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I am Terrence Walton, a 30-year addiction professional and the Executive Director and CEO of NAADAC, the Association for Addiction Professionals. For 52 years, NAADAC has represented the interests of substance use disorder (SUD) counselors and other non-medical addiction professionals.

I am writing regarding SOC 21-1000, “Counselors, Social Workers, and Community and Social Service Specialists,” and 21-1018, “Substance Abuse, Behavioral Disorder, and Mental Health Counselors,” as currently listed in this code. I will also reference this code as it was listed in 2018, “Substance Abuse and Behavioral Disorders Counselors.”

The changes made to this code at some point after 2018 have made it impossible to distinguish between addiction/SUD counselors, such as Master Addiction Counselors, and mental health counselors, such as Licensed Professional Counselors. While both addiction counselors and mental health counselors are accurately classified as behavioral health professionals, they represent two related yet distinct specialties.

Because many people seeking treatment suffer from co-occurring substance use and mental health disorders, there are overlaps in the basic competencies required by both SUD and MH counselors. However, the respective skill sets are not identical. Addiction/SUD counselors are uniquely qualified, trained, experienced, educated, and credentialed to treat those living with substance use and addictive disorders. The same can be said of those with mental health expertise/specialty who counsel those living with serious mental illness.

Since this change, public, private, academic, research, and non-profit entities have been unable to determine the size of the addiction professional workforce distinct from that of the MH professional workforce. Among other issues, this has made it nearly impossible to determine the extent to which the number of addiction professionals is or is not sufficient to meet the rising demand for SUD treatment during the current opioid and other drug use epidemic. The inability to classify and track them separately distorts our understanding of the true state of the addiction profession and hampers our ability to develop this critical workforce.

By their admission, many who treat serious mental illness are not equipped and able to treat those living with severe SUD/addiction competently. Likewise, many who treat

SUD/addiction are not equipped and able to treat those living with serious mental illness competently. Classifying and thereby being able to quantify them separately is essential to federal, state, and local governments, policymakers and legislators, trade and membership organizations, researchers, funders, public health officials, and other stakeholders.

Notably, addiction professionals and mental health professionals confront dramatically different external environments and internal circumstances. Factors impacting recruitment and retention differ for the two professions. The extent of stigma against those being treated and opinions about those providing treatment differs. The respective professionals' ability to be reimbursed for services differs. These and other differences are invariably less favorable to addiction professionals and those we treat.

For example, beginning January 1, 2024, Medicare expanded to cover intensive outpatient (IOP) services in various settings that frequently employ mental health professionals. However, Medicare did not expand to cover treatment at freestanding substance use disorder (SUD) IOP facilities, where many addiction professionals work and where most individuals with SUD conditions receive these services.

On behalf of addiction professionals nationwide, we request to return to a modified version of this code that was in place in 2018. Here is how it was listed and defined in 2018: 21-1011 “Substance Abuse and Behavioral Disorder Counselors, with the following definition: Counsel and advise individuals with alcohol, tobacco, drug, or other problems, such as gambling and eating disorders. May counsel individuals, families, or groups or engage in prevention programs. Excludes “Psychologists” (19-3032 through 19-3039), “Mental Health Counselors” (21-1014), and “Social Workers” (21-1021 through 21-1029) providing these services. Illustrative examples: Addiction Counselor, Alcohol and Drug Counselor, Chemical Dependency Counselor.”

We request that the 2018 classification be restored and modified to remove the stigmatizing term "abuse," as follows, 21-1011 “Substance Use and Behavioral Disorder Counselors,” with the definition, exclusions, and examples remaining as listed in 2018.

While we cannot determine why and through what mechanism the 2018 classifications were modified, we are confident the change was well-intentioned. However, the impact has harmed both professions, those we serve, and the public good. We appreciate this opportunity to comment.