

Thank you, Mr. Chairman. I appreciate you holding this hearing to discuss Congress' continued work on opioid misuse and abuse. Over the past 15 years, many of you have heard me advocate for a holistic approach to addiction, including enforcement, prevention, and treatment measures like those successfully implemented by Operation UNITE in Kentucky. We need to further encourage regional collaboration on this issue that ignores lines on a map. I hope to work with the Committee on this issue in the future.

Today, however, I'd like to focus on treatment. Despite the light we've shone on addiction, only 10% of those needing treatment for alcohol- or drug-related addiction actually receive it. Underlying challenges in the treatment workforce further compound this lack of access.

There are simply not enough incentives for health professionals in training to specialize in addiction medicine. Treatment professionals work in stressful environments, receive relatively low pay, and turnover at rates much higher than other health professionals. NIH continually pioneers research on addiction science and new ways to treat this chronic disease, yet America has only half the number of practicing addiction specialists needed to put their findings in practice.

This is a patient safety and public health calamity. Patients in need of addiction treatment ought to have access to specialized care in every corner of this country. That is why I will soon be introducing legislation with my colleague Katherine Clark to create a student loan repayment program for qualified substance use disorder treatment professionals. This program will not only encourage health professionals to pursue careers in addiction medicine, but steer them towards areas most in need of their services.

Though it's not a silver bullet, this bill would be another substantial step in the right direction. I hope to work with each of you to this end and I thank the Chairman for having me today.