



Testimony before the United States House of Representatives
Committee on Energy and Commerce
Subcommittee on Health
on
**“Responding to America's Overdose Crisis: An Examination of
Legislation to Build Upon the SUPPORT Act”**

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Chairs McMorris Rodgers and Guthrie, Ranking Members Pallone and Eshoo, and Members of the Subcommittee:

Thank you for the opportunity to discuss the Health Resources and Services Administration's (HRSA) programs authorized under the SUPPORT for Patients and Communities Act (P.L. 115-271), as well as HRSA's additional work to expand access to substance use disorder treatment and prevention services and strengthen the substance use disorder workforce. I serve as the Principal Deputy Administrator of HRSA, the agency of the Department of Health and Human Services (HHS) that supports primary care in rural and underserved communities regardless of patients' ability to pay; funds substance use disorder services in rural communities; provides scholarships and loan repayment assistance to clinicians – including behavioral health clinicians – in return for their service in underserved and rural communities; funds training and career ladder programs to grow the nation's supply of nurses, doctors, behavioral health providers, community health workers and other health professionals; supports the care and treatment of individuals with HIV; and funds maternal and child health services and supports. HRSA works alongside ONDCP in support of the National Drug Control Strategy as we have implemented these programs.

I would like to begin by thanking the members of this Subcommittee for your long-standing bipartisan support for HRSA's programs. With your help, we have made meaningful gains in expanding behavioral health services and training more mental health and substance use disorder treatment providers. Additionally, your support has allowed HRSA to undertake a number of initiatives to better integrate mental health and substance use disorder services into primary care. Today, HRSA is supporting the training and placement of behavioral health providers through our investments to expand, train, and sustain the mental health and substance use disorder workforce, including new psychiatrists, psychologists, psychiatric nurse practitioners, social workers, school counselors, marriage and family therapists, peer specialists, and community health workers.

The SUPPORT for Patients and Communities Act and HRSA Programs

Through the SUPPORT for Patients and Communities Act, HRSA launched the **HRSA Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program** to focus specifically on recruiting and retaining medical, nursing, and behavioral health clinicians and paraprofessionals who provide direct treatment and recovery support for patients with or in recovery from a substance use disorder. The program repays educational loans of providers who deliver six years of full-time service in either a mental health professional shortage area or a county where the mean drug overdose death rate per 100,000 people over the past 3 years is higher than the most recent available national average overdose death rate per 100,000 people, as reported by the Centers for Disease Control and Prevention. Participation in this program is open to a number of provider disciplines and specialties, including physicians, nurse practitioners, licensed clinical social workers, bachelor's-level substance use disorder counselors, behavioral health paraprofessionals, and clinical support staff. Currently, across the U.S., 445 clinicians and community health workers are providing direct treatment and recovery support to patients with or in recovery from substance use disorder through this program. We recently opened the Fiscal Year (FY) 2023 application cycle for the program and expect to support 160 new loan repayment awards this year.

The SUPPORT for Patients and Communities Act also reauthorized section 756 of the Public Health Service Act, which provides authority for critical HRSA behavioral health workforce training programs, including:

- **HRSA's Behavioral Health Workforce Education and Training Programs.** These important programs support the training of social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, marriage and family therapists, community health workers, outreach workers, social services aides, mental health workers, substance use disorder workers, youth workers, and peer support specialists. In Academic Year 2020-2021, the Behavioral Health Workforce Education and Training Programs supported training for nearly 6,000 individuals. Specifically, our investments help to increase recruitment of students, trainees, interns and fellows into the behavioral health field and target key challenges in clinical training such as ensuring that trainees

receive support and supervision so that students receive expert hands-on learning experiences.

- **HRSA's Graduate Psychology Education Program.** This program supports innovative doctoral-level health psychology programs that foster a collaborative approach to providing mental health and substance use disorder prevention and treatment services in high need and high demand areas through academic and community partnerships.
- **HRSA's Opioid-Impacted Family Support Program.** This program trains paraprofessionals to support children and families living in high need and high demand areas who are impacted by opioid use disorder and other substance use disorders. Training begins with 6-12 months of pre-service training provided by the school or program receiving the grant award, including didactic training and hands-on learning in the form of field placements. Trainees who complete pre-service training have the option to enter a registered apprenticeship program for a minimum of 12 months. This program supports the training of over 1,300 paraprofessionals working with families and children impacted by substance use disorder.

To increase the availability of medication assisted treatment for patients with opioid use disorder, the SUPPORT for Patients and Communities Act also appropriated funds to make payments to offset the costs of training eligible providers at Federally Qualified Health Centers and Rural Health Clinics to receive a Drug Addiction Treatment Act waiver. At that time, practitioners were required to obtain the waiver to prescribe buprenorphine for the treatment of opioid use disorder. HRSA provided funding to support 1,812 providers at Federally Qualified Health Centers in 47 states and 257 providers at Rural Health Clinics in 33 states under this program. The Consolidated Appropriations Act, 2023 (P.L. 117-328) has since eliminated the Drug Addiction Treatment Act waiver requirement.

HRSA and the Behavioral Health Workforce

In addition to programs addressed in the SUPPORT for Patients and Communities Act, **HRSA's National Health Service Corps** has played an important role in combatting the overdose epidemic by growing and retaining a skilled workforce of behavioral health professionals and increasing access to opioid and other substance use disorder treatment services in rural and underserved communities. The National Health Service Corps provides scholarships and loan repayment for clinicians, including mental health and substance use disorder providers, who commit to practice in underserved communities. In FY 2022, more than 9,600 mental health and substance use disorder providers were practicing in the communities that need them most thanks to the National Health Service Corps. This includes participants in two dedicated sub-programs focused on substance use disorder providers: nearly 3,000 substance use disorder clinicians who are practicing in health professional shortage areas through the **National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program**, as well as 1,700 providers working to combat the opioid epidemic in the nation's rural health professional shortage areas through the **National Health Service Corps Rural Community Loan Repayment Program**. The latter program has made loan repayment awards in coordination with **HRSA's Rural Communities Opioid Response Program** initiative to provide evidence-based substance use treatment, assist in recovery, and prevent overdose deaths in rural communities.

Mandatory funding for the National Health Service Corps expires at the end of FY 2023. Recognizing the ongoing health workforce challenges across the country, the President's Budget seeks to sustain the record level of more than 20,000 clinicians providing care in communities across all primary care disciplines in the National Health Service Corps and provide a three-year mandatory investment in the program. The Budget includes an additional \$50 million in targeted funding for both substance use disorder and behavioral health providers.

HRSA's mental health and substance use disorder workforce programs also include:

- The **Addiction Medicine Fellowship Program**, which increases the number of board-certified addiction medicine and addiction psychiatry specialists trained in providing substance use disorder prevention, treatment, and recovery services in underserved, community-based settings. In Academic Year 2020-2021, awardees trained nearly 170 fellows in addiction medicine and psychiatry.

- The **Integrated Substance Use Disorder Training Program**, which increases the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care and mental health and substance use disorder services.
- The **Primary Care Training and Enhancement - Integrating Behavioral Health and Primary Care Program**, which funds innovative training programs that integrate behavioral health care into primary care, particularly in rural and underserved settings, with a special emphasis on the treatment of opioid use disorder.

HRSA also invests in behavioral health training for primary care providers to better integrate mental health and substance use disorder prevention and treatment into primary care delivery. Through our **Primary Care Training and Enhancement - Residency Training in Mental Health Program**, we are supporting the integration of behavioral health into primary care residency training and expanding our work to train and support pediatricians in managing behavioral health conditions.

Expanding Mental Health and Substance Use Disorder Services

Health Centers and behavioral health: Given **HRSA-supported community health centers'** broad footprint and their role as trusted resources in communities across the country, they can be instrumental in increasing access to behavioral health services. With growing awareness and demand for services, health centers are increasingly on the front lines in addressing the growing mental health and substance use disorders treatment needs across the country.

Today, the approximately 1,400 HRSA-funded health centers operate nearly 15,000 service delivery sites that provide primary health care to more than 30 million people – 1 in 11 people nationwide. Nearly 90 percent of health center patients are individuals or families living at or below 200 percent of the Federal poverty level and 63 percent are racial or ethnic minorities. These health centers provide comprehensive, high quality primary health care services regardless of patients' ability to pay and can be a lifeline for individuals and families who are uninsured; enrolled in Medicaid; living in rural, remote, or underserved areas; struggling to afford their

health insurance co-pays; experiencing homelessness; residing in public housing; or otherwise finding it hard to find a doctor or pay for the cost of care.

While targeted investments have helped health centers expand their capacity to provide these behavioral health services over time, mental health and substance use disorder services are not required health center services. In fact, currently, health centers are able to meet only about 27 percent of the estimated demand for mental health services and approximately six percent of the estimated demand for substance use disorder services among their patients.

Mandatory funding for the Health Center Program expires at the end of FY 2023. The President's Budget proposes a new \$700 million behavioral health service investment to support expanded behavioral health services in the nearly 1,400 health centers across the country, along with a requirement that all health centers provide mental health and substance use disorder services under section 330 of the Public Health Service Act. When people are ready to seek help, we need to make sure they can get it – especially when they turn to a long-standing trusted provider like the health center in their community.

Rural Communities and Substance Use Disorder: Deaths involving psychostimulants are 30 percent higher in rural counties than in urban counties, and the death rate for opioids is nearly 13 percent higher in rural counties than in urban counties.¹ At the same time, rural communities face unique challenges in responding to substance use disorders, specifically with respect to developing treatment infrastructure.

To address these challenges, we created the **HRSA Rural Communities Opioid Response Program (RCORP)** to provide support to rural communities to help them reduce the morbidity and mortality of substance use disorders, including opioid use disorder. This program is unique as it is the only targeted program focused specifically on addressing substance use disorder in rural communities affected by the opioid epidemic. In total, HRSA has invested more than \$500

¹Spencer MR, Garnett MF, Miniño AM. Urban–rural differences in drug overdose death rates, 2020. NCHS Data Brief, no 440. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:118601>

million in RCORP across more than 1,800 rural counties in nearly every state to support prevention, treatment, and recovery services for individuals with, or at risk of, opioid use disorder/substance use disorder and co-occurring mental health conditions.

These grants support interventions tailored to community needs, including building the local opioid use disorder/substance use disorder health care workforce through recruitment, retention, and training activities; purchasing and distributing life-saving naloxone; creating treatment sites, and building collaborative community partnerships. Over the course of the program, RCORP grantees have provided direct services to nearly four million rural individuals and ensured that more than 225,000 patients received medication for opioid use disorder. Additionally, RCORP has helped bolster the substance use disorder workforce by providing training to more than 630,000 service providers, paraprofessional staff, and community members across the program's service delivery sites.

As noted earlier, RCORP also works in coordination with the HRSA's **National Health Service Corps Rural Community Loan Repayment Program** to increase the number of providers in rural health professional shortage areas through the placement of clinicians at substance use disorder treatment facilities in RCORP-funded locations. In addition, HRSA has helped grow the number of accredited psychiatry residency programs in rural areas through the **HRSA Rural Residency Planning and Development Program**, which seeks to expand the number of physicians trained in rural areas by helping rural hospitals and other organizations navigate the process for creation and accreditation of new residency programs.

Further, HRSA supports **Rural Centers of Excellence on Substance Use Disorders** to identify and share rural-relevant evidence-based programs and best practices for substance use disorder treatment and prevention, including as it relates to fentanyl. We also collaborate with the Northern Border Regional Commission, a federal-state partnership for economic and community development within the most distressed counties of Maine, New Hampshire, Vermont, and New York, through which HRSA supports Rural Behavioral Health Workforce Centers to train health workers to support individuals with substance use disorders.

We also have worked to expand access through telehealth. As part of our overall work to increase access to behavioral health services, **HRSA's Office for the Advancement of Telehealth** launched an online interstate licensure resource for providers and states through the HHS Telehealth Hub (www.telehealth.hhs.gov) earlier this year. HRSA also provided additional support for a Licensure Portability Program, to assist state professional licensing boards in the development and expansion of interstate licensure compacts. Interjurisdictional compacts help to reduce barriers to telehealth services and improve access to behavioral health care. For example, HRSA's Licensure Portability Program supports PSYPACT, the interstate compact designed to make it easier for psychologists to practice across state boundaries. PSYPACT now includes 35 states and territories, plus Washington, D.C. Wyoming was the most recent state to join as of February 2023.

Other HRSA programs that support substance use disorder treatment include the Ryan White HIV/AIDS Program, which provides critical health care and support services for people with HIV, including behavioral health services. The program also supports targeted projects to strengthen networks of care in response to the opioid epidemic and to ensure that people with co-occurring HIV and substance use disorder receive treatment and recovery services. In 2021, the Ryan White HIV/AIDS Program delivered over 500,000 mental health and substance use outpatient treatment visits and over 250,000 psychosocial support service visits.

Our other behavioral health initiatives also include **HRSA's Screening and Treatment for Maternal Mental Health and Substance Use Disorder Program**, which trains maternal health care providers like OB/GYNs, nurse midwives, and others how to screen for, assess, treat, and, as necessary, refer pregnant and postpartum individuals with mental health conditions or substance use disorders to treatment. Maternal health care providers also receive real-time teleconsultation support from behavioral health providers to best meet their patients' needs. The program supports front-line health care providers, including in rural and under-resourced areas, in expanding access to behavioral health care by integrating this care into maternal health care settings. HRSA recently released a Notice of Funding Opportunity to expand the program to up to 14 total states and tribes. And our **Maternal Mental Health Hotline** at 1-833-TLC-MAMA provides 24/7, free, and confidential emotional support, information, and referrals for those who

are pregnant or postpartum or their loved ones. Professional counselors staff the hotline and provide culturally sensitive, trauma-informed support via telephone and text.

HRSA continues to grow the behavioral health workforce and support the recruitment and retention of health professionals needed in underserved and rural areas to expand access to substance use disorder treatment and prevent overdose deaths while also providing vital access to substance use disorder treatment services through our essential health delivery programs.

Conclusion

Thank you again for the opportunity to discuss these important issues with you today. I look forward to your questions.