

March 23, 2023

The Honorable Tammy Baldwin
Chair
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Shelly Moore Capito
Ranking Member
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. Senate Appropriations Committee
Washington, D.C. 20510

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS, Education and
Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

Re: FY 2024 Appropriations Recommendations Related to Strengthening the Addiction Service Workforce

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro,

The undersigned addiction, mental health, and healthcare professional organizations are writing today to urge your support for the increased funding of important addiction prevention, treatment, harm reduction, and recovery support programs aimed at strengthening the addiction service workforce in Fiscal Year 2024. The undersigned represent diverse organizations united around common policy goals that will lead to meaningful and comprehensive policies to reduce drug overdose deaths.

While we are grateful for the addiction and mental health investments contained in the recently enacted Consolidated Appropriations Act, 2023, more must be done. More than 43 million Americans aged 12 or over needed treatment for substance use disorder (SUD) in 2021, but only a small fraction received any form of treatment for SUD.¹ Without certain strategic investments, this gap will never close, and many more lives will be lost. Critical funding is needed now, more than ever 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." The 2022 National Drug Control Strategy echoes this workforce need by repeatedly citing the need to build a well-trained SUD workforce.² Both the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have recognized that access to SUD treatment providers is insufficient.³ Without a larger SUD workforce, far too many people seeking remission and recovery from addiction will continue to lack access to care.

The programs detailed in our attached document of appropriations recommendations support efforts to reduce drug 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 FY24, the undersigned respectfully request that you incorporate the attached recommendations related to strengthening the addiction service workforce into the FY24 Labor-HHS appropriations bill.

Sincerely,

Addiction Professionals of North Carolina

American Academy of Addiction Psychiatry

American Association for the Treatment of Opioid Dependence

American College of Emergency Physicians

American College of Medical Toxicology

American College of Obstetricians and Gynecologists

American College of Osteopathic Emergency Physicians

American Foundation for Suicide Prevention

American Osteopathic Academy of Addiction Medicine

American Psychiatric Association

American Society of Addiction Medicine

A New PATH (Parents for Addiction Treatment & Healing)

Behavioral Health Association of Providers

CADA of Northwest Louisiana

California Consortium of Addiction Programs & Professionals

Connecticut Certification Board

Faces & Voices of Recovery

International Certification & Reciprocity Consortium (IC&RC)

NAMA Recovery

National Association for Behavioral Healthcare
National Association of Addiction Treatment Providers
National Board for Certified Counselors
National Commission on Correctional Health Care
National Council for Mental Wellbeing
National Health Care for the Homeless Council
National Safety Council
Partnership to End Addiction
SMART Recovery
Shatterproof
The Kennedy Forum
Treatment Communities of America
Young People in Recovery

¹ Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

² United States. Office of National Drug Control Policy. "National Drug Control Strategy." (2022). <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

³ Behavioral Health Workforce Report, Substance Abuse and Mental Health Services Administration, 2021. Available at: <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>; Behavioral Health Workforce Projections, 2017-2030: (hrsa.gov)

**FY 2024 Appropriations Recommendations Related to
Strengthening the Addiction Service Workforce**

Program	Agency	FY23 Enacted	FY24 Recommendation
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	HRSA (BHWET account)	\$40 million	\$50 million
Mental Health and Substance Use Disorder Workforce Training Program	HRSA (BHWET account)	\$34.7million	\$45 million* *Addiction Medicine Fellowship Program: \$30 million *Integrated Substance Use Disorder Training Program: \$15 million
The Graduate Psychology Education (GPE) Program	HRSA	\$25 million	\$30 million
Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants	SAMHSA	\$385 million	\$553 million
Building Communities of Recovery (BCOR)	SAMHSA	\$16 million	\$28 million
Emergency Department Alternatives to Opioids Demonstration Program	SAMHSA	\$8 million	\$9 million
Minority Fellowship Program	SAMHSA	\$19.5 million	\$36.7 million

Infectious Diseases and the Opioid Epidemic	Centers for Disease Control and Prevention (CDC)	<i>\$23 million</i>	<i>\$23 million</i>
Grants to Support Mental Health and Substance Use Disorder Parity Implementation (Section 1331 of the Consolidated Appropriations Act, 2023)	Centers for Medicare & Medicaid Services (CMS)	<i>N/A</i>	<i>\$10 million</i>
Primary and Behavioral Health Integration Grants	SAMHSA	<i>\$55.9 million</i>	<i>\$60 million</i>