

September 20, 2018

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Chairman
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen Walden, Brady, and Ranking Members Pallone, and Neal:

The undersigned organizations applaud your bipartisan work to address the opioid epidemic. We also strongly request that the conference committee preserve the *Substance Use Disorder Workforce Loan Repayment Act* (H.R. 5102/S. 2524) provision included in H.R. 6. The Energy & Commerce Committee and the full House, unanimously, and with strong bipartisan support passed H.R. 5102. Your leadership is essential to addressing this national crisis and ensuring that a robust substance use disorder (SUD) treatment workforce is accessible and available to those seeking treatment.

We are concerned that the corresponding provision to H.R. 5102/S. 2524 in the Senate passed *Opioid Crisis Response Act* (OCRA) (Section 1417) varies in several important ways that would make the provision less effective.

The provision passed by the House (Sections 7071 and 7072) creates a program that is targeted to address the shortages of specific providers needed for substance abuse treatment. In contrast, OCRA does not provide a targeted approach to address provider shortages; it simply amends the existing National Health Service Corps (NHSC).

NHSC is vital in addressing our healthcare workforce shortages in rural and underserved areas. However, we are concerned that the 2-year NHSC commitment is a less effective tool than the 6-year program authorized under H.R. 5102/S. 2524 which would address the immediate needs to curb the opioid epidemic. In addition, we are concerned that the maximum \$50,000 loan repayment offered in OCRA's NHSC expansion is not nearly as attractive to prospective treatment professionals as the maximum \$250,000 offered by H.R. 5102/S. 2524.

Further, we are concerned with the discretion OCRA provides HHS to determine areas of the country that qualify as having a high need for additional treatment professionals. In contrast, H.R. 5102/S. 2524 automatically includes any county with an overdose rate higher than the national average. This would eliminate unnecessary agency review of areas that are already in extreme need. Furthermore, the CDC's National Center for Health Statistics already collects [overdose data on a county basis](#).

As health care professionals, we are committed to improving public health and ensuring patients have access to proper care when and where they need it. Preserving the House passed *Substance Use Disorder*

Workforce Loan Repayment Act will strengthen rural and underserved health care systems, expand the behavioral health and SUD treatment workforce, and attract practitioners to areas of highest need.

Again, thank you for your leadership in fighting the opioid epidemic, and we strongly encourage the conference committee to preserve the *Substance Use Disorder Workforce Loan Repayment Act* as unanimously passed by the House in the final package.

Sincerely,

Alaska Osteopathic Medical Association
American Academy of Addiction Psychiatry
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American College of Osteopathic Emergency Physicians
American College of Osteopathic Neurologists and Psychiatrists
American Medical Women's Association
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Society of Addiction Medicine
Arizona Osteopathic Medical Association
Arkansas Osteopathic Medical Association
Association for Behavioral Health and Wellness
Association for Behavioral Healthcare
CADA of Northwest Louisiana
California Consortium of Addiction Programs and Professionals
Central City Concern
Colorado Society of Osteopathic Medicine
Connecticut Certifying Board
Connecticut Osteopathic Medical Association
Hawaii Association of Osteopathic Physicians and Surgeons
Illinois Association for Behavioral Health
Illinois Osteopathic Medical Society
Kansas Association of Osteopathic Medicine
Massachusetts Osteopathic Society
NAADAC, The Association for Addiction Professionals
National Association of Clinical Nurse Specialists
National Association of Social Workers
National Board for Certified Counselors
National Council for Behavioral Health
National Health Care for the Homeless Council
National League for Nursing

Rhode Island Society of Osteopathic Physicians and Surgeons

Shatterproof

Tennessee Osteopathic Medical Association

The Addiction Medicine Foundation

Treatment Communities of America

West Virginia Osteopathic Medical Association

Young People in Recovery