March 6, 2019

The Honorable Roy Blunt  The Honorable Patty Murray
Chairman  Ranking Member
Subcommittee on Labor, HHS, Education & Subcommittee on Labor, HHS, Education &
Related Agencies  Related Agencies
U.S. Senate Appropriations Committee  U.S. Senate Appropriations Committee
136 Dirksen Senate Office Building  156 Dirksen Senate Office Building
Washington, DC 20510  Washington, D.C. 20510

The Honorable Rosa DeLauro  The Honorable Tom Cole
Chairwoman  Ranking Member
Subcommittee on Labor, HHS, Education & Subcommittee on Labor, HHS, Education and
Related Agencies  Related Agencies
U.S. House Appropriations Committee  U.S. House Appropriations Committee
2358 Rayburn House Office Building  1016 Longworth House Office Building
Washington, DC 20515  Washington, DC 20515

Re: FY 2020 Appropriations Recommendations Related to Strengthening the Addiction Service Workforce

Dear Chairman Blunt, Ranking Member Murray, Chairwoman DeLauro, and Ranking Member Cole,

The undersigned mental health, substance use disorder, and health care professional organizations in the Coalition to Stop Opioid Overdose (CSOO) are writing today to urge your support for the funding of important addiction prevention, treatment, harm reduction, and recovery support programs aimed at strengthening the addiction service workforce in Fiscal Year 2020. CSOO is a coalition of diverse organizations representing health care and social service professionals and advocates united around common policy goals that will lead to meaningful and comprehensive policies to reduce opioid overdose deaths.

An estimated 20.7 million Americans aged 12 or over needed treatment for substance use disorder (SUD) in 2017, but only about 4 million Americans aged 12 or over received any form of treatment for SUD.1,2 Without certain strategic investments, this gap will never close and many more lives will be lost. While last year’s landmark opioid legislation recognized the need for thoughtful solutions, critical funding is now needed to increase the ranks of a qualified, well-trained SUD workforce and increase equitable access to evidence-based prevention, treatment, harm reduction, and recovery support services.

Building a robust SUD workforce is critical and should be a cornerstone of any federal response to the opioid overdose epidemic. In its 2017 report, the President’s Commission on Combating Drug Addiction and the Opioid Crisis stated: “Adequate resources are needed to recruit and increase the number of addiction-trained psychiatrists and other physicians, nurses, psychologists, social workers, physician assistants, and community health workers and facilitate
deployment in needed regions and facilities.” In addition, the Commission reported that there are only about 4,400 actively practicing certified addiction specialist physicians in the United States – far below the 6,000 that were needed based on an estimate in 2009, long before the peak of the opioid overdose epidemic.\(^3\) The 2019 National Drug Control Strategy echoes this workforce need citing “critical shortages in trained and professional addiction service providers” as a key factor contributing to the treatment gap.\(^4\) Without a stronger SUD workforce, far too many patients seeking recovery from addiction will continue to lack access to care.

The programs detailed in our attached document of appropriations recommendations support CSOO’s mission to reduce opioid overdose deaths by increasing the addiction treatment workforce, bolstering prevention and harm reduction efforts that help reduce the negative health consequences of drug use, and increasing access to high-quality treatment and support services. By advancing sustainable, comprehensive public policies and expanding federal investment throughout our health care system for SUD, we will move closer to a future where all Americans living with addiction receive the high-quality care they need and deserve. To this end, as you consider how best to appropriate federal funding for FY20, the undersigned members of the Coalition to Stop Opioid Overdose respectfully request that you incorporate the attached recommendations related to strengthening the addiction service workforce into the FY20 Labor-HHS appropriations bill.

Sincerely,

American Academy of Pediatrics
American Psychological Association
American Society of Addiction Medicine
A New PATH (Parents for Addiction Treatment & Healing)
CADA of Northwest Louisiana
California Consortium of Addiction Programs & Professionals
Connecticut Certification Board
HIV Medicine Association
International Certification & Reciprocity Consortium
National Alliance for Medication Assisted Recovery
National Association for Behavioral Healthcare
National Council for Behavioral Health
National Safety Council
Shatterproof
Student Coalition on Addiction
Treatment Communities of America
Young People in Recovery

As used in this context, receipt of any form of treatment for SUD includes treatment received at any location (e.g., hospital, inpatient or outpatient rehabilitation facility, mental health center, emergency room, private doctor’s office, prison, jail, or a self-help group).


<table>
<thead>
<tr>
<th>Program</th>
<th>Appropriations Bill</th>
<th>Agency</th>
<th>FY20 Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Repayment Program for Substance Use Disorder Treatment Workforce (authorized in Section 7071 of the SUPPORT Act)</td>
<td>Labor-HHS</td>
<td>Health Resources and Services Administration (HRSA)</td>
<td>$25 million</td>
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<tr>
<td>Mental Health and Substance Use Disorder Workforce Training Program (authorized in Section 9022 of the 21st Century CURES Act)</td>
<td>Labor-HHS</td>
<td>HRSA</td>
<td>$10 million</td>
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<tr>
<td>HRSA’s Public Health Workforce Development’s “Public Health and Preventive Medicine” Line Item</td>
<td>Labor-HHS</td>
<td>HRSA</td>
<td>$24 million</td>
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<tr>
<td>Program to Support Coordination and Continuation of Care for Drug Overdose Patients (authorized in Section 7081 of the SUPPORT Act)</td>
<td>Labor-HHS</td>
<td>Department of Health and Human Services (At-Large)</td>
<td>$10 million</td>
</tr>
<tr>
<td>Emergency Department Alternatives to Opioids Demonstration Program (authorized in Section 7091 of the SUPPORT Act)</td>
<td>Labor-HHS</td>
<td>Department of Health and Human Services (At-Large)</td>
<td>$10 million</td>
</tr>
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<td>Building Communities of Recovery (BCOR)</td>
<td>Labor-HHS</td>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>$10 million</td>
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<td>Peer support technical assistance center (Section 7152 of the SUPPORT Act)</td>
<td>Labor-HHS</td>
<td>SAMHSA</td>
<td>$1 million</td>
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<td>Reducing Underage Drinking through Screening and Brief Intervention</td>
<td>Labor-HHS</td>
<td>SAMHSA</td>
<td>$3 million</td>
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<td>Grants to pediatric health care providers in accordance with the specifications outlined in section 9016 of the 21st Century Cures Act. Training grants should focus on screening for underage drinking, opioid use, and other drug use.</td>
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<td>Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants</td>
<td>Labor-HHS</td>
<td>SAMHSA</td>
<td>$150 million</td>
</tr>
<tr>
<td>Eliminating Opioid Related Infectious Diseases (reauthorized and expanded in Section 7141 of the SUPPORT Act)</td>
<td>Labor-HHS</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>$40 million</td>
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