Questions for the Record for HRSA Deputy Administrator Diana Espinosa

House Energy and Commerce Health Subcommittee Legislative Hearing: "Responding to America's Overdose Crisis: An Examination of Legislation to Build Upon the SUPPORT Act." June 21, 2023.

The Honorable Earl L. "Buddy" Carter

1. Pharmacists play a critical role in patient care and are often the first line of defense. As we continue to battle the opioid and fentanyl epidemic, we need to ensure we are empowering pharmacists to be as much of a part of the solution as possible.
    a. Ms. ESPINOSA, can you comment on how non physician providers like pharmacists can help alleviate workforce shortages?

Response:

Non-physician providers, like pharmacists. play an important role in providing direct patient care and increasing access to services, especially in rural and underserved areas. HRSA supports a number of programs that offer loan repayment assistance, scholarships, and training to non-physician providers (e.g., pharmacists, physician assistants, and advanced practice registered nurses) who can be important partners in battling the opioid epidemic.

In FY 2022, the National Health Service Corps field strength included 505 pharmacists who were receiving loan repayment through the NHSC Substance Use Disorder Workforce Loan Repayment Program, the NHSC Rural Community Loan Repayment Program, or the State Loan Repayment Program. The State Loan Repayment Program provides grant funding for states and territories to operate their own loan repayment programs designed to address the most pressing health care needs of their residents. Additionally, the NHSC's Substance Use Disorder Workforce and Rural Community Loan Repayment Programs, which focus on expanding and improving access to quality substance use disorder treatment in rural and underserved areas, supported 1,286 nurse practitioners, 288 registered nurses, and 253 physician assistants among other non-physician clinician disciplines serving treatment sites throughout the country in FY 2022. These and other non-physician substance use disorder treatment providers contributing to the NHSC's field strength may be explored via HRSA's field strength dashboards at https://data.hrsa.gov/topics/health-workforce/field-strength.

In addition, the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program, which Congress established through the SUPPORT Act to increase the number of individuals working in full-time substance use disorder treatment jobs, supports pharmacists. Our Integrated Substance Use Disorder Training Program (ISTP) also aims to expand the number of non-physician providers -- nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers, (including individuals completing clinical training requirements for licensure) -- trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care, mental health, and SUD services, including such settings that serve pediatric populations. In FY 2023, HRSA anticipates

awarding over $9 million in grants to entities successful in providing robust clinical training and augmenting expertise among these health professions. Additionally, in FY 2024, HRSA anticipates re-competing the Opioid-Impacted Family Support Program, which trains paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents or guardians are impacted by opioid use disorders (OUD) and other substance use disorders (SUD).

The Honorable Troy Balderson
I will soon be introducing two bills that will expand access to remote patient monitoring (RPM). The first extends the COVID RPM waiver for Medicare, and the second will allow for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide remote monitoring services.

1. Some FQHCs have worked to integrate RPM into their care delivery, particularly for patients with hypertension, but many have reported challenges. Do you have data on current utilization of RPM by FQHCs? What more can we do to expand RPM?

   Response:

   HRSA does not routinely collect data on the utilization of remote patient monitoring (RPM) by health centers. However, in January 2021 HRSA partnered with the HHS Office of Minority Health and the American Heart Association on a national initiative to address health disparities among racial and ethnic minority populations with hypertension. HRSA awarded $89.5 million to 496 health centers to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology like RPM, to increase the number of adult patients with controlled hypertension in HRSA-funded health centers.

The Honorable Diana Harshbarger
Ms. Espinosa,

In my East Tennessee district, East Tennessee State University has behavioral health workforce funding through HRSA's Behavioral Health Workforce Education and Training program.

And through this they've recently recruited to our underserved region a number of behavioral health practitioners — including psychologists, social workers, and psychiatric nurse practitioners.

There is a significant demand for these professionals but — once hired — their positions are financially fragile, in large part because private and public payers only reimburse a fraction of what their services costs.

1. What can we do to address this, so that behavioral health positions — especially in in rural and underserved communities — are attractive and financially sustainable?

Response:

Planning for how to pay their educational debt is often a key consideration for practitioners determining whether to work in rural or underserved communities. The National Health Service Corps connects behavioral health care providers with the communities that need them most through a loan repayment model and a scholarship program that require a service component in exchange for federal funding. In FY 2022, the NHSC provided scholarships and loan repayment assistance to more than 9,600 participants providing direct behavioral health services in communities identified as Health Professional Shortage Areas, and more than a third of these providers were providing services in rural communities. The NHSC is not only an important recruitment tool for rural and underserved communities, but also is instrumental to keeping these providers in communities. Approximately 87 percent of NHSC clinicians who completed their service obligation between FY 2012 and FY 2021 still work in a Health Professional Shortage Area or within the same community they served.

The Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program provides for the repayment of educational loans for individuals working in a full-time substance use disorder treatment job that involves direct patient care in a community where the mean overdose death rate exceeds the national average or a Mental Health HPSA. The demand for this program has been great. In FY 2022, HRSA was able to make only 208 Substance Use Disorder Treatment and Recovery Loan Repayment Program awards from 2,646 eligible applications with the funding available.

The Honorable Ann Kuster

1. The SUPPORT Act authorized STAR-LRP, and of the 255 awards the program made in FY 2021, 12 awards were given to physicians. Can you discuss the barriers to addiction physicians to benefit from the program, specifically the direct service requirement?

Response:
The Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP) repays the educational loans of providers who deliver six years of full-time service in a county with a mean drug overdose death rate higher than the national average or in a Mental Health Health Professional Shortage Area. Currently through the STAR LRP, 445 clinicians and community health workers, including 18 physicians, are providing direct treatment and recovery support to patients with, or in recovery from, substance use disorder.

The STAR LRP full-time service requirements in statute are intended to ensure participating providers maximize the consistent direct care and recovery support available to patients. The greatest barrier that we have seen for STAR LRP applicants remains the limitation of the program's funding. The demand for the program has been great, and HRSA has only been able to support about eight percent of eligible applicants. In FY

2022, for example, HRSA was able to make 208 STAR LRP awards from 2,646 eligible applications.

It is also important to note that addiction physicians are also eligible for other HRSA programs. In FY 2022, the National Health Service Corps, which allows for full-time and part-time options, provided scholarships and loan repayment assistance to more than 9,600 participants providing behavioral health services, and more than a third of these providers were working in rural communities.

The National Health Service Corps' traditional, Rural Community, and Substance Use Disorder Workforce Loan Repayment Programs all apply funding priorities that assess applicants' training and experience in working with underserved populations by considering factors including completion of a HRSA-funded Addiction Medicine Fellowship (AMF). The AMF Program is a grant program that aims to expand the number of fellows trained as accredited addiction medicine specialists who work in underserved, community-based settings that integrate primary care with behavioral health. HRSA provides funding through this grant program to expand and enhance entities' capacity to prepare physicians to take on treatment of patients with substance use disorders and prioritizes the value of these clinician characteristics in our programs focused on provider recruitment and retention.