November 21, 2023

The Honorable Bernie Sanders
Chair, Senate Committee on Health, Education Labor and Pensions
332 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Senate Committee on Health, Education Labor and Pensions
455 Dirksen Senate Office Building
Washington, DC 20510

Re: ASAM's Input on the Reauthorization and Strengthening of the SUPPORT Act of 2018

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing over 7,000 physicians and other clinicians who specialize in the prevention and treatment of addiction and co-occurring conditions, I urge your continued leadership in helping us address the nation's addiction and overdose crisis. The U.S. House Committee on Energy and Commerce unanimously approved a SUPPORT Act reauthorization bill in July 2023, containing important provisions that warrant your attention and further strengthening. Over 250 organizations have urged the Senate HELP Committee to advance the reauthorization of the SUPPORT Act programs, while expanding the package to include bipartisan policies for increased treatment access, including to addiction medications.

As you know, America is at a crossroads with confronting addiction, which is among the most prevalent medical conditions in the country. Alcohol use disorder affects nearly one in three Americans. Unregulated, potent synthetic drugs like fentanyl continue to cause unrivaled overdose deaths. As recently noted by prominent drug policy scholars, prudent policymaking tackling America's substance use challenges will necessitate honesty and realism.

Appreciating the complexity of these challenges, ASAM offers five policy solutions in this letter, each with strong support and relevance to the Senate HELP Committee's jurisdiction. The policies interlock for an exponentially stronger approach to addiction. Time is of the essence.

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Pass S.3200 – the Substance Use Disorder Treatment and Recovery Loan Repayment Program Reauthorization Act (STAR-LRP)

The 2022 National Survey on Drug Use and Health indicates that over 1 in 6 Americans aged 12 and older had substance use disorder (SUD) in the past year. Both the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have acknowledged that there is a severe shortage of SUD treatment providers. This workforce shortage not only causes delays in accessing treatment, but also hampers integration of general medical and addiction care. Less than 1 in 5 Americans with opioid use disorder (OUD) receives evidence-based treatments.

Congress also acknowledged this workforce shortage when it authorized the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP), a groundbreaking loan repayment program in the SUPPORT Act of 2018, which is exclusively for the SUD workforce. First funded in Fiscal Year 2020, STAR-LRP repays student loans of individuals pursuing full-time jobs in SUD treatment in high-need areas. STAR-LRP has experienced overwhelming demand. In 2021, 3,184 people applied for the program, but HRSA only served 8%, or 255, with an average award amount of $103,603, far below the maximum award of $250,000.

By doubling STAR-LRP's reauthorization level, and granting it federal tax exempt status – aligning it with programs like the National Health Service Corps and the Federal Perkins Loan Program, the Senate HELP Committee can now capitalize on a unique opportunity to bolster the SUD treatment workforce in areas where it is needed most. While the House Committee on Energy and Commerce's July bill reauthorized it at $40,000,000 per fiscal year, a higher reauthorization level and federal tax exempt status are warranted if we are serious about addressing this critical workforce shortage.

Pass S. 644- the Modernizing Opioid Treatment Access Act (the "MOTAA")

The need to expand access to methadone treatment for OUD in the U.S., through the expertise of addiction specialist physicians, cannot be overstated. MOTAA is now supported by over 100 organizations, including the American Medical Association, the American College of Emergency Physicians, the American College of Physicians, the American Pharmacists Association, and the American Society of Health-systems Pharmacists. Nearly 300 addiction specialists from around the country have gone on record to help dispel misleading information about MOTAA, in addition to several organizations in this helpful explainer.

Only three medications are approved by the Food and Drug Administration to treat OUD, buprenorphine, naltrexone, and methadone. Methadone is a unique, long-lasting synthetic opioid agonist, a gold standard medical treatment for OUD, and the most well-studied addiction medication with the longest track record. When it is indicated, dispensed, and consumed properly, it is safe and effective for patients. Treatment with methadone offers patients stability, as it mitigates the "lows" of painful withdrawal, and attenuates the euphoric "highs" of shorter-acting opioids. By allowing people with OUD to function better in daily life, methadone assists the remission and recovery process. And, importantly, it is associated with reduced all-cause and opioid-related mortality.

Federal restrictions, however, handicap the current addiction specialist physician workforce's ability to provide effective OUD treatment. Federal law and regulations that limit methadone's availability to opioid treatment programs (OTPs) further limit Americans' access to quality addiction care. There is approximately 1 OTP for every 32 pharmacies in the US. Most OTPs are in urban areas, and most US counties do not have an OTP, which impacts who has access to methadone. Patient engagement is also affected by how methadone is dispensed from OTPs.

MOTAA would authorize the Drug Enforcement Administration (DEA) to issue a special registration for OTP prescribing clinicians and addiction specialist physicians to use their clinical expertise in prescribing methadone for OUD treatment that could be picked up at pharmacies, subject to SAMHSA rules or guidance on the supply of methadone for unsupervised use. Notably, SAMHSA is the same federal agency that regulates the amount of take-home supply of methadone that is dispensed from OTPs. MOTAA does not mean methadone can be prescribed by anyone; it simply creates an additional, specialist-managed pathway. Importantly, MOTAA would finally update federal law predating the establishment of medical subspecialties in addiction. Doctors who are

board certified in addiction medicine or addiction psychiatry are some of the nation's foremost experts in the comprehensive treatment of people with addiction.

MOTAA will improve access to addiction medications for more people. People of color are less likely to start such medication, or receive it after a nonfatal overdose or in residential addiction treatment. These limitations have contributed to significant disparities in overdose deaths for people of color that accelerated during the pandemic. In addition, methadone treatment for OUD is more cost-effective than other medications for OUD.

Although methadone-related overdose deaths can and do occur, the lethality of methadone does not depend on the location from which it is dispensed, but rather on the prescribers' skill, the patients' stability, and the diagnosis for which it is prescribed. Addiction specialist physicians can make proper risk-benefit evaluations and manage diversion risk. Furthermore, MOTAA helps address the lethality of utmost concern – from fentanyl in the unregulated drug supply. The failure to allow methadone treatment to meet OUD treatment need has come with high financial, societal, and human costs during a long-declared opioid public health emergency. MOTAA is a critical, yet measured, down payment on increasing access to methadone for OUD that cannot be made soon enough.

Pass S.3193 – the TREATS Act

ASAM is dedicated to ensuring access to quality addiction care across the continuum and advocates for optimizing telehealth access to advance health equity in addiction medicine. While telehealth for addiction care grew more slowly than it did for other types of medical care prior to the COVID-19 pandemic, quarantine requirements catalyzed sweeping changes, bringing telehealth to addiction care beyond where previously underutilized or prohibited.

During the COVID-19 public health emergency (PHE), the DEA's emergency administrative actions allowed for greater flexibilities in addiction care via telemedicine. This has been critical to expanding access to OUD treatment and enhancing the reach of the existing addiction specialist workforce. Unfortunately, these flexibilities are now in jeopardy of expiring in December 2024. (The DEA's proposed rule earlier this year would have failed to preserve the PHE flexibilities fully, risking loss of appropriate clinical access to buprenorphine treatment for OUD.)

Thus, ASAM urges swift passage of the TREATS Act, which would establish a new, audio-video or audio-only, telehealth evaluation exception to the Ryan Haight Act's in-person exam requirement for the purposes of prescribing Schedule III-V controlled medications approved for the treatment of addiction. This legislation is critical to extending the reach of the nation's addiction workforce.

Pass S.3145 – the Improving Access to Addiction Medicine Providers Act

In June 2023, SAMHSA celebrated the fiftieth anniversary of its Minority Fellowship Program (MFP), aiming to improve mental health and substance use outcomes by reducing racial and ethnic disparities through strengthening and diversifying the behavioral health workforce. MFP fellowships are open to those pursuing graduate degrees in a variety of fields of behavioral health. The field of addiction medicine, however, is not explicitly named in the statutory authorization of this program, because it was only recognized in late 2015 by the American Board of Medical Specialties. This legislation would finally modernize MFP by amending the Public Health Service Act to include the field of addiction medicine in MFP.

Pass Federal Legislation to Establish Model Standards for State Licensure of SUD Treatment Programs in Alignment With Program Standards in The ASAM Criteria

Lastly, the heterogeneity in the organization and oversight of addiction treatment programs contributes to high variability in the quality of care delivered. A prior Administration's Office of National Drug Control Policy acknowledged this persistent concern in its 2020 National Treatment Plan. Specifically, that plan called for, among other things, SAMHSA to "support the development and promote adoption of model state laws."

ASAM now strongly encourages the Senate HELP Committee to pass legislation directing SAMHSA to develop model standards for substance use disorder treatment program licensure, in alignment with the program standards set forth in *The ASAM Criteria*. While *The ASAM Criteria* is a comprehensive framework for addiction treatment systems that describes program standards for each level of care in the care continuum, its program standards are not always accurately, effectively, and comprehensively deployed at the state level. Therefore, a federal directive for SAMHSA to develop model licensure standards based on ASAM's nationally recognized treatment program standards is an often overlooked policy solution that would help to serve states interested in better implementation. This concept has been included in previously introduced federal legislation (see Section 3435) that was endorsed by numerous organizations and Members of Congress. Such concept would also complement prior Congressional work directing federal agencies to develop guidelines related to high-quality recovery housing in Sections 1231 and 1232 of the Consolidated Appropriations Act of 2023 and would be especially timely considering the House's SUPPORT reauthorization bill's partial lift of Medicaid's institutions for mental disease (IMD) exclusion for large, residential SUD treatment programs.

Conclusion

In conclusion, the Senate HELP Committee's support for the five policies described herein would represent a monumental, yet careful, approach towards transforming addiction care nationwide. ASAM looks forward to continuing to collaborate with you and your colleagues on strengthening the nation's response to addiction and overdose. Thank you for considering ASAM's input. For any questions or concerns, please contact Kelly Corredor, ASAM's Chief Advocacy Officer, at kcorredor@asam.org.

Sincerely,

Brian Hurley, MD, MBA, FAPA, DFASAM
President, American Society of Addiction Medicine