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March 20, 2023

The Honorable Bernie Sanders
Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator Sanders and Senator Cassidy:

On behalf of the American Academy of Addiction Psychiatry (AAAP), thank you for the opportunity to comment on the drivers of healthcare workforce shortages and proposed solutions.

AAAP is a professional organization representing specialists in addiction psychiatry and other healthcare professionals who treat patients with substance use disorders (SUDs). AAAP's main educational mission is to educate healthcare professionals in the prevention and treatment of SUDs and co-occurring psychiatric disorders. AAAP is focused on working with the Administration, Congress, and experts in the field of addiction treatment to develop and implement science-based policies and programs to accomplish our shared goal of expanding SUD treatment, ending the opioid misuse and overdose epidemic, addressing co-occurring mental health conditions and providing effective treatments for our patients and their families.

As the Senate Health, Education, Labor and Pensions (HELP) Committee develops comprehensive legislation to address our nation's healthcare workforce shortages, we would like to offer the following recommendations for addressing current workforce gaps and increasing the number of clinicians who work at the intersection of the treatment of substance use disorders and mental health conditions.

Boosting the Behavioral Health Workforce

Unfortunately, as you well know, our nation faces a shortage of mental health and substance use disorder treatment professionals. The Health Resources and Services Administration (HRSA) estimates that the shortage of psychiatrists will worsen. By 2030, HRSA projects a 20% decrease of adult psychiatrists to 27,020 (as compared to 33,650 adult psychiatrists in 2017) while at the same time they project a 3% increase in demand for adult psychiatrists (to 39,550).

If we are going to alter this trend, **we must encourage more medical students to enter the field and persuade them to serve in high-need areas. Addiction psychiatrists are uniquely qualified to address our nation's dual crises of rising mental health rates and overdose deaths. However, only about half the slots available for addiction psychiatry fellowships are being filled. This is the result of a combination of the high costs associated with medical education coupled with the low reimbursement rates for psychiatry**. A study conducted by Milliman found that primary care reimbursement is 23.8% higher than addiction psychiatry when the same medical service (equivalent billing code) is conducted. Medical residents are opting to join the workforce rather than complete a fellowship.

Recognizing the need for loan repayment, as part of the 2018 SUPPORT for Patients and Communities Act, Congress authorized the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP). The program provides loan repayment for SUD professionals working in high-need geographic areas.

Unfortunately, the demand for loan repayment outpaces the funding. For example, in Fiscal Year 2021, HRSA data shows STAR-LRP received 3,184 applications for loan repayment but only made 255 awards and, of those, only 12 awards (5%) were for physicians.

To remedy this situation and ensure addiction psychiatrists and addiction medicine physicians are eligible for and receive loan repayment in exchange for serving in high-need areas, we offer the following solutions:

- Increase the authorization level for loan repayment programs so that qualified applicants can better support our nation and address rising SUD rates and the overdose epidemic.
- Remove the "direct service" requirement from the STAR-LRP. Addiction specialists are in short supply and, as such, in many systems of care the addiction specialist is working to support frontline staff with education/consultation/research/system supports (i.e., extending their reach). Unfortunately, such activities generally do not count as direct service, making it hard to capitalize on loan repayment opportunities.
- Create a specific three-year stipend program for addiction psychiatry to help address vacancies in fellowship slots.
- Create alternative avenues of financial support such as scholarships and stipends for qualified students who pursue behavioral health professions and serve in underserved communities to strengthen the size, distribution and diversity of the behavioral health workforce. AAAP also supports programs such as the Minority Fellowship Program, which aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations.
- Create pipeline programs in high schools and universities with information, education and opportunities to gain insight about working in psychiatry, including addiction psychiatry, and other subspecialties with a focus on partnering with schools serving marginalized and underserved communities.
- Work with the Finance Committee to increase Medicare and Medicaid reimbursement for psychiatry. Low reimbursement for health professionals and facilities of all types is an important factor that discourages physicians in training, and other future healthcare professionals, from pursuing careers in treating mental health and substance use disorders. Attention should be paid to improving clinician and facility reimbursement for mental health and substance use disorders within Medicare and Medicaid, which are also notoriously poor reimbursors as compared to other payers. In fact, this fuels the low reimbursement in commercial insurance because commercial insurers base their rates off Medicare rates.

Training Clinicians on Substance Use Disorders

We also strongly encourage ongoing support for education and training of the current workforce in treating SUDs and co-occurring mental health conditions. Unfortunately, even as our nation has faced an opioid misuse and overdose crisis of historic proportions with recent Centers for Disease Control and Prevention data showing that 107,477 overdose deaths occurred in the 12-month period ending in August 2022, the training of clinicians on SUDs remains inadequate.

As stated in a Resource Document published by American Psychiatric Association (2020), "current training of physicians in the recognition and treatment of substance use disorders (SUD) is inadequate to meet the needs of such a diverse and growing population of patients. Medical schools, physician training (residency) programs, and continuing education programs for physicians in practice, provide limited training in the treatment of SUDs. The scope of training on SUDs is disproportionate to the population health need to address these problems, and many with SUDs go undiagnosed and untreated. In the past decade there have been marked advancements in the science of addiction, which includes an expanding range of evidence-based pharmacologic and behavioral treatments. Despite these advances and a growing knowledge base, the educational requirements in psychiatry and other medical residencies have not shifted, leaving many physicians ill-prepared to manage SUDs in practice".
We remain concerned that even with the elimination of the DATA-waiver, which required training to prescribe buprenorphine, that access to medications for opioid use disorder (MOUD) will remain limited because of a variety of barriers. Clinicians need more training in prescribing these medications, managing controlled substances, understanding the basics of SUD/addiction, and implementing MOUD services into their day-to-day practices in order to increase comfort and confidence treating patients with opioid use disorder (OUD).

For example, according to survey data published in the Journal of American Medicine (JAMA), only 50 percent of waivered prescribers prescribe buprenorphine, a figure that indicates deterrents to prescribing were not just limited to concerns associated with the 8-hour training required of the DATA-waiver but rather reflect stigma and prescriber discomfort of treating substance use disorders altogether, among other factors. A 2022 *JAMA* study which looked at clinician willingness to prescribe buprenorphine without the 8-hour training requirement supported this assessment. The authors state that "even with the removal of the 8-hour training requirement, barriers related to stigma, support for clinicians in settings with heterogenous perspectives on OUD treatment, and reimbursement difficulties remain." The authors went on to state that their data suggests that "the challenges center on the need for professional networks that support supervision and mentorship for new clinicians and building clinical practice environments where prescribing buprenorphine is accepted." If the objective is to encourage more clinicians to prescribe buprenorphine and other medications for the treatment of substance use disorders, we believe these barriers must be systematically addressed.

To address the ongoing need to provide adequate training for all healthcare practitioners and expand access to MOUD, AAAP recommends that the Committee should formally authorize The Providers Clinical Support System (PCSS). The Substance Abuse and Mental Health Services Administration (SAMHSA) initially created the PCSS program from the authorities granted by the Drug Addiction Treatment Act of 2000, specifically Section 509 of the Public Health Service Act. Through the PCSS program, SAMHSA provides clinician education and collaboration thought its grants and programs, including the Providers Clinical Support System-Universities (PCSS-U) and PCSS. In light of recent changes to the Drug Addiction Treatment Act of 2000, SAMHSA evolved the program to reach more clinicians. We encourage Congress to codify the program in legislation.

To date, some 111,000 healthcare practitioners have been trained by PCSS programs, and 15,339 by PCSS-U programs and the demand for this training grew during the pandemic. In 2020-2021, PCSS provided web-based trainings to more than twice as many participants (26,731) than in 2019-2020 (11,328), with more live webinars (12,433 vs. 9,333) and more self- paced trainings (3,735 vs 1,995). In addition, a new category of trainings was added - the Clinical Roundtable Discussions. The new Clinical Roundtable

Discussions were well attended with 10, 563 attendees. Between August 1, 2021, and July 31, 2022, through the Providers Clinical Support System-MAT program there were:

- 42,814 waiver training participants
- 10,018 clinical roundtable participants
- 6,927 live webinar participants and 3,804 archived webinar participants

Conclusion

In conclusion, with over 100,000 overdose deaths occurring annually and the ongoing fentanyl crisis, the need for clinician training in SUD and expanded access to SUD treatment is more important than perhaps ever before. We urge the Committee to both boost the size of the SUD workforce and better train clinicians in how to treat substance use disorders.

Thank you for your leadership and commitment to addressing our nation's workforce shortages. As legislation moves through the process, please consider AAAP to be a resource to you. If you have questions, feel free to contact Michelle Dirst at mdirst@aaap.org or (401) 654-6798.

Sincerely,

Larissa Mooney, MD