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November 15, 2021

The Honorable Ron Wyden Chairman U.S. Senate Committee on Finance 219 Dirksen Senate Office Building Washington, DC 20510 The Honorable Mike Crapo Ranking Member U.S. Senate Committee on Finance 219 Dirksen Senate Office Building Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

NAADAC, the Association for Addiction Professionals writes today in response to your request for stakeholder input on proposals and recommendations that will improve access to health care services for Americans with mental health and substance use disorders. We are pleased to see that the Finance Committee has initiated this bipartisan process to evaluate options for addressing the gaps in care for so many Americans suffering from substance use disorders. As the addiction and overdose crisis continue to impact communities around the country, the committee's work to address these issues is timely and urgent.

NAADAC has led the way for alcoholism diagnosis and treatment in the 1970's, then treatment for drug disorders in the early 1980's and combined the alcohol and drug prevention, intervention, treatment and recovery for both alcohol and drugs in the later 1980's. Currently, NAADAC leads the way in addictive and co-occurring disorders for over 100,000 addiction counselors, educators and other addiction-focused health care professionals across the nation and the globe. NAADAC's members and constituents are addiction counselors, administrators, educators, and other addiction-focused health care professionals, who specialize in addiction prevention, treatment, recovery support and education. An important part of the healthcare continuum, NAADAC members and its 47 state and international affiliates work to create healthier individuals, families and communities through prevention, intervention, quality treatment and recovery support.

After several years of progress in the fight against the opioid epidemic, data from the Centers for Disease Control and Prevention (CDC) shows that overdoses have increased to historic highs. NAADAC is pleased that Congress has provided billions of dollars in emergency funding for addiction and mental health treatment and recovery programs since the beginning of the COVID-19 pandemic. Going forward we must continue our commitment to building and maintaining a strong addiction workforce and infrastructure that can help take on our nation's growing crisis. NAADAC's recommendations are highlighted below.

Enforce Federal Parity Laws and Extend These Protections to Federal Health Programs

NAADAC supports strengthening mental health and substance use treatment parity laws and thanks Congress for passing legislation in December 2020 to address some of the current parity enforcement gaps. While the *No Surprises Act* requires health plans to conduct reviews demonstrating they are complying with parity laws, successful implementation will require federal assistance. The *Parity Implementation* Assistance Act (S. 1962), introduced by Sens. Cassidy and Murphy, authorizes \$25 million in annual grant funding to states for five years to implement the provisions in the *No Surprises Act*. We encourage the Finance Committee and Health, Education, Labor, and Pensions (HELP) Committee to work together in the months ahead to ensure adequate federal resources are available to ensure parity laws are properly enforced.

We also recommend extending mental health and substance use treatment parity to Medicare, Medicaid, and TRICARE. There are nearly 100 million Americans enrolled in these three governments administered programs that offer critical health care services for millions of beneficiaries including adults, youth, and children. Unfortunately, these programs also have limited coverage for mental health and substance use disorder services. For example, Medicare does not cover treatment services for persons with addictive disorder or the substance use disorder workforce. The travesty of this is that millions of Americans are aging and the co-occurrence of addiction and mental health continues to expand in the aging population. Aging Americans have the right to parity of addiction and mental health care throughout their life span and to ensure quality of life.

While there are many reforms needed to expand access in these programs, the bipartisan *PEERS Act of 2021* (S. 2144/H.R. 2767) would be a good first step. This legislation requires Medicare to cover certified peer support specialists in integrated settings to promote recovery for individuals with mental health and substance use conditions and to provide evidence-based services recognized by SAMHSA and covered by Medicaid.

Addiction Professional Credentials

Congress should also address the need for addiction professional credentialing. The addiction professional workforce is represented by more than 100,000 counselors, educators, and other addiction-focused health care professionals. Addiction professionals specialize in prevention, intervention, treatment, recovery support, and education, and work across a wide variety of settings including outpatient care centers, mental health and substance use disorder facilities, general medicine and surgical hospitals, and private practice clinics, as well as criminal justice agencies, juvenile detention facilities, halfway houses, detoxification centers, other social service agencies, and more.

Access to high quality, effective treatment and recovery services is critical to addressing our nation's addiction epidemic. Licensure and credentialing requirements, however, vary greatly from state to state and serve as a barrier to entry, advancement, and retention for this key segment of the workforce. The COVID-19 pandemic has also accelerated the use of telehealth as an acceptable form of assessment and treatment, so it is more important than ever that we have standardized credentials that are able to cross state boundaries and offer the support that a mobile society of people in recovery needs to have in their lives.

Historically, new members of the addiction profession have been forced to navigate without a distinct roadmap or career ladder to guide their development. In response to this issue, NAADAC, SAMSHA, and other key stakeholders come together in 2011 to develop a model scope of practice and career ladder for the addiction workforce. The model outlines reasonable and realistic scopes of practice for each level and provides clear gateways into the profession's ranks.

While licenses are state-issued authorizations to practice in a specific field, credentials are the standardbearers for experience and levels of education. Some states require credentials to attain a license while others do not grant licenses, and instead rely on various certifications to permit a provider to practice within the state. National credentials would set uniform standards for education, experience, and competency, and could be portable at both state and national levels. These standards of knowledge and competency for treating substance use disorders was supported by the work of SAMHSA and other key stakeholders and published by SAMHSA in the TAP 21 Addiction Counseling Competencies Guidelines and TAP 21-A Competencies for Substance Abuse Treatment Clinical Supervisors Manual.

We urge the committee to work with NAADAC and other stakeholders in the addiction workforce to support national credentials that have been developed to ensure standardized training and education requirements are utilized to educate, train, and credential the next generation of addiction professionals. A standard, recognizable set of addiction professional credentials would provide clarity for providers and payers, as well as assurance to individuals seeking quality, effective treatment and recovery services for themselves or their loved ones.

Enacted together, these elements would create new generations of treatment providers capable of addressing the full range of substance use disorders. It would also support individuals, families and communities in the treatment and recovery continuum to address the current opioid crisis and the next addiction crisis yet to come.

Thank you for this opportunity to provide the committee with feedback. We appreciate your leadership and look forward to working with you to pursue policies that will strengthen the addiction workforce and provide access to care for millions of Americans struggling with substance use disorders.

Sincerely,

John Whenew July

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