



April 6, 2021

The Honorable Patty Murray
Chair
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. Senate Appropriations Committee
Washington, D.C. 20510

The Honorable Rosa DeLauro
Chair
Subcommittee on Labor, HHS, Education &
Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, Education and
Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

Re: FY 2022 Appropriations Recommendations Related to Strengthening the Addiction Service Workforce

Dear Chair Murray, Ranking Member Blunt, Chair DeLauro, and Ranking Member Cole,

The undersigned mental health, substance use disorder, and healthcare professional organizations in the Coalition to Stop Opioid Overdose (CSOO) are writing today to urge your support for the increased funding of important addiction prevention, treatment, harm reduction, and recovery support programs aimed at strengthening the addiction service workforce in Fiscal Year 2022. CSOO is a coalition of diverse organizations representing health care and social service professionals and advocates united around common policy goals that will lead to meaningful and comprehensive policies to reduce opioid-related overdose deaths.

While we are grateful for the historic mental health and addiction investments contained in the recently enacted American Rescue Plan Act of 2021, more must be done. More than 21 million Americans aged 12 or over needed treatment for substance use disorder (SUD) in 2019, but only about 4.2 million Americans received any form of treatment for SUD.¹ Without certain strategic investments, this gap will never close and many more lives will be lost. Critical funding is needed now, more than ever, due to the COVID-19 pandemic, to increase the ranks of a qualified, well-trained SUD workforce and increase equitable access to evidence-based prevention, treatment, harm reduction, and recovery support services.

Building a robust SUD workforce is critical and should be a cornerstone of any federal response to the opioid overdose epidemic. In its 2017 report, the President's Commission on Combating Drug Addiction and the Opioid Crisis stated: "Adequate resources are needed to recruit and increase the number of addiction-trained psychiatrists and other physicians, nurses, psychologists, social workers, physician assistants, and community health workers and facilitate deployment in needed regions and facilities." The 2020 National Drug Control Strategy echoes this workforce need citing "[a]dditional efforts must be made to build an addiction medicine



infrastructure and expand the addiction profession and peer recovery support services workforces.”² Without a stronger SUD workforce, far too many people seeking remission and recovery from addiction will continue to lack access to care.

The programs detailed in our attached document of appropriations recommendations support CSOO’s mission to reduce opioid-related overdose deaths by increasing the addiction treatment workforce, bolstering prevention and harm reduction efforts that help reduce the negative health consequences of drug use, and increasing access to high-quality treatment and support services. By advancing sustainable, comprehensive public policies and expanding federal investment throughout our health care system for SUD, we will move closer to a future where all Americans living with addiction receive the high-quality care they need and deserve. To this end, as you consider how best to appropriate federal funding for FY22, the undersigned members of CSOO respectfully request that you incorporate the attached recommendations related to strengthening the addiction service workforce into the FY22 Labor-HHS appropriations bill.

Sincerely,

American College of Emergency Physicians
American College of Medical Toxicology
American Osteopathic Academy of Addiction Medicine
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Behavioral Health Association of Providers
Faces & Voices of Recovery
International Certification & Reciprocity Consortium
Live4Lali
Massachusetts Student Coalition on Addiction
National Association for Behavioral Healthcare
National Association of Clinical Nurse Specialists
National Council for Behavioral Health
National Safety Council
SMART Recovery
Well Being Trust

¹ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

² United States. Office of National Drug Control Policy. “National Drug Control Strategy.” (2020)



**FY 2022 Appropriations Recommendations Related to
Strengthening the Addiction Service Workforce**

Program	Agency	FY21 Enacted	FY22 Recommendation
Behavioral Health Workforce Education and Training (BHWET) Grant Program	Health Resources and Services Administration (HRSA) (BHWET account)	\$53 million	\$90 million
Loan Repayment Program for Substance Use Disorder Treatment Workforce (authorized in Section 7071 of the SUPPORT Act)	HRSA (BHWET account)	\$16 million	\$25 million
Mental Health and Substance Use Disorder Workforce Training Program (authorized in Section 9022 of the 21 st Century CURES Act)	HRSA (BHWET account)	\$29.7 million	\$30 million
The Graduate Psychology Education (GPE) Program	HRSA	\$19 million	\$23 million
Expansion of Practitioner Education (Prac-Ed)	Substance Abuse and Mental Health Services Administration (SAMHSA) (Health Surveillance and Program Support account)	\$2 million	\$10 million
Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants	SAMHSA	\$250 million	\$300 million

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Building Communities of Recovery (BCOR)	SAMHSA	\$10 million	\$50 million
Program to Support Coordination and Continuation of Care for Drug Overdose Patients (authorized in Section 7081 of the SUPPORT Act)	SAMHSA	N/A	\$4 million
Emergency Department Alternatives to Opioids Demonstration Program (authorized in Section 7091 of the SUPPORT Act)	SAMHSA	\$6 million	\$6 million
Support for enforcement of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008	Employee Benefits Security Administration (EBSA)	N/A	\$25 million
Re-Employment, Support, and Training for the Opioid Related Epidemic (RESTORE) Opioid Grants	Department of Labor	\$2.7 million	\$10 million
Minority Fellowship Program	SAMHSA	\$16.2 million	\$20.2 million
Program for Education and Training in Pain Care (authorized in Section 7073(a) of the SUPPORT Act)	U.S. Department of Health and Human Services (HHS)	N/A	\$10 million