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# United States Senate

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October 17, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human  
Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

The Honorable Dan Tsai  
Deputy Administrator and Director  
Center for Medicaid & CHIP Services  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Blvd.  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure and Deputy Administrator Tsai:

I write to request that the Centers for Medicare & Medicaid Services (CMS) include opportunities to expand the addiction medicine physician workforce as part of forthcoming guidance on increasing access to behavioral health providers for Medicaid and Children's Health Insurance Program (CHIP) enrollees, as required by the Consolidated Appropriations Act of 2024 (CAA, 2024). I have heard from many providers and patients in Oregon about the importance of these clinicians, but persistent shortages of addiction medicine specialists hamper patients' abilities to access crucial substance use disorder (SUD) services, contributing to the devastating overdose rates we are seeing across the country.

Addiction medicine specialists are board-certified physicians providing comprehensive care for addiction and substance use-related disorders, including diagnosing, treating, and preventing SUDs. Despite their importance, fewer than 4,600 physicians are certified in addiction medicine, and around 1,500 are certified in addiction psychiatry.<sup>1</sup> Residency match data from 2024 show low fill rates of approximately 60% for addiction medicine and 51% for addiction psychiatry fellowship programs.<sup>2</sup>

The CAA, 2024 secured multiple wins in addressing SUD challenges for Medicaid and CHIP beneficiaries, including workforce issues. Specifically, it requires CMS to issue guidance by March 2026 to states on strategies to increase access to mental health and SUD providers

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<sup>1</sup> American Board of Medical Specialties, *ABMS Board Certification Report: 2023-2024* (October 7, 2024) [https://www.abms.org/wp-content/uploads/2024/09/2023\\_24\\_ABMSCertReport\\_Rev-2024-10-14.pdf](https://www.abms.org/wp-content/uploads/2024/09/2023_24_ABMSCertReport_Rev-2024-10-14.pdf)

<sup>2</sup> National Resident Matching Program, *Results and Data: Specialties Matching Service, 2024 Appointment Year* (February 13, 2024) <https://www.nrmp.org/match-data/2024/02/results-and-data-specialties-matching-service-2024-appointment-year/>

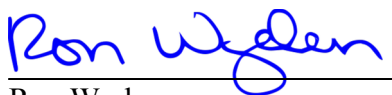
participating in Medicaid and CHIP. These approaches may include education, training, and recruitment and retention strategies, with a particular focus on rural and underserved areas.<sup>3</sup>

While increasing access to all types of behavioral health providers is paramount, I urge CMS to include in the forthcoming guidance state promising practices and opportunities to finance, support, and expand the availability of addiction medicine specialists specifically. For example, states can direct Medicaid graduate medical education (GME) funding toward mental and behavioral health specialties; Florida leverages Medicaid GME to fund residents, fellows, or interns who rotate through mental health and behavioral health facilities.<sup>4</sup>

States may also leverage Section 1115 waivers to establish loan repayment programs and other workforce initiatives—and target these programs toward behavioral health providers. For instance, New York’s recently approved Section 1115 waiver, establishes a student loan repayment program for key provider types. Psychiatrists, with a priority on child/adolescent psychiatrists, may receive up to \$300,000 in loan repayments if they commit to a four-year practice panel with at least 30% Medicaid or uninsured members.<sup>5</sup> States could use this loan repayment model to support addiction medicine physicians specifically.

These examples represent just some of the strategies state Medicaid programs can adopt to address behavioral health workforce shortages, including increasing access to addiction medicine specialists. I commend CMS’ continuous efforts to bolster behavioral health services for Medicaid and CHIP beneficiaries and look forward to working with you to make progress on this critical issue.

Sincerely,



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Ron Wyden  
United States Senator  
Chairman, Committee on  
Finance

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<sup>3</sup> Consolidated Appropriations Act, 2024, H.R. 4366, 118th Cong. (2024). <https://www.congress.gov/bill/118th-congress/house-bill/4366/text>

<sup>4</sup> Florida Agency for Health Care Administration, *Florida Medicaid: Graduate Medical Education Overview* (November 14, 2023) [https://ahca.myflorida.com/content/download/23696/file/Graduate%20Medical%20Education%20Program%20Overview%20Final\\_.pdf](https://ahca.myflorida.com/content/download/23696/file/Graduate%20Medical%20Education%20Program%20Overview%20Final_.pdf)

<sup>5</sup> New York Department of Health, *New York Medicaid Redesign Demonstration* (January 9, 2024) [https://www.health.ny.gov/health\\_care/managed\\_care/appextension/docs/2024-01-09\\_ny\\_stc.pdf](https://www.health.ny.gov/health_care/managed_care/appextension/docs/2024-01-09_ny_stc.pdf)