Dear Chairman Alexander and Ranking Member Murray:

The undersigned organizations applaud your leadership and bipartisan achievement in drafting the *Opioid Crisis Response Act of 2018*. As you know, there is an urgent need to effectively address the opioid epidemic in America. To further efforts already underway, we strongly encourage the committee to consider incorporating the *Substance Use Disorder Workforce Loan Repayment Act of 2018* (S. 2524) into the *Opioid Crisis Response Act*, which would strengthen the substance use disorder (SUD) treatment workforce in underserved areas and ultimately improve patient access.

Substance use disorders - especially those related to opioids - are a rapidly growing problem, threatening the lives of thousands of Americans. Today, according to the Centers for Disease Control and Prevention, 40 percent of all U.S. opioid overdose deaths involve a prescription opioid. Compounding this growing epidemic is a continued shortage in our health care workforce. The Council of Graduate Medical Education projects a shortage of 85,000 physicians by 2020 – the impact of which is especially painful in rural communities.

The *Substance Use Disorder Workforce Loan Repayment Act* addresses this critical workforce shortage by providing an additional path for health care providers to practice in both rural and urban communities where the drug overdose death rate is higher than the national average. This legislation also covers a broad range of providers, including physicians, nurses, and recovery coaches who directly care for patients. These features will allow for greater access to comprehensive care for those suffering from SUD.

Further, the legislation requires the Secretary of Health and Human Services to submit an annual report to Congress on the SUD treatment workforce, and the challenges in providing access to care – providing insight to treatment access to better target efforts addressing this epidemic in the long-term.

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. Including this legislation in the *Opioid Crisis Response Act* will strengthen rural and underserved health care systems, expand the behavioral health and SUD treatment workforce, and attract practitioners to areas of highest demand.

Thank you again for your bipartisan work to help fight this epidemic, and we encourage the committee to advance the *Substance Use Disorder Workforce Loan Repayment Act* to ensure patients’ access to comprehensive care.

Sincerely,

American Osteopathic Association
Alaska Osteopathic Medical Society
American Academy of Addiction Psychiatry
American Academy of PAs
American Association of Colleges of Osteopathic Medicine
American College of Osteopathic Neurologists and Psychiatrists
American Medical Association
American Medical Women’s Association
American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine
Association for Behavioral Healthcare
College of Psychiatric and Neurologic Pharmacists
Connecticut Osteopathic Medical Society
Hawaii Association of Osteopathic Physicians and Surgeons
HIV Medicine Association
Infectious Diseases Society of America
International Certification & Reciprocity Consortium
Kentucky Osteopathic Medical Association
Massachusetts Osteopathic Society
National Association of Clinical Nurse Specialists
National Board for Certified Counselors
National Council for Behavioral Health
National Health Care for the Homeless Council
Parents for Addiction Treatment and Healing
Physician Assistant Education Association
Rhode Island Society of Osteopathic Physicians and Surgeons
Tennessee Osteopathic Medical Association
The American Osteopathic Academy of Addiction Medicine
The Addiction Medicine Foundation
Treatment Communities of America
West Virginia Osteopathic Medical Association
Young People in Recovery