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July 13, 2022

The Honorable Patty Murray
Chair
Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 7,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, I write to express ASAM's strong support for concurrent passage of S. 2235/H.R. 2067, the Medication Access and Training Expansion (MATE) Act of 2021, and S. 445/ H.R. 1384, the Mainstreaming Addiction Treatment (MAT) Act of 2021. The MATE Act would ensure controlled medication prescribers registered with the Drug Enforcement Administration (DEA) have received at least eight hours of education on treating and managing patients with substance use disorder (SUD). That education could be delivered by any properly accredited organization or, in the case of newer prescribers, a health professional school or residency program. The MAT Act would eliminate an existing administrative barrier to office-based, buprenorphine prescribing for the treatment of opioid use disorder (OUD), which requires those prescribers to apply for a separate DEA registration (aka, the "X-waiver") and subjects them to arbitrary patient limits and related DEA audits.

ASAM acknowledges that some physicians have expressed support for the MAT Act, while opposing the MATE Act. Specifically, the most recently expressed concerns are that the MATE Act reimposes a training requirement already eliminated and may create unintended consequences on patient access to care. Not only do the articulated rationales for said concerns lack important context, but the facts speak to the contrary.

ASAM Supports Measures that Facilitate Greater Access to Addiction Care; These Measures Include the HHS Practice Guideline, the MAT Act, and the MATE Act

One rationale given for opposing the MATE Act is that, on April 28, 2021, the Secretary of the Department of Health and Human Services (HHS), after consultation with several federal agencies, issued a [new practice guideline](#) which removed the X-waiver's training requirement for physicians who prescribe controlled medications to treat a patient's OUD. A closer read of the practice guideline reveals, however, that its applicability is limited to prescribers who treat no more than thirty of such patients at any one time; the practice guideline does not remove the X-waiver's training requirement for any prescribers treating larger numbers of such patients.

After its release, ASAM [applauded](#) the practice guideline, while also calling on Congress to secure an "elimination of buprenorphine-specific training requirements, patient limits, and DEA audits, as well as the separate X-waiver application, for DEA-registered prescribers, while ensuring these clinicians receive baseline training on treating patients with substance use disorder." ASAM's support for the practice guideline reflects the fact that, unlike the MATE Act, the X-waiver's training requirement involves completion of a pre-determined, eight-hour (and in the case of advanced registered nurse practitioners and physician assistants, a pre-determined, 24-hour) training course which focuses on one medication for OUD (buprenorphine). In addition, the X-waiver training course can only be delivered by a small group of medical organizations. Under the MATE Act, prescribers who have yet to take at least eight, qualifying hours on the treatment and management of patients with SUD can pick the SUD treatment course(s) that best meet their needs. These course(s) can be delivered by a wide variety of medical organizations spanning all areas of specialty medicine. Back in April 2021, ASAM also [commended](#) HHS for explicitly recognizing in its practice guideline that SUD education is not yet uniformly integrated into medical education and for strongly encouraging colleges of medicine and training programs to develop or to continue implementing comprehensive training in SUD diagnosis and management as a component of their core, required curriculum.

In short, supporting the HHS practice guideline – and its limited removal of an outdated, "opt-in," and misplaced training requirement on one OUD medication - is in no way incongruent with strongly supporting concurrent passage of the MAT and MATE Acts. Several members of the U.S. House of Representatives are co-sponsors of both the MAT and MATE Acts. The lead House sponsor of the MAT Act, Representative Tonko, is an original co-sponsor of the MATE Act. The lead House sponsor of the MATE Act, Representative Trahan, is a co-sponsor of the MAT Act. Key provisions of the MATE and MAT Acts were included in [H.R. 7666, the Restoring Hope for Mental Health and Well-Being Act of 2022](#), which overwhelmingly passed the U.S. House of Representatives, on a bipartisan basis, just last month. Just this week, in a national publication, the Biden Administration's former acting director of the National Drug Control Office describes the importance of educating all healthcare professionals on evidence-based addiction treatment and highlights provisions in the bipartisan Restoring Hope for Mental Health and Well-Being Act requiring addiction education for controlled substance licensees.ⁱ

Interestingly, the HHS practice guideline characterizes the X-waiver’s training requirement as a “perceived” barrier. Recent, real-world evidence suggests “perceived” may be an accurate descriptor. Increases in the number of clinicians with a X-waiver slowed during the COVID-19 pandemic, and the practice guideline’s relaxation of the X-waiver’s training requirement did not ameliorate it.ⁱⁱ Rather, evidence suggests that treatment capacity improved as more prescribers who had taken the eight-hour (or twenty-four-hour) training course transitioned to 100-patient and 275-patient waivers.ⁱⁱ

The MATE Act: Mainstreaming Addiction Medical Education

The acute shortage of healthcare professionals with clinical competency in treating and managing patients with SUD is a core weakness of U.S. health care. For far too long, stigma, discrimination, and lack of understanding about SUD have contributed to many Americans’ difficulties with accessing timely, evidence-based care for addiction. Only one in four healthcare professionals received any training about the disease of addiction during their medical education in one state survey, and a substantial number of those surveyed incorrectly believed that OUD cannot be treated at all.ⁱⁱⁱ Studies have shown that stigma among health professionals towards patients with SUD is common and acts as a barrier to quality care.^{iv} And while there is a lack of adequate education in the treatment and management of patients with SUD across the medical profession, it is particularly troublesome to find it among prescribers of controlled medications.

To help address this problem, the MATE Act would require controlled medication prescribers to attest—on their initial or renewal DEA application—that they are an addiction specialist physician or have completed at least eight hours of education on treating and managing patients with SUD (i.e., it is not restricted to OUD). As previously noted, this education may be delivered by any properly accredited organization, or, for newer prescribers, a health professional school or residency program. By allowing accredited health professional schools and residency programs to deliver the required education, through comprehensive SUD curricula, the MATE Act would help accelerate the mainstreaming of medical education on treating and managing patients with SUD and phaseout the need for future, DEA-prescriber applicants to complete any federally mandated educational hours after health professional school graduation/residency training.

Moreover, the MATE Act would help to engage patients with SUD in earlier stages of the development of the disorder. In 2020, there were a staggering 40.3 million Americans with a past-year substance use disorder (SUD).^v Currently available medical treatment is far more oriented toward treating severe SUD, defined by 6 or more DSM-V symptoms and comprising only 4 to 5 percent of the adult population.^{vi} Mild to moderate SUD, defined by 2 to 5 DSM-V symptoms, represents an astounding 13 percent of the adult population and accounts for far more substance use-related harms to society.^{vi} To date, few efforts have focused on facilitating clinician education on identifying and intervening at early-stage SUD in mainstream healthcare settings, at great cost to American families.^{vi}

While most states have continuing medical education (CME)^{vii} requirements related to safer opioid prescribing or pain management, only about 20 percent of state education requirements for physicians mention educational content on the disease of addiction or SUD, and some of those states mention this

content as merely one option.^{viii} With its laser focus on education on the treatment and management of patients with SUD, the MATE Act would round out these already-existing CME requirements, while in no way placing a condition on state medical licensure or interfering with a state's ability to place educational requirements of its own. By ensuring more controlled medication prescribers receive at least a minimal amount of SUD-related education – whether they treat patients who have SUD or who have SUD and one or more co-occurring conditions, such as moderate to severe pain, cancer, mental illness, cough, attention disorder, anxiety, seizure, or a sleeping disorder– the MATE Act represents a significant improvement from present day.

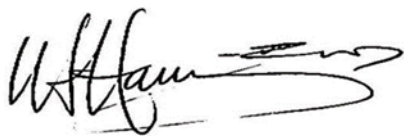
State Mandatory CME Requirements on Controlled Substance Prescribing Have Not Resulted in Shortages of DEA-Licensed Physicians

Another reason given for opposition to the MATE Act is a fear that physicians will forgo registering with the DEA to prescribe controlled substances for the sole purpose of avoiding eight hours of education on treating and managing patients with SUD. This fear is unfounded. Most states already mandate CME,^{ix} and CME hours are also used by physicians to satisfy requirements of hospital credentialing bodies, medical specialty certifying boards, and other organizations.^x The idea that a physician would forgo their DEA license just to avoid taking eight CME hours to learn about SUD, much less merely setting aside eight hours of already-required CME hours imposed by various states or entities, is far-fetched. By its own terms, the MATE Act would in no way prevent the use of SUD-related CME taken for the purposes of satisfying the MATE Act's requirement from also satisfying such other requirements. Even more to the point, there is no evidence that states like Washington and North Carolina, which already have state CME requirements as a condition of controlled medication prescribing,^{ix} are facing a shortage of DEA-registered controlled medication prescribers relative to states that do not have such requirements.

Conclusion

For years, policymakers have been attempting to ameliorate the lack of medical education related to patients with SUD. Concurrent passage of the MATE and MAT Acts represents a synergistic policy combination that will help mainstream and expand access to addiction education and care. If there is ever a time and place for federal intervention into educational requirements for DEA-licensed prescribers, that time is now - and that place is in the treatment of substance use disorder in the United States of America.^{xi}

Sincerely,



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

ⁱ LaBelle, Regina. Reduce the Stigma to Help People with Substance Use Disorder. The Washington Post. July 11, 2022. <https://www.washingtonpost.com/opinions/2022/07/11/reduce-stigma-help-people-with-substance-abuse-disorder/>.

ⁱⁱ Spetz J, Hailer L, Gay C, et al. Changes in US Clinician Waivers to Prescribe Buprenorphine Management for Opioid Use Disorder During the COVID-19 Pandemic and After Relaxation of Training Requirements. *JAMA Netw Open*. 2022;5(5):e225996. doi:10.1001/jamanetworkopen.2022.5996

ⁱⁱⁱ Davidson C, Bansal C, Hartley S. Opportunities to Increase Screening and Treatment of Opioid Use Disorder Among Healthcare Professionals. Published online 2019. <https://rizema.org/wp-content/uploads/2019/07/GE-RizeShatterproof-White-Paper-Final.pdf>

^{iv} Leonieke C. van Boekel, Evelien P.M. Brouwers, Jaap van Weeghel, Henk F.L. Garretsen, Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review, *Drug and Alcohol Dependence*, Volume 131, Issues 1–2, 2013, Pages 23-35, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2013.02.018>

^v SAMHSA. 2020 National Survey of Drug Use and Health (NSDUH) Releases | CBHSQ Data. Published 2021. Accessed May 30, 2022. <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>

^{vi} McLellan AT, Koob GF, Volkow ND. Preaddiction-A Missing Concept for Treating Substance Use Disorders. *JAMA Psychiatry*. Published online July 6, 2022. doi:10.1001/jamapsychiatry.2022.1652

^{vii} AMA Policy: Support for Continuing Medical Education H-300.958 (2017). Accessed July 12, 2022.

<https://policysearch.ama-assn.org/policyfinder/detail/Continuing%20Medical%20Education?uri=%2FAMADoc%2FHOD.xml-0-2376.xml>.

(stating that the AMA “supports the concept of lifelong learning by recognizing the importance of continuing medical education as an integral part of medical education, along with undergraduate and graduate medical education”).

^{viii} Duke-Margolis Center for Health Policy. Margolis-FDA Convening: Reconsidering Mandatory Opioid Prescriber Education Through a Risk Evaluation and Mitigation Strategy (REMS) in an Evolving Crisis. 2021. Accessed July 12, 2022. <https://healthpolicy.duke.edu/sites/default/files/2021-10/Landscape%20Analysis%20-%20Reconsidering%20Mandatory%20Opioid%20Prescriber%20Education%20Workshop.pdf>

^{ix} Federation of State Medical Boards. Continuing Medical Education | Board by Board Overview. Published online December 7, 2021. <https://www.fsmb.org/siteassets/advocacy/key-issues/continuing-medical-education-by-state.pdf>

^x AMA PRA Credit System Frequently Asked Questions. Accessed July 12, 2022. <https://www.ama-assn.org/system/files/2019-09/cme-provider-faq.pdf>.

^{xi} Interlandi J. Opinion | Experts Say We Have the Tools to Fight Addiction. So Why Are More Americans Overdosing Than Ever? *The New York Times*.