IC&RC

February 15, 2018

Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of its member boards, the International Certification and Reciprocity Consortium (IC&RC) welcomes the opportunity to provide comments to the Senate Finance Committee. The challenge presented to our nation by substance use and addiction must be taken seriously, and innovative approaches will be needed in this new age of health care eligibility and delivery-especially in the realm of Medicare and Medicaid.

It is a widely held misnomer that there are no national uniform standards for the substance use disorder counseling profession. There is one common thread that binds counselors across the country: credentialing. IC&RC is the global leader in the credentialing of prevention, substance use disorder treatment, and recovery professionals. Organized in 1981, IC&RC credentials are used in 48 states and territories, five Native American regions, and all branches of the U.S. military. Over half of all substance use disorder counselors in the United States hold an IC&RC credential. All IC&RC credentials are based in the latest advances in neuroscience and evidence-based practices. A substance use disorder counselor credentialed by IC&RC has undergone thousands of hours of training and supervision, as well has hundreds of hours of classroom education.

Over the past several years, the entire government has demonstrated unwavering commitment to the treatment of substance use disorders, and especially the epidemic of opioid overdoses. However, we must now face a harsh reality: **there are far from enough qualified substance use disorder professionals in the United States to meet demand.** Commitment and access to high quality care is meaningless unless we have a workforce that can provide it. A highly trained substance use disorder workforce, from prevention specialists to counselors to peers, can no longer afford to be anything but the highest priority. Current treatment services are not adequate to meet demand. According to a report commissioned by SAMHSA, there are approximately 32 providers for every 1,000 individuals needing substance use disorder treatment. In some states, the ratio is much lower. The U.S. Bureau of Labor Statistics projects that there are currently 95,000 substance use disorder counselors in the United States, and that by 2022, there will be enough demand to require over 116,000. This presents a tremendous problem, as the current treatment and recovery system is having great difficulty retaining professionals as it is.

Just as there has long been a stigma against those who suffer from the disease of addiction, there too is a stigma affecting those who work in prevention and treatment. **Addiction and substance use disorder services are reimbursed at ridiculously low rates, including rates overseen by CMS.** Regardless of the progress made in the public perception of those who abuse drugs, and the seismic shift we have seen in policy to treat addiction as a disease rather than a crime, policy makers and the public often view the substance use disorder workforce as people who were once

in recovery and are now in the profession as a result. This remains true for some, but a very high percentage of our professionals have no such background. Our profession is truly one of public health education and work experience, not only lived experience.

Yet recruiting and training substance use disorder professionals is only half of the equation: it is critical to retain them. Turnover in this part of the workforce is high, **due to low pay and high stress.** The average substance use disorder professional stays in the field for only three years. If we are to build a competent workforce, it must be an experienced one. Substance use disorder professionals are reimbursed at rates far lower than their counterparts in other areas of healthcare. This must end. **The committee must recommend to CMS that it work with states to increase reimbursement rates for substance use disorder services.** This is the only way to attract the best and the brightest: to pay them as such.

One of the greatest reasons there is such high turnover in the workforce is low pay. According to the U.S. Bureau of Labor Statistics, the average salary for a "substance abuse & behavioral disorder counselor," is $39,270. Yet a "Mental Health and Substance Abuse Social Worker," earns a median salary of $45,820 which is more of course, but both salaries fall far short of adequate, especially if substance use disorder treatment is a priority and the workforce is to be full of highly trained professionals. CMS must work to adjust this oversight. **Reimbursement is the driver of the entire health care system, and substance use disorder treatment is no exception.** As such a large percentage of treatment (over 70%) is paid for by public dollars, the public health system must find a way to increase payments for substance use disorder services. We know this will be costly, but if the federal government is serious about an investment in treating substance use disorders and addiction, it is an investment that must be made. If treatment is to be provided by highly trained professionals, it must be reimbursed as such. If we do not address the reimbursement issue, we will continue in a cycle of high turnover in the workforce, and no one - especially consumers - will benefit.

In 2012's "Vital Signs: Taking the Pulse of the Addiction Treatment Profession," by the National Addiction Technology Transfer Center (ATTC), the survey findings confirmed that facilities across the nation continue to struggle to recruit qualified professionals. Almost half (49%) of all survey respondents reported that the treatment facility at which they work has difficulties filling open positions for direct care staff. When asked why their facility had difficulties filling those open positions, clinical directors most frequently cited a lack of qualified applicants (63%) and insufficient funding (43%). Additionally, clinical directors indicated that many applicants do not meet minimum job requirements because they have little or no experience in substance use disorder treatment (50%) and insufficient or inadequate training or education (49%). In a 2017 report that followed up "Vital Signs," it was declared that heavy caseloads, particularly when combined with work anxiety and emotional exhaustion, are a significant barrier to retaining qualified professionals. Treatment agencies emphasized the workload burden of the additional paperwork, and requirements to learn new technologies such as electronic health records, as top reasons for high turnover rates. The current system is not set up to support staff who struggle to manage high caseloads. Even the most seasoned counselors are prone to compassion fatigue, especially when they feel that their patients are not improving (Corcoran, 1987).

According to the ATTC, the biggest barrier to recruitment is that salaries in the substance use disorder treatment and recovery field are lower than other professions, and often do not compensate people for obtaining advanced degrees/credentials. This is due, in part, to Medicaid and other vendors failing to reimburse treatment and recovery services at a rate comparable to other healthcare services, even though the substance use disorder services are evidence-based. Compensation remains one of the barriers to recruitment and retention cited most frequently by the Single State Agencies (SSAs) and treatment providers (ATTC). Treatment agencies struggle because the substance use disorder workforce is reimbursed at a lower rate than their colleagues with similar credentials in mental health and behavioral health, even in the same agency. Additionally, the evidence-based practices utilized in substance use disorder services are not always reimbursed which may affect the quality of care provided to patients.

We thank you for this opportunity and are hopeful you will give credence to our recommendations. Please do not hesitate to contact our federal policy liaison, Andrew Kessler at Andrew@slingshotsolutions.net if you have any questions or require more information.

Sincerely,

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