

December 16, 2022

Miriam E. Delphin-Rittmon, PhD  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. Delphin-Rittmon,

The undersigned organizations are writing to express strong support for the Providers Clinical Support System Medication Assisted Treatment (PCSS-MAT) and respectfully request that the Substance Abuse and Mental Health Services Administration (SAMHSA) issue a new FOA and re-fund this vital program that fulfills a significant deficit in substance use disorder (SUD) education and training for prescribers (including physicians, physician assistants and advanced practice nurses) and allied health professionals.

PCSS-MAT does far more education and training for clinicians than provide X-waiver trainings to prescribe buprenorphine. Despite changes in the waiver training requirements, PCSS-MAT continues to see *increasing* participation from clinicians to learn more about providing medications for treating their patients with opioid use disorders. Since 2019, participation in PCSS-MAT Clinical Roundtables, for example, increased by 4,320%, while live webinar participation has also increased. From April 2021 – April 2022 over 29,000 providers completed the waiver training to be eligible to obtain their X-waiver, even with changes that allowed clinicians to prescribe without a waiver. Additionally, participation in mentoring, discussion forums and other activities continues to grow each year. Clinicians clearly want more—not less—training in treating patients with opioid use disorders (OUD), substance use disorders, and co-occurring psychiatric disorders. COVID-19 has exacerbated the existing mental health crisis and SUD, and particularly OUD, epidemic in our nation, creating even greater need for training.

The PCSS-MAT program has more than 800 educational trainings as well as resources and a mentoring program to instill skills development and confidence in treating SUD and co-occurring mental illness. PCSS-MAT resources are provided at no cost and include:

- **Live and on-demand webinars** on an array of topics pertaining to opioid use disorders, chronic pain and substance use disorders.
- **Online mentoring** to support clinicians
- **Virtual clinical roundtables** to discuss clinical cases and approaches to treatment
- **PCSS-MAT X-Change**, a course targeting prescribers and other allied health professionals in how to prescribe medications and integrate treating their patients with OUD into their clinical practice. The course also addresses barriers to treatment and provides solutions.

- **PCSS-MAT Implementation**, where clinical and implementation expert teams work with a clinical site to determine their needs and goals and develop a system for implementing treatment for OUD into their clinical practice
- **Foundational level training**, includes a 22-module course for health professionals on prevention, identification and treatment of SUD and a 14-module course on evidence-based practices for the prevention, identification and treatment and OUD and chronic pain.

Supporting evidence that providers continue to feel the need for PCSS-MAT resources, irrespective of the waiver-training requirement, between August 1, 2021, and July 31, 2022, there were:

- 37,681 online waiver training participants
- 10,018 clinical roundtable participants
- 6,927 live webinar participants and 3,804 archived webinar participants

During the pandemic, to address the rising rates of overdose deaths, federal regulations around the prescribing of buprenorphine were relaxed and providers were allowed to treat 30 or fewer patients without additional training. A [study](#) published in *the Journal of the American Medical Association (JAMA)* found that relaxing training requirements for 30-patient waivers did not significantly increase the number of new providers treating patients with buprenorphine. One of the study’s key recommendations is that “efforts should be redoubled to increase recruitment of new prescribers.”

Another *JAMA*-published [study](#) also looked at provider willingness to prescribe buprenorphine without the 8-hour training requirement and found that, “even with the removal of the 8-hour training requirement, barriers related to stigma, support for clinicians in settings with heterogenous perspectives on OUD treatment, and reimbursement difficulties remain.” The authors went on to state that their data suggests that “the challenges center on the need for professional networks that support supervision and mentorship for new clinicians and building clinical practice environments where prescribing buprenorphine is accepted.”

The PCSS -MAT program becomes all the more critical in light of the two studies’ findings.

The reach and success of PCSS-MAT comes from unprecedented collaboration of multidisciplinary healthcare practitioners representing over 2 million constituents across all of medicine from primary care to nurses, physician assistants, pharmacists, social workers, and more, to better meet the needs of people with SUDs and co-occurring psychiatric disorders. Without SAMHSA funding, this coalition will dissipate, producing a gap in training at a time when more—not less—needs to be done. A significant need remains to increase the number of healthcare providers to address the nation’s lack of adequate access to care and treatment for OUD and other SUDs and to address healthcare inequities

In closing, if our nation is ever going to see a reduction in the rates of SUDs and overdose deaths, we must have a better-trained and well-supported workforce to meet the needs of SUD patients and their families. The PCSS-MAT program is perfectly positioned with its multidisciplinary support and visibility among clinicians to increase the number of new prescribers and facilitate support networks, so providers feel comfortable beginning to treat SUDs.

The undersigned respectfully ask SAMHSA to continue to fund this important program with no gap in ongoing support.

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| American Academy of Addiction Psychiatry  | Columbia University Department of Psychiatry Division on Substance Use Disorders |
| Addiction Policy Forum  | Council on Social Work Education   |
| America Academy of Pediatrics   | Faces & Voices of Recovery   |
| American Association of Psychiatric Pharmacists   | Grayken Center for Addiction at Boston Medical Center                            |
| American Association for the Treatment of Opioid Dependence                             | International Nurses Society on Addictions                                       |
| American College of Emergency Physicians  | NAADAC, the Association for Addiction Professionals                              |
| American College of Medical Toxicology  | National Alliance for HIV Education and Workforce Development                    |
| American Chronic Pain Association   | National Association of Social Workers   |
| American Dental Association   | National Council for Behavioral Health   |
| American Society for Pain Management Nursing  | Physician Assistant Education Association  |
| Association for Multidisciplinary Education and Research in Substance use and Addiction | Society for Academic Emergency Medicine  |
| American Osteopathic Academy of Addiction Medicine                                      | The Coalition on Physician Education in Substance Use Disorders                  |
| American Psychiatric Association  | University of California, Los Angeles Integrated Substance Abuse Programs        |
| American Psychiatric Nurses Association   | University of Missouri, Kansas City  |
| American Society of Addiction Medicine  | The Voices Project   |
| American Society of Addictions Nursing  | Yale Departments of Psychiatry and Addiction Medicine                            |
| Arizona Department of Economic Security   | Young People in Recovery   |