



American Academy of  
Addiction Psychiatry

Translating Science. Transforming Lives.

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May 14, 2024

Chairwoman Tammy Baldwin  
Senate Appropriations Subcommittee  
Labor, Health and Human Services, Education  
and Related Agencies  
Washington, DC 20510

Ranking Member Shelley Moore Capito  
Senate Appropriations Subcommittee  
Labor, Health and Human Services and  
Related Agencies  
Washington, DC 20510

Dear Senator Baldwin and Senator Capito:

I am writing to request that the Senate Labor, Health and Human Services Appropriations Subcommittee include in its Fiscal 2025 LHHS Appropriations Bill and Report funding and language to support three programs that provide enhanced technical assistance, education and training for clinicians who are responding to the overdose crisis facing our nation to ensure effective, evidence-based treatments are delivered to people with substance use disorders.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
(SAMHSA)/SUBSTANCE USE TREATMENT OPIOID TREATMENT PROGRAMS/ PROGRAMMATIC  
FUNDING**

American Academy of Addiction Psychiatry (AAAP) respectfully requests that the Subcommittee provide \$13.086 million for the Opioid Treatment Programs/Regulatory Activities line within the SAMHSA, Substance Abuse Treatment, Programs of Regional and National Significance account. This level represents a \$2.362 million increase over the Fiscal 2024 level and the President’s Fiscal 2025 Budget Request for SAMHSA’s Opioid Treatment Program/Regulatory Activities.

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Trainee Representative

**Alfred Tager, MD**  
Trainee Representative

Additionally, we request that the Subcommittee create a separate \$5 million line item for the Provider's Clinical Support System (PCSS) for Medications for Opioid Use Disorder (MOUD) and Alcohol Use Disorder ((AUD) in the Committee Report's table for CSAT's Program of Regional and National Significance.

### *Background*

- Providers Clinical Support System (PCSS)-MOUD is a SAMHSA funded grant program intended to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD).
- A JAMA-published [study](#) looked at provider willingness to prescribe buprenorphine without the 8-hour training requirement and found 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.”
- The interest from providers has been significant. For example:
  - More than 186,300 clinicians have taken the PCSS-MOUD SUD 101 Curriculum Course made up of 23 modules since it was launched in January 2023
  - An additional 62,885 clinicians completed PCSS-MOUD's 8-hour training in 2023, which is required by DEA to prescribe controlled substances. This is an increase from 19,511 in 2022.
  - The mentoring program has 205 mentors and 744 mentees to connect veteran prescribers with new prescribers
  - The program houses over 1000 training and education activities for clinicians.
- Newly released data from the Centers for Disease Control and Prevention (CDC) estimates that nearly 108,000 Americans died from drug overdoses from January to December 2021, the highest annual overdose deaths every recorded in the U.S. In response to this national epidemic, the White House's Office of National Drug Control Policy (ONDCP) has proposed a comprehensive plan which includes expansion of access to treatment and providing science-based training for healthcare providers administering medications for opioid use disorder to individuals with OUD.

- PCSS-MOUD plays a critical role in expanding the number of providers of MOUD, increasing understanding of the importance of MOUD and ultimately increase access to MOUD through expanded prescribing of FDA-approved medications for the treatment of opioid use disorders. Although the current initiative has provided multiple trainings and mentoring support, there remains a significant need to increase the number of healthcare providers to address the nation’s lack of adequate access to care and treatment for opioid and other substance use disorders.
- Physicians and other health professionals play an important role in educating their patients and colleagues about substance use and substance use disorders: screening, diagnosing and treating patients; and modeling positive attitudes to reduce the stigma attached to substance use disorders (SUD). A lack of preparedness has been identified as a barrier in the provision of buprenorphine (one of 3 FDA-approved medication-assisted treatments) to patients with OUD by early career family physicians, and lack of appropriate education has shown to foster negative attitudes toward provision of MOUD. Comprehensive and science-based training on SUDs, and treatment and recovery modalities have the potential to overcome these deficits. Through the PCSS program, SAMHSA promotes provider education through its grants and programs, including the Provider’s Clinical Support System—Universities and PCSS for Substance Use Disorders. PCSS-U promotes SUD education in professional schools and aims to educate students in treating OUD upon graduation.
- The American Academy of Addiction Psychiatry (AAAP), along with other professional organizations including the American Society of Addiction Medicine (ASAM), the American Medical Association (AMA), the American Osteopathic Association (AOA), the American Osteopathic Academy of Addiction Medicine (AOAAM), and the American Psychiatric Association (APA), are eligible to compete for SAMHSA competitively awarded PCSS for MOUD grants.

## **HRSA/SUBSTANCE USE DISORDER TREATMENT AND RECOVERY LOAN REPAYMENT PROGRAM (STAR-LRP)**

AAAP respectfully requests that the Subcommittee provide \$50 million for the STAR-LRP Program in its Fiscal 2025 Labor, Health and Human Services Appropriations bill. This represents an increase of \$10 million over FY 2024. The President’s budget requested \$40 million (level funding). In its Fiscal 2024 Labor, Health and Human Services Appropriations bill, the Senate Appropriations Committee provided \$52 million for the STAR-LRP Program.

AAAP also requests that the Subcommittee include Committee Report language to modify the direct service requirement so that time dedicated to teaching, supervision, research, consultation and administrative oversight should count toward meeting the direct service requirement. The specific language we're requesting is as follows:

- ***“The Committee directs HRSA in consideration of applicants for the STAR-LRP program to expand its definition of direct service to include activities such as teaching, supervision, research, consultation, and administrative oversight, services commonly provided in support of patient care.”***

#### *Background*

- Demand for this program outpaces the funding. For example, in Fiscal 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.**
- Addiction psychiatry residency slots are going unfilled with **29 of 52 programs recruiting** not filling their slots. The November 2023 Match Results showed that of the **124 certified addiction psychiatry fellowship programs, only 63 (50.8%) filled their slots. Of the 50 addiction psychiatry residency programs, only 16 (32%) filled all their positions, leaving 34 programs (68%) with open training slots. In 2018, 64.4% of 132 addiction psychiatry residency slots were filled** and the fill rate has trended downwards since then. The slots are going unfilled in part because young physicians report they cannot afford to enter the field, thus making loan repayment an important tool for growing the workforce.
- An addiction specialist is working to support frontline staff with education/consultation/research/system supports (i.e., extend the reach), activities which don't count as direct service, making it hard to capitalize on loan repayment opportunities. Direct patient care should include time dedicated to related important activities such as teaching, supervision, research, consultation, and administrative oversight.
- Currently, a minimum of 36 hours each week (of 40), or 90% of time, must be spent providing direct treatment or recovery support services to patients, which makes the majority of physicians ineligible given their need to do additional activities to grow the workforce. The proposed report language would increase physician eligibility for the program by including these activities under the definition of “direct service.”

#### **HRSA/BEHAVIORAL HEALTH WORKFORCE EDUCATION AND TRAINING PROGRAM/ADDICTION MEDICINE AND ADDICTION PSYCHIATRY FELLOWSHIP (AMF) PROGRAM**

AAAP requests that the Subcommittee appropriate \$30 million for the Addiction Medicine Fellowship (AMF) program in the Fiscal 2025 Labor-HHS Appropriations bill, an increase of \$5

million over the FY 2024. The President's budget requests \$25 million (level funding) for the AMF program. In its Fiscal 2024 appropriations bill, the Senate Appropriations Committee included \$30 million for the AMF Program.

### *Background*

- The AMF Program expands the number of fellows at accredited addiction medicine and addiction psychiatry fellowship programs who work in underserved, community-based settings that integrate primary care with mental health and substance use disorder prevention and treatment services. Funds may be used to incentives and may be spent on fellow stipends, faculty development, travel, salary and fringe benefits for key personnel.
- As we discussed, addiction specialists are in short supply and, in order to increase the number of individuals receiving medication for substance use disorders, there is a need to increase the number of qualified prescribers.

On behalf of the American Academy of Addiction Psychiatry, I greatly appreciate the Committee's long-standing support for SAMHSA and HRSA programs that address substance use disorder treatment and training of healthcare providers in this field, and specifically request your support for funding and specific report language for the Provides Clinical Support System for MOUD and AUD, the STAR-LRP Program, and the AMF Program in your Fiscal 2025 Labor, Health and Human Services Appropriations Bill and accompanying Committee Report.

Sincerely,



Kathryn Cates-Wessel  
Chief Executive Officer/Executive Director