November 27, 2019

The Honorable Richard Neal
Chairman, House Committee on Ways and Means
United States House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member, House Committee on Ways and Means
United States House of Representatives
1139 Longworth House Office Building
Washington, DC 20515

Re: Committee on Ways & Means' Rural and Underserved Communities Health Task Force (Task Force) Request for Information

Dear Chairman Neal, Ranking Member Brady, and Task Force Co-Chairs,

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing over 6,000 physicians and other health professionals who are dedicated to the prevention and treatment of addiction, thank you for the opportunity to provide ASAM's input on priority topics, identified by the Task Force, that affect health status and outcomes in rural and underserved communities. Specifically, this letter will focus on federal policy efforts needed to further strengthen safety and care quality for patients with addiction in health systems that provide care to rural and underserved populations

The current addiction treatment workforce in rural and underserved communities is too small and severely under-equipped to meet the needs of these Americans. There are too few physicians and other clinicians with the requisite knowledge and training to prevent, diagnose, and treat addiction—a chronic medical disease that, like diabetes or heart disease, requires medical treatment. The current treatment gap in these populations will never be closed unless the addiction treatment

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workforce is strategically expanded to reach rural and underserved areas physically and virtually.

To make a meaningful and sustainable impact on the current opioid overdose epidemic, and to stave off emerging epidemics related to other addictive substances such as cocaine, benzodiazepines or methamphetamine, it is imperative that our country make strategic investments to support addiction training programs and incentivize clinicians to specialize in the prevention and treatment of addiction. The need for frontline intervention in these communities is dire – and action is needed now. The longer we wait to expand the addiction treatment workforce in rural and underserved communities, the worse the crisis will get—costing billions of dollars in lost wages, lower productivity, higher treatment costs and most tragically, thousands of lives.

As a result, ASAM would like to call your attention to the following three critical pieces of federal legislation that would help address this addiction treatment shortage:

1. Opioid Workforce Act of 2019 (H.R. 3414);
2. Medication Access and Training Expansion (MATE) Act (H.R. 4974); and
3. Humane Correctional Health Care Act (H.R. 4141).

Opioid Workforce Act of 2019 (H.R. 3414)

This legislation would help address the national shortage of addiction physician specialists by increasing the number of resident physician positions available in hospitals that either have or are developing residency programs in addiction psychiatry or addiction medicine (or pain medicine). Hospitals may also receive slots for the associated number of residents training in a pre-requisite program necessary for the number of residents that will train in those programs.

As of November 2019, there are only 59 ACGME-accredited addiction medicine fellowships programs across the country.[1] By contrast, there are over 250 accredited programs in sports medicine, according to the Accreditation Council for Graduate Medical Education.[2] Recognizing this urgent need, the President's Commission on Combatting Drug Abuse and the Opioid Epidemic has recommended quickly ramping up the numbers of addiction medicine fellowships

[1] Number of Fellowships Growing with ACGME Accreditations. Accessed November 19, 2019. http://www.acaam.org/first-acgme-accreditations/

[2] Accreditation Council for Graduate Medical Education. "Number of Accredited Programs by Academic Year 2018-2019. Accessed January 31, 2019. https://apps.acgme.org/ads/Public/Reports/Report/3

to address the opioid crisis - to 125 fellowship slots by 2022.[3] By 2021, fellowships may be the only pathway for physicians to take the addiction medicine certification exam. The paucity of fellowship slots limits the number of future addiction physician specialists who will be trained and qualified to help close the current treatment gap and lead the medical response to emerging substance use crises.

Medication Access and Training Expansion (MATE) Act (H.R. 4974)

This bill would require all DEA controlled medication prescribers to receive one-time training on treating and managing patients with addiction, unless such a prescriber is otherwise qualified. The training would also satisfy the DATA 2000 X-waiver training requirement to prescribe certain medications for addiction treatment, like buprenorphine, as long as a separate DATA 2000 X-waiver is still required by law. Importantly, the MATE Act would allow accredited medical schools, residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirement through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of such education with an outside medical society or state licensing body. This would help normalize addiction medicine education across professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction training course.

For too long, addiction medicine has been siloed from the rest of the U.S. healthcare system. This separation perpetuates cultural stigma and misunderstanding about addiction, ultimately preventing far too many American from accessing evidence-based care for a chronic, treatable disease. To shatter the stigma surrounding addiction, especially in rural and underserved communities, we must equip medical professionals across the healthcare continuum to understand and treat addiction – and that starts with standardizing and expanding training. Even the White House Office of National Drug Control Policy, in its January 2019 National Drug Control Strategy report, calls for "training, professional incentives for entering the workforce, and establishing a greater level of standardization for care" to equip the addiction service workforce to provide support service across all settings, from prevention through treatment and recovery.[4] ASAM urges members of this Committee and Task Force to support this critical piece of legislation.

[3] The White House. "The President's Commission on Combating Drug Addiction and the Opioid Crisis." November 1, 2017

[4] The White House Office of National Drug Control Policy. "National Drug Control Strategy." January 2019.

Humane Correctional Health Care Act (H.R. 4141)

This legislation would eliminate the Medicaid Inmate Exclusion, which largely prohibits states from using federal Medicaid matching funds to cover health care services for individuals who are incarcerated in public institutions. Such an antiquated policy puts an enormous burden on state and local budgets – funds that could otherwise be used to provide increased access to community-based care in communities that need it most. Furthermore, there's likely no more underserved and marginalized population in America today than people who are incarcerated in America's jails and prisons.

Specifically, the risk of opioid-related overdose death dramatically increases in the first days and weeks after an individual with untreated opioid use disorder is released from jail or prison.[5] A recent joint policy statement by ASAM and the American Correctional Association (ACA) recommends that all individual detainees at jails and prisons should be screened for opioid use disorder (OUD) and that addiction treatment medications, behavioral health treatment, and support services should be considered for all individuals with OUD, as outlined in The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.[6] Passing legislation to increase access to evidence-based addiction treatment, including the use of medications, and facilitate the connections to community-based care for individuals released from the criminal justice system should be a key part of a comprehensive Congressional response to addressing the health care needs of underserved communities. ASAM urges your support of this critical piece of legislation.

[5] Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. Ann Intern Med 2013 Nov 5; 159(9): 592–600.

[6] ASAM. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015).

Thank you for the opportunity to provide ASAM's recommendations on federal policy efforts needed to further strengthen safety and care quality for patients with addiction in health systems that provide care to rural and underserved populations. If you have any questions or concerns, please contact Kelly Corredor, Vice President, Advocacy and Government Relations at kcorredor@asam.org or 301-547-4111.

Sincerely,

Paul H. Earley, MD, DFASAM
President, American Society of Addiction Medicine

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