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5600 Fishers Lane
Rockville, MD 20852

**Re: Information Collection Request: Substance Use Disorder Treatment and Recovery
Loan Repayment Program and the Pediatric Specialty Loan Repayment Program.**

Administrator Johnson,

The American Psychiatric Association (APA), the national medical society representing over 38,000 psychiatric physicians and their patients, appreciate the opportunity to comment on the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP) and the Pediatric Specialty Loan Repayment Program. APA supported the Consolidated Appropriations Act of 2023 funding for the STAR LRP Program, because of the need for more physicians to enter the profession to fill vital health care positions.

The increased need for mental health and substance use disorder (MH/SUD) services as a result of the pandemic has only exacerbated the significant workforce shortages facing our country. The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of over 250,000 mental health professionals, including psychiatrists, mental health and substance abuse social workers, clinical and school psychologists, and school counselors.¹

These shortages are especially pronounced in rural and underserved areas, including federally designated mental health professional shortage areas (HPSA) where nearly 160 million Americans presently reside.² The gap between need and access is particularly acute for psychiatry, with more than half of U.S. counties lacking a single psychiatrist.³ Unfortunately, the delta between demand and access for psychiatric services only figures to grow in the coming years with projections showing the country will be short between 14,280 and 31,109 psychiatrists by 2025.⁴ To establish a robust workforce trained to meet our country's current and future MH/SUD needs,

we must act now. The APA supports the STAR LRP as a tool to incentivize more physicians to enter the workforce. In particular, APA appreciates HRSA's dual focuses on pediatric and addiction medicine. Our

¹ <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>

² <https://www.aamc.org/news-insights/growing-psychiatrist-shortage-enormous-demand-mental-health-services>

³ https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf

⁴ <https://pubmed.ncbi.nlm.nih.gov/29540118/>

comments below reflect additional criteria that may be considered for identifying areas of high need for additional workforce investment.

HRSA is requesting information that should be used to assess an applicant's eligibility and qualifications for the STAR LRP and to obtain information for eligible facilities or sites. APA recommends that HRSA consider including any SUD treatment facility in automatic designation as a HPSA, similar to the designation approach for Federally Qualified Health Centers (FQHC).

This additional eligibility factor will supplement the county-based opioid overdose percentage that is currently used as one factor to qualify eligible facilities. The county-based opioid overdose percentage criteria is a challenge to use, and is often one to two years outdated. Moreover, this data is often incomplete due to procedural differences from coroners' reports, and individuals who overdose outside of the county of residence may be overlooked in the data, exacerbating barriers in access to resources that are needed in their home county.

APA also recommends HRSA incorporate Medicaid and Medicare payer mix into eligibility determination as a STAR LRP facility. For example, HRSA could assess or have sites attest to a Medicaid population above 50 percent of the total patient population and/or their overall percentage of public, (Medicaid/Medicare), privately insured, and uninsured patient percentage with a threshold for private pay. These expanded eligibility definitions would facilitate access for low-income patients in urban areas by incentivizing recruitment of workforce across the country.

APA appreciates HRSA's commitment to supporting the MH/SUD workforce. Thank you for your review and consideration of these comments. If you have any questions or would like to discuss any of these further, please contact Brooke Trainum, Director of Practice Policy, btrainum@psych.org.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin MD, MPA". The signature is fluid and cursive, with the last name "Levin" being more prominent.

Saul Levin, MD, MPA, FRCP-E, FRCPsych
CEO & Medical Director
American Psychiatric Association