into the standard curriculum of relevant health care and health services education programs to expand the number of practitioners able to deliver high-quality, evidence-based SUD treatment. This program has not been authorized by name, and we urge you to draft legislation that would do so. Both the AMF Program and Prac-Ed were highlighted in the Health Workforce Strategic Plan released by the Department of Health and Human Services (HHS) in October.

Recommendations for Related Legislation

Mental Health Parity: ASAM endorses your legislation, the Parity Implementation Assistance Act, which would build upon your Mental Health Parity Compliance Act by incentivizing states to support oversight of health insurance plans' compliance with federal mental parity requirements.

Telehealth: Treatment delivered through telehealth has been associated with high satisfaction rates, which contributes to patient retention.[v] Allowing the continued prescribing of Schedule III and IV medications, including buprenorphine for the treatment of opioid use disorder, to new patients via audio-video evaluation is critical to addressing our nation's addiction crisis. ASAM urges you to support S. 340, the Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act, or similar legislation that would maintain this access to SUD treatment via telemedicine

New Policy Idea – Contingency Management (CM)

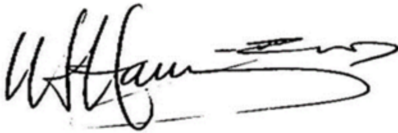
ASAM recognizes CM therapy as a successful treatment option for individuals with SUDs, as it is an evidence-based treatment for SUD, particularly stimulant use disorders, for which there is no approved medication. As you may know, CM is an evidence-based, psychosocial intervention that involves giving patients tangible monetary or non-monetary rewards (such as gift cards or vouchers) to reinforce positive behaviors such as treatment adherence (e.g., participation in therapy sessions, attendance at scheduled appointments, medication adherence) or reduced drug use/abstinence from drug use. Both the National Institute on Drug Abuse (NIDA) and SAMHSA

have recognized CM as an effective treatment. Considering the alarming increase in the number of overdose deaths involving psychostimulants, including methamphetamine and cocaine, ASAM strongly encourages broader availability of this treatment option.

Current federal policy, however, limits the type and allowable cash value of incentives that can be used for this treatment. ASAM and other organizations have urged HHS to issue guidance and/or create a regulatory safe harbor for CM, as explained in this letter to the HHS Office of the Inspector General. Even if HHS agrees to such action, we urge you to introduce legislation that would codify the legal use of this effective approach for treating SUD.

ASAM looks forward to working with you to address the mental health and addiction crisis and appreciates the opportunity to share our input on these critical legislative proposals. If you have any questions or concerns, please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@asam.org.

Sincerely,



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

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[i] Ahmad, F.B., Rossen, L.M., & Sutton P. (2021). Provisional drug overdose death counts. National Center for Health Statistics.

[ii] Drake, J., Charles, C., Bourgeois, J.W., Daniel, E.S., & Kwende, M. (January 2020). Exploring the impact of the opioid epidemic in Black and Hispanic communities in the United States. Drug Science, Policy and Law. doi:10.1177/2050324520940428

[iii] Pollard, M.S., Tucker, J.S., & Green, H.D. Changes in adult alcohol use and consequences during the COVID-19 pandemic in the US. (2020). JAMA Network Open;3(9): e2022942. doi:10.1001/jamanetworkopen.2020.22942 2020 American Psychiatric Association Telehealth Survey. https://www.psychiatry.org/psychiatrists/covid-19-coronavirus

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[v] 2020 American Psychiatric Association Telehealth Survey. https://www.psychiatry.org/psychiatrists/covid-19-coronavirus