March 21, 2018

The Honorable Michael Burgess, M.D.
Chairman
Subcommittee on Health
House Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Subcommittee on Health
House Committee on Energy and Commerce
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Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green:

We write in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act of 2018 (SUD Workforce Loan Repayment Act). This bipartisan bill encourages professionals to join the fight against the growing opioid epidemic and helps reinforce our desperately overstretched substance use disorder treatment workforce in the parts of the country that need it most.

The United States is in the midst of a national health crisis. In 2016, 64,000 Americans lost their lives as the result of a drug overdose, and that number is expected to rise even higher for 2017. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), more than 20 million adults struggle with a substance use disorder of some kind.

Yet, between the rising cost of education, low pay, and high burnout from the emotionally taxing work, we are struggling to maintain the substance use disorder treatment workforce we need to help the growing number of Americans fighting a substance use disorder. The need for a highly-trained, dedicated class of treatment experts has never been more urgent. Now, more than ever, it is critical that we invest in building up the full spectrum of substance use disorder treatment workers, including physicians, nurses, social workers, and all of the other personnel needed to provide real, wraparound care for this devastating illness.

The SUD Workforce Loan Repayment Act would address the treatment workforce shortage by offering student loan repayment of up to $250,000 to treatment professionals who agree to serve for up to six years in direct patient care treatment roles, in areas with either a shortage of mental health professionals or an above average rate of drug overdose deaths. The bill leverages the already existing Mental Health Professional Shortage Areas identified under the National Health Service Corps while also targeting areas of the country that specifically have high rates of overdose deaths so that treatment experts funded under this Act will serve where they are most desperately needed. Further, because these metrics are already available, the program can start
to work as soon as possible. By allowing participants to agree to work for any length of service, up to six years, while repaying one sixth of participants’ loans per year, the SUD Workforce Loan Repayment Act will have the dual effect of attracting new candidates to the treatment profession and also encouraging those experts to stay long-term—both currently significant challenges in the field. The Act also allows the Department of Health and Human Services flexibility to add qualifying types of treatment professionals and facilities as the field continues to evolve, ensuring the program’s ability to adapt to changing conditions.

Every additional treatment expert means another chance at survival for someone struggling with a substance use disorder. No one else should die waiting for help that never came because we did not have the workforce to provide it.

We thank you for holding this vital hearing and considering this legislation, and we look forward to working with you in the future as we continue to seek solutions to this terrible health crisis.

Sincerely,

Katherine Clark  
Member of Congress

Hal Rogers  
Member of Congress