

June 10, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes**

Dear Administrator Brooks-LaSure:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 7,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, and the American College of Academic Addiction Medicine (ACAAM), an organization dedicated to training and supporting the next generation of academic addiction medicine leaders, thank you for the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Notice of Proposed Rulemaking (NPRM) regarding certain policy changes for hospitals in fiscal year 2025.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), more than 46 million people in the United States met the diagnostic criteria for having a substance use disorder (SUD) in 2022.<sup>1</sup> Ensuring access to treatment to address this daunting statistic requires a sufficient workforce to enable clinicians to meet patients where they are. Yet, our nation is simultaneously subsumed by an addiction treatment workforce shortage that is only projected to get worse absent drastic changes. According to SAMHSA, the U.S. needs more than 40,000 additional addiction medicine specialist physicians to meet our nation's growing SUD workforce needs.<sup>2</sup> Central to addressing our workforce challenges is ensuring that we are training an adequate number of post-medical school graduates, including addiction medicine fellows, to meet the growing addiction treatment demand.

While considerable progress has been made towards meeting a workforce benchmark set by The President's Commission on Combating Drug Addiction and The Opioid Crisis in 2017,<sup>3</sup> today, only 104 of the nation's 199 accredited medical schools (52%) offer an addiction medicine fellowship program.<sup>4</sup> Although the number of addiction medicine fellowships has more than doubled since the 2017 report, today's number is still below the 125-target set by the Commission, and possibly a moving target given the increasingly lethal illicit drug supply and staggering numbers of overdose deaths.

We welcome past and ongoing actions by CMS to fulfill its [Behavioral Health Strategy](#), including the proposals set forth in this rule that implement provisions from the Consolidated Appropriations Act, 2023 to address longstanding gaps in the addiction treatment workforce. The United States is at a critical juncture where we must ensure we have an adequate addiction treatment workforce to address a growing number of health challenges, including the drug overdose crisis. Our organizations are confident that this proposed rule will assist us in meeting that challenge.

As CMS finalizes and operationalizes the graduate medication education (GME) component of this proposed rule, **we strongly encourage CMS to add an additional metric that prioritizes applicants for additional GME slots who meet the requirements specified in the proposed rule and who are applying to either expand an existing addiction medicine fellowship program or create a new addiction medicine fellowship program.** Our organizations urge CMS to capitalize upon the opportunity presented by the implementation of the CAA, 2023 to address both the workforce shortages worsened by the COVID-19 pandemic and the addiction and overdose death epidemic that is gripping our nation.

Furthermore, CMS has proposed to use the Health Professional Shortage Area (HPSA) designation as an objective criterion for establishing whether the additional residency slots would benefit underserved populations. We agree the HPSA designation is useful for identifying underserved geographies and some patient populations that are disproportionately impacted by the addiction crisis, such as people experiencing homelessness and those who are eligible for Medicaid.

Yet, we continue to note the exclusion of clinicians that specialize in treating SUD from the list of core health professionals used to define the current mental health HPSA designation. Specifically, this definition does not include addiction medicine physicians,<sup>5</sup> nor certified addiction registered nurses – advance practice (CARN-AP),<sup>6</sup> despite areas with “a high degree of substance abuse” being included in the determination of “unusually high needs for mental health services” criterion. Consequently, and coupled with the growing SUD workforce challenges, this exclusion should be revisited. **Therefore, we urge federal agencies, including CMS, to work with the Health Resources and Services Administration (HRSA) to revise the mental health HPSA definition and related criterion to include clinicians that specialize in treating SUD, particularly addiction medicine physicians and CARN-APs<sup>7</sup> to more accurately measure the SUD treatment workforce, and so that these residency positions and other funding opportunities can be better targeted to underserved areas with high SUD and overdose burdens but limited treatment access.**

Thank you for the opportunity to provide comments and for the continued focus on addressing SUD workforce challenges and bolstering access to treatment for millions of Medicare beneficiaries. If you have any questions, please do not hesitate to contact Corey Barton, Director of Advocacy at [cbarton@asam.org](mailto:cbarton@asam.org) or Dr. Timothy Brennan at [timkbrennan@gmail.com](mailto:timkbrennan@gmail.com).

Sincerely,

American College of Academic Addiction Medicine  
American Society of Addiction Medicine

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

<sup>2</sup> SAMHSA. Behavioral Health Workforce Report. December 2020. [Behavioral Health Workforce Report](https://www.samhsa.gov/behavioral-health-workforce-report) (samhsa.gov)

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<sup>3</sup> The Commission set a goal to grow the number of addiction medicine fellowship programs to 125 by 2022. At the time of that report, only forty-six of the nation's 160 (29%) accredited medical schools offered an addiction medicine fellowship program.

<sup>4</sup> Includes medical schools accredited by the Liaison Committee on Medical Education and the American Osteopathic Association Commission on Osteopathic College Accreditation.

<sup>5</sup> Subspecialty board certification in addiction medicine by the American Board of Preventive Medicine (ABPM); subspecialty board certification in addiction medicine by the American Osteopathic Association (AOA); or certification by the American Board of Addiction Medicine (ABAM).

<sup>6</sup> ANCB. (2024). Examination. ANCB – Addictions Nursing Certification Board. <https://ancbonline.org/Examination>.

<sup>7</sup> ANCB. Examination. ANCB – Addictions Nursing Certification Board. <https://ancbonline.org/Examination>.