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Addiction Medicine

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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 2020.¹

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.² 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.³ 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, with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'William F. Haning, III', with a stylized flourish extending to the right.

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

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

² 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.

³ 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.