

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**HEALTH RESOURCES AND SERVICES ADMINISTRATION**

**Testimony before the United States Senate Committee on Health, Education,  
Labor, and Pensions on “Fighting Fentanyl: The Federal Response to a Growing Crisis”**

**Carole Johnson, Administrator**

**Health Resources and Services Administration**

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Chair Murray, Ranking Member Burr, and Members of the Committee:

Thank you for the opportunity to speak with you today about the work of the Health Resources and Services Administration (HRSA) to address the opioid crisis, which is increasingly a fentanyl crisis, in communities across the country. I am Carole Johnson, Administrator of HRSA, the agency of the Department of Health and Human Services that is home to the Federal Office of Rural Health Policy, community health centers, the Ryan White HIV/AIDS Program, federal behavioral health workforce training programs, and our federal investments in maternal and child health programs. Across our work, we are seeing the impact of fentanyl use in the historically underserved and rural communities that we serve, and are committed to improving access to services and growing the behavioral health workforce to address these critical needs.

In October 2021, the Department of Health and Human Services released the HHS Overdose Prevention Strategy (Strategy), which is focused on saving lives, reducing risk, and removing barriers to effective interventions. As the Strategy notes, the epidemiology of drug overdose deaths has shifted from primarily involving prescription opioids in the late 1990s and early 2000s to the current poly-drug landscape, where synthetic opioids like fentanyl and stimulants like methamphetamine are the major drivers of overdose.

Also, in recent years, there have been marked increases in overdose deaths among racial and ethnic minority populations, who are more likely to face barriers in accessing equitable treatment and recovery services. The rate of overdose deaths among non-Hispanic Black Americans more than tripled between 2010 and 2019, but Black Americans are still less likely to receive substance use disorder treatment than White Americans. At the same time, research also has shown regional variation in the types of drugs most commonly consumed and in access to services, with rural areas experiencing more challenges in treatment access compared to urban areas.

Today's testimony will review our work in rural and underserved communities to expand access to services as well as our focus on training and building the behavioral health workforce.

### **Overdose Prevention and Treatment in Rural Communities**

Rural communities are on the frontline of the surge in synthetic opioid overdoses, including fentanyl and fentanyl-laced drug overdoses. HRSA funds the Rural Communities Opioid Response Program (RCORP), a multi-year initiative aimed at reducing opioid use in rural communities that reaches over 1,500 rural communities in 47 states and has supported the provision of direct services to over two million rural residents. The RCORP initiative is aimed at meeting community needs and programs are designed through feedback received directly from rural stakeholders. Through RCORP, HRSA funds five major lines of work in rural communities addressing opioid use disorder, including:

- **Planning grants** to help rural communities conduct needs assessments, build partnerships, and develop workforce plans and otherwise build their community framework for prevention, treatment and recovery;

- **Implementation grants** to support rural communities in strengthening and expanding opioid use disorder prevention, treatment, and recovery services in rural areas;
- **Medication-Assisted Treatment expansion grants** to support the establishment and/or expansion of medication-assisted treatment in eligible rural hospitals, clinics, and tribal organizations;
- **Neonatal Abstinence Syndrome** grants to reduce the incidence and impact of Neonatal Abstinence Syndrome in rural communities by improving systems of care, family supports, and social determinants of health; and
- **Psychostimulant Program grants** to strengthen and expand prevention, treatment, and recovery services for individuals in rural areas who misuse psychostimulants and enhance their ability to access treatment and move towards recovery.

HRSA also supports three Rural Centers of Excellence on Substance Use Disorders to identify and share evidence-based programs and best practices for substance use disorder treatment, including as it relates to fentanyl and prevention in rural communities. They are: (1) the University of Rochester in New York, which focuses on addressing synthetic opioid-related overdose mortality in the Appalachian region, particularly high-need rural Appalachian counties in Kentucky, New York, Ohio, and West Virginia; (2) the Center on Rural Addiction at the University of Vermont, which focuses on treatment interventions and supports in rural communities in Maine, New Hampshire, and Vermont; and (3) the Fletcher Group in Stockbridge, Georgia in partnership with the University of Kentucky, which focuses on recovery housing in rural counties in Kentucky, Georgia, West Virginia, Ohio, Idaho, Montana, Oregon, and Washington. In addition, in partnership with the Northern Border Regional Commission, a federal-state partnership to assist the most distressed counties of Maine, New Hampshire, Vermont, and New York, HRSA supports Rural Behavioral Health Workforce Centers to train health workers and community members to support individuals with substance use disorders. HRSA also supports an online technical assistance portal to help our rural behavioral health grantees request technical assistance, find nearby grantees or grantees with a similar focus, and access a repository of resources tailored to support RCORP grantees.

In FY 2020, HRSA rural grantees trained over 44,000 providers, paraprofessional staff, and community members to administer naloxone and between September 1, 2021 and February 28, 2022, over 60 percent of award recipients reported actively distributing fentanyl test strips in their rural service area<sup>1</sup>. Yet, with almost 30 percent of rural Americans compared to 2.2 percent of urban Americans living in a county without a buprenorphine provider, HRSA believes it is critical to continually focus on expanding access to the evidence-based tools that we know work, including medication to treat opioid use disorder. To that end, HRSA recently announced the availability of \$10 million in grant funding through a new RCORP program called Medication-Assisted Treatment Access. This funding will help rural communities establish new treatment access points to connect individuals to medication, counseling, and behavioral therapies to treat opioid use disorder, with a particular emphasis on supporting new buprenorphine providers to help reach more individuals in need.

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<sup>1</sup>RCORP-awardee performance data

Last month, HRSA announced nearly \$15 million in funding to address psychostimulant misuse and related overdose deaths in rural communities. Psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy. The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl, and, increasingly, psychostimulants. Overdose deaths involving methamphetamine nearly tripled from 2015 to 2019 among people ages 18-64 in the United States, according to a study by the National Institutes of Health, which also noted that methamphetamine and cocaine are becoming more dangerous due to contamination with highly potent fentanyl, and increases in higher risk use patterns such as multiple substance use and regular use. Rural communities have made their concerns about what they are seeing with stimulant use known to us, and given the flexibility of the RCORP program, we were able to respond with these timely investments.

Looking ahead, HRSA will continue to provide critical resources to address the drug overdose crisis and remain responsive to rural community needs. We anticipate awarding more than \$90 million in additional community-based funding to help rural communities address substance use disorder and broader behavioral health care needs before the end of this fiscal year<sup>2</sup>. In FY 2023, our proposed budget focuses on expanding access to substance use prevention and treatment across rural communities.

### **Health Centers and Opioid Use Disorder**

As you know, HRSA supports 1,400 community health centers in high need, underserved communities across the country, where services are available regardless of an individual's ability to pay. The Health Center Program supports health centers that provide primary care in underserved communities across the country and health centers are increasingly focused on integrating behavioral health into primary care services. We also fund the Health Care for the Homeless Program, which supports coordinated, comprehensive, integrated primary care including substance use and mental health services for individuals experiencing homelessness. While many health centers offer a range of integrated primary care services, HRSA is committed to increasing the capacity of health centers to deliver mental health and substance use disorder services. HRSA also provides all health centers with access to technical assistance resources to promote the integration of behavioral health and substance use disorder services in primary care.

To further improve access and raise the quality of substance use disorder services, the availability of services on-site is essential. HRSA is supporting this goal by training health center clinicians to provide high quality and expanded services for those with substance use disorders. Because many communities served by health centers have a high need for substance use disorder treatment and services, many health centers have chosen to co-locate and integrate substance use disorder services reflecting efficient and effective approaches in meeting patient needs. The integration of these services can include the provision of enhanced services, such as medication-assisted treatment by primary care clinicians. Going forward, HRSA is committed to continuing to grow this footprint and expand access to opioid use disorder treatment in high need communities across the country. Further support is provided to clinicians through the Substance Use Warmline, which provides free, real-time clinician-to-clinician telephone consultation to

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<sup>2</sup> RCORP-Implementation (HRSA-22-057); RCORP-Behavioral Health Care Support (HRSA-22-061)

health centers, focusing on substance use evaluation and management for integrated primary care and behavioral health clinicians.

HRSA also supports health centers to improve their care and delivery of services by making a variety of technical assistance available. The Health Center Program Care Integration of Behavioral Health and Substance Use Disorder Services Technical Assistance focuses on integrating behavioral health services through the dissemination of evidence-based practices for health care delivery, as well as quality improvement recommendations to improve access to health care for medically-underserved and vulnerable populations. Health centers receive one-on-one support, directed to the health center's specific needs and goals. Additionally, the National Training and Technical Assistance Partners provides training and technical assistance to existing and potential health center grantees and look-alikes.

### **Ryan White HIV/AIDS Program and Opioid Use Disorder**

The Ryan White HIV/AIDS Program provides critical health care and support services for people with HIV to help them get into and stay in HIV care. This includes a range of behavioral health-focused services, including mental health services, case management, inpatient and outpatient substance use disorder treatment, and psychosocial support services. The program plays a critical role in addressing the public health crisis of opioid use disorder, including fentanyl, for people with HIV, especially within rural communities. In consideration of the opioid crisis, Ryan White HIV/AIDS Program grantees are facing the need to redouble their efforts to provide a range of needed services to the most vulnerable populations, including those who are uninsured or underinsured, meeting clients where they are and working to improve individual-level and overall public health.

HRSA supports Ryan White HIV/AIDS Program providers in addressing opioid use disorder through training, technical assistance, and funding innovative projects, including targeted projects to strengthen networks of care to respond to the opioid epidemic and ensure people with HIV and an opioid use disorder have access to behavioral health care, treatment, and recovery services. Further, HRSA also funds an initiative focused on implementing effective and culturally appropriate evidence-informed interventions for integrating behavioral health in primary care settings and identifying and addressing trauma among people with HIV. Services include recently diagnosed patients being screened for referrals to substance use treatment, mental health supports, and other services, as well as facilitating rapid institution of prophylactic medications when necessary; taking action to ensure that mental health conditions, substance use, history of trauma, low health literacy, and lack of support services among individuals living with HIV can be addressed; and cognitive-behavioral group therapy program designed to address co-occurring substance use and PTSD.

### **Health Workforce and Behavioral Health**

HRSA programs play a critical role in growing and training the behavioral health workforce, which are integral to building the capacity to improve access to mental health and substance use disorder treatment. HRSA funds:

- Scholarships and loan repayment through the National Health Services Corps where behavioral health providers receive support for committing to practice in a high need community;
- Training programs focused on recruiting and training mental health and substance use disorder clinicians such as psychiatrists, psychologists, psychiatric nurses, social workers, and marriage and family therapists;
- Training programs that help engage and retain people in mental health and substance use disorder treatment, including community health workers and peer support specialists;
- The Addiction Medicine Fellowship Program that focuses on increasing the number of board certified addiction medicine and addiction psychiatry specialists trained in providing behavioral health services, including prevention, treatment, and recovery services;
- Graduate Medical Education, including the Children’s Hospitals Graduate Medical Education Program, which supports the training of pediatric residents, including pediatric psychiatry residents, in freestanding children’s teaching hospitals, and the Teaching Health Center Graduate Medical Education Program, which supports primary care residency training, including for psychiatry, in community-based ambulatory patient care centers.

Thanks to the Bipartisan Safer Communities Act, HRSA is also working to implement new funding to support integrating behavioral health training in pediatric primary care training.

To strengthen the mental health and substance use disorder workforce, the FY 2023 budget proposes an investment of \$397 million for HRSA’s Behavioral Health Workforce Development Programs, which is \$235 million above FY 2022 enacted level. This funding will increase training of new behavioral health providers, including a track for health support workers like peers and community health workers, and place an emphasis on team-based care. To promote inclusive and equitable behavioral health care for youth, this investment will support a special focus on the knowledge and understanding of children, adolescents, and youth at risk for a mental health disorder, serious emotional disturbance, or substance use disorder.

*National Health Service Corps:*

HRSA’s largest workforce program is the **National Health Service Corps**, which has also played a significant role in combatting the overdose epidemic by growing and retaining a skilled workforce of behavioral health professionals and increasing access to opioid and SUD treatment and mental and behavioral health services in underserved communities. Thousands of behavioral health clinicians have and are serving in underserved communities through the support of the NHSC. The NHSC provides scholarships and loan repayment for clinicians, including mental health and substance use disorder providers, who commit to practice in underserved communities. In 2021, thanks to the American Rescue Plan Act of 2021, nearly 20,000 clinicians were practicing in underserved communities through the National Health Service Corps, the largest number in the 50-year history of the program.

The National Health Service Corps also received a dedicated appropriation to expand and improve access to quality opioid and substance use disorder treatment in rural and underserved areas in settings such as opioid treatment programs, office-based opioid treatment facilities, and

non-opioid outpatient SUD facilities. Funding for this **National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program** supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based substance use disorder treatment and to help prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at substance use disorder treatment facilities. More than 3,000 clinicians are practicing in the field thanks to the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program.

HRSA also support the **National Health Service Corps Rural Community Loan Repayment Program**, a program for providers working to combat the opioid epidemic in the nation's rural communities. This program has made loan repayment awards in coordination with the Rural Communities Opioid Response Program initiative to provide evidence-based substance use treatment, assist in recovery, and to prevent overdose deaths in rural communities. More than 1,200 clinicians are practicing in rural communities thanks to the National Health Service Corps' Rural Community Loan Repayment Program.

The **Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program** focuses on recruiting and retaining medical, nursing, and behavioral health clinicians and paraprofessionals who provide direct treatment or recovery support of patients with or in recovery from a substance use disorder through loan repayment in return for providing services in high need areas. Participation in this new program is open to a number of provider disciplines and specialties, including bachelor's-level SUD counselors, behavioral health paraprofessionals, and clinical support staff, that previously have not been eligible to participate in other HRSA-administered opioid-related loan repayment programs. The STAR Loan Repayment Program's first application cycle in FY 2021 made 255 awards.

*Behavioral Health Workforce Training Programs:*

The **Behavioral Health Workforce Education and Training Programs (BHWET)** for Professionals and Paraprofessionals are HRSA's primary grant program to support the training of social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, marriage and family therapists, community health workers, outreach workers, social services aides, mental health workers, substance use disorder workers, youth workers, and peers. In Academic Year 2020-2021, the BHWET Program supported training for nearly 6,500 individuals. The program aims to increase the supply of behavioral health professionals and paraprofessionals while also improving distribution of a quality behavioral health workforce and thereby increasing access to behavioral health services. The President's Budget for Fiscal Year 2023 would significantly expand investment in this critical training program.

The **HRSA Addiction Medicine Fellowship Program** focuses on increasing the number of board certified addiction medicine and addiction psychiatry specialists trained in providing behavioral health services, including prevention, treatment, and recovery services in underserved, community-based settings. In Academic Year 2020-2021, awardees trained 98 fellows in addiction medicine, including 63 graduates. Throughout the year, the fellows recorded over 61,000 hours of training and nearly 80,000 patient encounters in medically underserved communities. The **HRSA Integrated Substance Use Disorder Training Program** supports

training and expansion of the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental health and substance use disorder services in underserved community-based settings that integrate primary care and mental health and substance use disorder services, and the **HRSA Opioid-Impacted Family Support Program** trains paraprofessionals to support children and families living in underserved areas who are impacted by opioid use disorder and other substance use disorders. The **HRSA Graduate Psychology Education Program** supports innovative doctoral level health psychology programs that foster a collaborative approach to providing mental health and substance use disorder prevention and treatment services in high need and high demand areas through academic and community partnerships. In addition, HRSA recently issued a funding opportunity announcement for community health worker and other health support worker training, including peer specialists, which aims to build the workforce supporting community connections to care.

Additionally, HRSA supports the **Children's Hospitals Graduate Medical Education Program** which supports the training of pediatric residents, including pediatric psychiatry residents, in freestanding children's teaching hospitals, and the **Teaching Health Center Graduate Medical Education Program**, which supports primary care residency training, including for psychiatry, in community-based ambulatory patient care centers.

HRSA continues to take innovative steps to grow the behavioral health workforce and support the recruitment and retention of health professionals needed in underserved areas to expand access to substance use disorder treatment and prevent overdose deaths, particularly given the increasing challenges communities are facing as a result of fentanyl.

## **Conclusion**

Thank you for the opportunity to discuss HRSA's work on this critical public health issue and our commitment to continuing to take all steps that we can to combat this epidemic. We look forward to continuing to work with the Committee on solutions to the nation's overdose crisis.