I want to thank Chair DeLauro and Ranking Member Cole for inviting me to testify today before the House Labor, Health and Human Services Appropriations Subcommittee. I am Kevin Sevarino, MD, Ph.D., an Associate Clinical Professor of Psychiatry at Yale University School of Medicine, consulting psychiatrist at Gaylord Hospital, Wallingford, CT, and am board certified in Addiction Medicine. I am testifying before the Subcommittee today in my role as President of the American Academy of Addiction Psychiatry (AAAP).

AAAP is a professional organization an accredited Continuing Medical Education and Interprofessional Continuing Education provider. Its members are specialists in addiction psychiatry and other health care professionals who treat patients with addictions. AAAP’s main educational mission is to educate health care professionals in the prevention and treatment of substance use disorder and co-occurring psychiatric disorders. AAAP is focused on working with Congress, Federal policymakers, and experts in the field of addiction treatment to develop and implement science-based policies and programs to accomplish our shared goal of ending the opioid epidemic and providing effective treatment for our patients. We also urge the adoption of policies and programs that expand education and training of current and future healthcare providers, through foundational health education in medicine, nursing, physician assistant, pharmacy, allied health programs and other venues. We share the conclusions of a 2019 article from the American Medical Association that “the current state of ethical education and opioid-related courses in medical schools has proven ineffective when it comes to the opioid epidemic…It is therefore imperative that measures be taken in order to properly equip future
physicians, physicians’ assistants and nurse practitioners to properly prescribe opioids.” (AMA Journal of Ethics 21, E636-641)

To advance evidence-based diagnosis and treatment of individuals with substance use disorders, AAAP encourages the Committee to support the following programs in its Fiscal 2022 Labor, Health and Human Services Appropriations bill.

**State Opioid Response-Technical Assistance (SOR-TA) Grant**

Since Congress initially funded the State Opioid Response (SOR) Program in Fiscal 2018 and in subsequent fiscal years, at $1.5 billion a year, the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Administrative portion of the appropriated amounts for SOR grants to provide locally based technically assistance teams. Since Fiscal 2018, SAMHSA, with a portion of the SOR grant funding set aside for administrative support, through a competitively reviewed process, the Opioid Response Network to deliver technical assistance (TA) to US state and territory State Opioid Response (SOR) grantees, sub-recipients and others addressing opioid use disorder (OUD), and increasingly stimulant use disorder (StUD), in their communities. **ORN** delivers education and training of substance use disorder (SUD) prevention, treatment and recovery evidence-based practices (EBPs) to meet locally identified needs. All evidence-based education and TA provided is defined and supported by the **ORN** consortium, which has the capacity to provide culturally and linguistically appropriate, state-of-the-art, evidence-based TA and is committed to improving racial, ethnic, cultural and linguistic competence, as well as awareness and competencies for treating OUD and StUD in underserved and under-resourced communities that often experience persistent health disparities. The primary goals of the consortium are to: 1) provide SOR grantees, sub-recipients and others addressing OUDs/StUDs across the US with direct access to local experts that can provide customized TA,
and 2) support the provision of evidence-based prevention, treatment and recovery support programs/services to treat individuals at risk of, or living with, OUDs and StUDs. AAAP requests that the Committee include the following language under SAMHSA account in its Fiscal 2022 LHHS Committee Report:

*State Opioid Response Grants.* The Committee directs SAMHSA to continue funding the State Opioid Response Network-Technical Assistance grant that funds the Opioid Response Network to provide locally based technically assistance teams within the Administrative portion of the appropriated amounts for State Opioid Response grants. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to US state and territory State Opioid Response grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

*Providers Clinical Support System (PCSS)*

AAAP requests that the Committee continue to support SAMHSA’s funding the *Providers Clinical Support System (PCSS)*, a training program led by AAAP in collaboration with other 22 national professional organizations representing over 1.5 million health professionals. PCSS provides critically needed education in OUD prevention through effective, safe pain management and science-based OUD identification and treatment. PCSS provides over 800 online educational resources as well as waiver training and mentorship at no cost for all health professionals. AAAP and the American Osteopathic Academy of Addiction Medicine (AOAAM), along with PCSS partner organizations, have seen PCSS trainings increase 400% in the past 5 years, including an 800% increase in DATA-2000 waiver trainings. PCSS also
provides ongoing mentorship and learning collaboratives for prevention and treatment of OUD and other substance use disorders for all health professionals at no cost. SAMHSA’s Fiscal 2021 budget included $8.724 million for PCSS, which has been level funded since Fiscal 2017. We encourage SAMHSA to increase its funding commitment to the Providers Clinical Support System.

**Expansion of Opioid Workforce**

AAAP encourages the Committee to expand its support and funding for a number of programs to educate and train health care practitioners to better diagnose and treat individuals with substance use disorders (SUD), including the following programs within SAMHSA and the Health Resources and Services Administration (HRSA):

**Minority Fellowship Program (SAMHSA).** SAMHSA’s Minority Fellowship Program (MFP) increases behavioral health practitioners’ knowledge of issues related to prevention, treatment and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professional who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. The program has helped enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, psychology, marriage and family therapists, and professional counselors.

**Addiction Medicine Fellowship (AMF) Program.** The Health Resources and Services Administration (HRSA) AMF program seeks to increase the number of board certified addiction medicine and addiction psychiatry specialist trained in providing interprofessional behavioral
health sciences, including OUD and SUD prevention, treatment, and recovery services, in underserved, community-based settings.

**Behavioral Health Workforce Education and Training (BHWET) Program for Professionals.**
The BHWET Program increases the number of behavioral health providers entering and continuing practice, with special emphasis on prevention and clinical intervention for those at risk of developing mental and substance use disorders, and the involvement of families in the prevention and treatment of behavioral health conditions. Entities eligible to compete for funding under this program include accredited institutions of higher education or accredited training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling.

**Loan Repayment Program for Substance Use Disorder Treatment Workforce.** This program is designed to address shortages in the substance use disorder workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a country where the overdose death rate exceeds the national average.

On behalf of the American Academy of Addiction Psychiatry, I thank the Chair and Ranking Member for giving me the opportunity to testify today before the House Labor, Health and Human Services Appropriations Subcommittee.