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July 19, 2023

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House of Representatives  
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The Honorable Frank Pallone  
Ranking Member  
Energy & Commerce Committee  
House of Representatives  
Washington, DC 20515

Dear Chair McMorris Rogers and Ranking Member Pallone:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,000 psychiatric physicians, I write to thank you for the important steps taken over the past few years to invest in mental health services and substance use disorder (MH/SUD) care. The Committee's continued bipartisan work has helped to improve access to care, reduce costs to our healthcare system, and, most importantly, save lives. With critical "down payments" such as the 2018 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, we have made strides to start addressing the upward trend of opioid overdose deaths and reduce stigma surrounding addiction, however, more must be done.

Earlier this year, the Centers for Disease Control and Prevention (CDC) reported a staggering 107,477 drug overdoses during the previous 12-month period ending in August of 2022.<sup>1</sup> Fortunately, Congress has the capability to address this crisis by championing and enacting policies that would ensure millions receive the care that they so desperately need. Reauthorization of the SUPPORT Act is an important and necessary next step. As you consider how best to aid the patients and communities impacted by the ongoing SUD crisis, we write to encourage a focus on increasing access, decreasing stigma, and better coordinating care. With those objectives in mind, we urge your support of the following legislation as you work to reauthorize the SUPPORT Act.

### **Investing in the MH/SUD Workforce**

The increased need for MH/SUD services as a result of the pandemic has exacerbated the significant workforce shortages facing our country. The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts. Available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

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over 250,000 mental health professionals, including psychiatrists, mental health and substance abuse social workers, clinical and school psychologists, and school counselors.<sup>2</sup> These shortages are especially pronounced in rural and underserved areas, including federally designated mental health professional shortage areas (HPSA) where nearly 160 million Americans presently reside.<sup>3</sup> To help establish a robust workforce able to meet our country's current and future MH/SUD needs, we must act now. **Accordingly, APA urges support for the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program Reauthorization Act of 2023 (H.R. 4079) and encourages you to add eligibility for mental health clinicians in addition to those focused on SUD and co-occurring mental illness.** This critical legislation would reauthorize HRSA's STAR Loan Repayment Program, which provides up to \$250,000 in loan repayment for substance use disorder professionals working in underserved communities or federally designated mental health professional shortage areas. This program is essential to help address the severe shortage of physicians and other health care professionals who treat individuals living with addiction and will help to further address the maldistribution of clinicians in rural and underserved communities.

With the ability to diagnose and treat co-occurring psychiatric disorders and recognize suicide risk, psychiatrists are uniquely positioned to treat the SUD population. Unfortunately, with more than half of U.S. counties lacking a single psychiatrist,<sup>4</sup> patients often have difficulty finding available care. The delta between demand and access for psychiatric services only figures to grow in the coming years with projections showing the country will be short between 14,280 and 31,109 psychiatrists by 2025.<sup>5</sup> **To further support the SUD workforce, and help expand access to psychiatrists, APA encourages the Committee to support the Mental Health Improvement Act (H.R. 4097).** This important legislation would reauthorize HRSA's Behavioral Health Workforce Education and Training (BHWET) Program through 2028. Since its inception in 2010, BHWET has provided tens of millions of dollars annually to recruit and train the next generation of behavioral health workers, including psychiatrists. Reauthorization of this program will help to ensure that our communities have a robust mental and behavioral health workforce to support people of all ages struggling with addiction and mental health challenges.

### **Reducing Barriers to Evidenced Based Addiction Medications and Treatment**

Despite the existence of medications clinically effective for the treatment of SUD, drug overdoses remain the leading cause of accidental death in the U.S.<sup>6</sup> Use of medication-assisted treatment (MAT) for addiction has been shown to significantly reduce the risk of overdose death, but despite the effectiveness approximately 87 percent of individuals with opioid use disorder who may benefit from lifesaving MAT do not receive it<sup>7</sup>. In December 2022, Congress took an important step towards addressing this issue with the passage of the Mainstreaming Addiction Treatment (MAT) Act. The legislation, which was included in Consolidated Appropriations Act of 2023, eliminated both the buprenorphine waiver (X-waiver) and

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<sup>2</sup> <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>

<sup>3</sup> <https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services>

<sup>4</sup> [https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub\\_Full-Report-FINAL2.19.2019.pdf](https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf)

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/29540118/>

<sup>6</sup> <https://www.cdc.gov/drugoverdose/epidemic/index.html#:~:text=Overdose%20deaths%20remain%20a%20leading,have%20increased%20in%20recent%20years>

<sup>7</sup> Noa Krawczyk, Bianca D. Rivera, Victoria Jent, Katherine M. Keyes, Christopher M. Jones, Magdalena Cerdá,

Has the treatment gap for opioid use disorder narrowed in the U.S.?: A yearly assessment from 2010 to 2019",

*International Journal of Drug Policy*, Volume 110, 2022. Available here: <https://www.sciencedirect.com/science/article/pii/S0955395922002031>

existing caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine. **To help build on this effort and further enhance access to lifesaving treatment, APA urges support for the Extending Access to Addiction Treatment Act (H.R. 3736).** This legislation would require state Medicaid plans to provide coverage for MAT. Promoting universal access to addiction medications, when clinically appropriate, can help to immediately address the addiction and the overdose crisis.

The Comprehensive Opioid Recovery Centers Reauthorization Act of 2023 (H.R. 1502) would likewise help to provide access to lifesaving services for those struggling with SUD. By reauthorizing funding for the Comprehensive Opioid Recovery Centers (CORC) grant program within the Substance Abuse and Mental Health Services Administration (SAMHSA), this vital legislation would help provide wrap-around treatment and recovery support services to communities with high rates of drug overdose deaths. Importantly, the legislation requires grantees to provide FDA-approved MAT, withdrawal management services, counseling services, recovery housing, and much needed workforce training services. **APA supports this legislation as well as the coordinated and comprehensive approach to SUD treatment that it promotes.**

### **Decreasing Discrimination and Supporting Vulnerable Populations**

To adequately address the concurrent MH/SUD crisis facing our country, we must invest in policies and programs that help address underlying structural and social determinants of addiction, reduce harms, and improve access to care for all people. People with MH/SUD who are reentering the community from incarceration are particularly vulnerable in the first two weeks. They are 129 percent more likely to die from a drug overdose and are at significantly higher risk to die by suicide in that time. Unfortunately, the Medicaid Inmate Exclusion Policy (MIEP) prohibits the use of federal funds and services for medical care provided to inmates of public institutions, which negatively impacts rehabilitation outcomes and puts a financial strain on local budgets. **With those realities in mind, APA urges passage of the Medicaid Reentry Act of 2023 (H.R. 2400) which would allow for Medicaid payment of medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release.** Allowing incarcerated individuals to receive services covered by Medicaid 30-days prior to their release will expand access to vital mental health and addiction services, thereby decreasing recidivism and improving health outcomes for individuals reentering the community. Medicaid reentry is likewise essential to fostering racial justice and equity, reducing disparities in health care coverage and access. By investing in prevention, this legislation will provide savings on healthcare and criminal justice costs for jurisdictions across the country and critically, save lives.

The MIEP likewise applies to individuals who are incarcerated pending disposition of charges against them, otherwise known as pretrial detainees. **The APA supports The Due Process Continuity of Care Act (H.R. 3074) which would amend the MIEP to allow these otherwise eligible individuals to receive their full Medicaid benefits while incarcerated at the option of the state.** Pretrial detainees have substantially higher rates of mental health conditions and substance use disorders than the general population. Since many mental health issues and all substance use disorders are chronic conditions, a sudden absence of stabilizing treatment often exacerbates pretrial detainees' health problems and requires more intensive and costly care later, which also frequently contributes to re-arrest and increased recidivism. Ensuring

pretrial detainees maintain their Medicaid coverage will not only save lives from overdose deaths and help reduce recidivism, but also represents an important social justice issue. Many pretrial detainees remain in jails simply because they cannot afford financial bail<sup>8</sup> and would otherwise have access to their healthcare coverage. The denial of this federal benefit without due process shifts the full financial burden of health care of inmates onto local jails and taxpayers, straining local budgets and resulting in unmet care needs of pretrial status detainees. Passage of the Due Process Continuity of Care Act would immediately increase access to lifesaving medications for pretrial detainees and correct an exclusionary policy which runs counter to due process rights.

### **Medicaid Institutions for Mental Diseases (IMD) Exclusion**

H.R. 3892, the Improving Mental Health and Drug Treatment Act, would amend the IMD exclusion to make permanent the provision in Section 5052 of the SUPPORT Act to authorize a new state plan option to provide services to Medicaid beneficiaries aged 21-64 who reside in an eligible IMD and have at least one SUD diagnosis. The provision included a maintenance of effort (MOE) requirement keyed to the effective date and allowed payment for up to 30 total days of care in an IMD during a 12-month period for eligible individuals. H.R. 3892 would make permanent the temporary provision and key the MOE requirement to FY 2018 levels. **APA suggests a permanent change to the MOE provision would be more appropriately keyed to an average of the prior 5 years, to both incentivize states to pursue the state plan amendment and protect funding for community-based services. As you debate the potential balance between these two goals, we strongly recommend the addition of language that will more effectively protect those with co-occurring mental illness and SUD. We propose that states be required to ensure that for outpatient and inpatient levels of care, the care provided be co-occurring capable, meaning that facilities are equipped to provide or facilitate medical and psychological services for individuals with co-occurring mental health disorders.**

We appreciate your timely, bipartisan focus on developing approaches to better meet the nation's MH/SUD care needs. As you continue work to reauthorize key programs within the SUPPORT Act, the APA is eager and ready to aid your efforts.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" followed by "MD, MPA" in smaller letters. There is a horizontal line under the name "Saul".

Saul Levin, MD, MPA, FRCP-E, FRCPsych  
CEO and Medical Director

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<sup>8</sup> Journal, A. B. A. "Justice Reform Advocates Offer a Roadmap for Reforming Pretrial Release." ABA Journal. Accessed May 18, 2023. [https://www.abajournal.com/news/article/justice\\_reform\\_advocates\\_offer\\_a\\_roadmap\\_for\\_reforming\\_pretrial\\_release](https://www.abajournal.com/news/article/justice_reform_advocates_offer_a_roadmap_for_reforming_pretrial_release).

