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August 5, 2021

The Honorable Xavier Becerra  
Secretary, U.S. Department of  
Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

The Honorable Regina Labelle  
Acting Director, Office of  
National Drug Control Policy  
Executive Office of the  
President  
Washington, DC 20503

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

The Honorable Rachel Levine  
Assistant Secretary for Health,  
U.S. Department of Health &  
Human Services  
200 Independence Avenue,  
S.W.  
Washington, D.C. 20201

RE: ASAM's Support for the Medication Access and Training  
Expansion (MATE) Act and the Mainstreaming Addiction  
Treatment (MAT) Act

Dear Secretary Becerra, Assistant Secretary Levine, Assistant  
Secretary Delphin-Rittmon, and Acting Director Labelle,

On behalf of the American Society of Addiction Medicine (ASAM),  
a national medical specialty society representing more than 6,600  
physicians and associated health professionals who specialize in  
the prevention and treatment of addiction, I write today to  
reiterate ASAM's strong support for simultaneous passage of the  
bipartisan, bicameral [Medication Access and Training Expansion  
\(MATE\) Act of 2021](#) and the [Mainstreaming Addiction Treatment  
\(MAT\) Act of 2021](#). By enacting **both** of these critical pieces of  
legislation, the Biden-Harris Administration and Congress would  
make significant progress in combating the nation's addiction and  
overdose crisis, which tragically resulted in a record 93,000  
overdose deaths estimated in 2020.<sup>1</sup>

First, the MATE Act would require most controlled medication  
prescribers registered with the Drug Enforcement Administration  
(DEA) to have a baseline knowledge of how to identify, treat, and  
manage patients with substance use disorder (SUD). Specifically, it  
would:



- Require these prescribers to attest - on either one initial or renewal DEA application - that they are an addiction specialist physician or have completed at least 8 hours of education on treating and managing patients with SUD from one or more accredited organizations or an accredited health professional school or residency program;
- Not prevent the use of this education both for purposes of satisfying the one-time DEA registration requirement and for other purposes, such as satisfying state licensing requirements. Continuing medical education options are available at no cost to clinicians;
- Allow accredited health professional schools and residency programs to deliver the education through comprehensive SUD curricula. This would normalize and mainstream addiction medicine education and phase out the need to complete federally mandated educational hours after graduation/residency training; and
- Authorize federal grants to professional associations, universities, and other schools to develop and implement high-quality, comprehensive curricula on identifying and treating SUD.

Second, the MAT Act would eliminate what would then be a clearly redundant requirement that practitioners apply for a separate DEA waiver to prescribe buprenorphine for opioid use disorder (OUD), along with the x-waiver's patient limits and extra regulatory burdens on buprenorphine for OUD.

Millions of Americans know all too well that stigma, discrimination, and lack of understanding about SUD – including within the medical community itself – have contributed to their friends' and loved ones' difficulties with accessing timely, evidence-based care for addiction. Only 1 in 4 healthcare professionals recently surveyed in Massachusetts indicated that they received any training about addiction during their medical education; this survey also found that a shocking number of those surveyed believed – incorrectly – that OUD cannot be treated at all.<sup>2</sup> To address these challenges, we must better equip healthcare professionals across the healthcare continuum to treat addiction – and that starts with mainstreaming not only access to one medication for OUD, but medical education on how to identify, treat, and manage any SUD.

Further, the lack of adequate education in the treatment and management of patients with SUD is particularly problematic among prescribers of DEA-controlled medications. Across different clinical settings, these healthcare professionals often interact with, and have opportunities to provide effective interventions for, individuals with SUD – opportunities to help that are often missed. Passage of legislation that addresses both the elimination of the x-waiver for buprenorphine for OUD and prescriber education on SUD will be critical, as recognized by a growing number of lawmakers sponsoring federal bills that address both.<sup>3</sup> In short, it's past time for the Biden-Harris Administration to call on Congress to pass the MATE Act and the MAT Act.

Thank you for your consideration of this recommendation. ASAM stands ready to support the Biden-Harris Administration's efforts to expand timely access to evidence-based addiction treatment. Please do not hesitate to contact Kelly Corredor, ASAM's Chief Advocacy Officer at [kcorredor@asam.org](mailto:kcorredor@asam.org), with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "William F. Haning, III". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

William F. Haning, III, MD, DLFAPA, DFASAM  
President, American Society of Addiction Medicine

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<sup>1</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

<sup>2</sup> Shatterproof. Opportunities to increase screening and treatment of opioid use disorder among healthcare professionals. <https://rizema.org/wp-content/uploads/2019/07/GE-Rize-Shatterproof-White-Paper-Final.pdf> Published 2019. Accessed August 3, 2021.

<sup>3</sup> See overlapping bill sponsorship of (1) the MAT Act and either the MATE Act or the bipartisan [Safer Prescribing of Controlled Substances Act](#) and (2) the [CARA 3.0 Act of 2021](#), the latter of which includes provisions addressing both the elimination of the x-waiver and prescriber education on SUD.