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July 1, 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 physician and medical student members of the American Medical Association (AMA), I am writing to express our strong support for the "Mainstreaming Addiction Treatment (MAT) Act," H.R. 1384/S. 445, which would increase access to evidence-based treatment for opioid use disorder (OUD). The MAT Act would end longstanding administrative barriers to prescribing buprenorphine in-office for the treatment of OUD and will play an important role in helping millions of patients access evidence-based care. The MAT Act is a very positive step to help end the nation's drug-related overdose and death epidemic, which now claims more than 100,000 American lives each year.

We appreciate the changes that were made to the MATE Act from the version introduced in the 116th Congress, specifically regarding the deletion of detailed curricular content and the addition of a practitioner grant program. However, the AMA remains deeply concerned by and opposes S. 2235/ H.R. 2067, the "Medication Access and Training Expansion (MATE) Act of 2021," because—unlike the MAT Act—the MATE Act creates new barriers to care that will not have a meaningful effect on reducing drug-related overdose or death. This legislation would require all physicians and other health professionals who prescribe controlled substances in Schedules II, III, IV, or V, unless otherwise exempted, to complete eight hours of mandatory education on treatment and medication management of patients with opioid and other substance use disorders (SUDs) as a condition of their Drug Enforcement Administration (DEA) registration.

The AMA is especially concerned about the likely unintended consequences on patient access to care due to adoption of the MATE Act. On April 28, 2021, the Secretary of the Department of Health and Human Services, after consultation with the DEA, the Director of the National Institute on Drug Abuse, the Commissioner of Food and Drugs, and the Administrator of the Substance Abuse and Mental Health Services Administration, published in the *Federal Register* a new practice guideline that removed the requirement for physicians who prescribe medication to treat OUD to complete eight hours of education on treatment and medication management. The practice guideline "specifically addresses reported barriers of the training requirement" for physicians becoming certified to treat OUD with medication by removing the requirement.

By reimposing the eight-hour education requirement that was just lifted 14 months ago, adoption of the MATE Act would reinsert a barrier to care for patients with OUD that all of the federal agencies that focus on the nation's drug overdose epidemic have already agreed needed to be removed. The MATE Act would not only reinsert this barrier for SUD care, it would also extend it to every other condition that

might require controlled substances, including moderate to severe pain, cancer, mental illness, cough, attention disorders, anxiety, seizures, sleeping disorders, and obesity. There could be serious unintended consequences for patient care were many physicians to forgo registration with the DEA to prescribe controlled substances instead of taking the eight-hour training. This could have the opposite of the MATE Act's intended effect by leading to fewer instead of more physicians and other health professionals having the ability to treat opioid and other SUDs with evidence-based medications. It could lead to less access for patients with psychiatric and other mental health conditions that are effectively managed with controlled substances having access to medically necessary care. There could be severe consequences for patients with painful conditions or postoperative pain obtaining effective pain control as far fewer physicians may be able to prescribe any scheduled medications for them. In addition, physicians who do continue to be registered with the DEA could be inundated by patients who no longer could be treated by their usual source of care. This includes a sharp increase in patients who are forced to seek care in the emergency department (ED)—placing unnecessary and inappropriate stress on EDs, which should not be used for routine, primary care, or ongoing care for chronic conditions. This shift to the ED, moreover, would greatly increase costs to patients and cause many others to forgo treatment, creating a ripple effect of worsening care and increased costs across the U.S. health care system.

This eight-hour training requirement in SUD treatment for all physicians who prescribe any controlled substance is unprecedented and there is no research available to inform whether it would generate any increase in the number of physicians or health professionals treating patients with SUD.

While the AMA strongly supports efforts by the medical community to enhance education for physicians to help reverse the nation's drug overdose epidemic, the AMA has longstanding policy opposing federal intervention or mandates on educational standards for physicians, especially as a condition of licensure. The mandate also directly interferes with state licensing and professional accrediting bodies that have responsibility to design and implement appropriate educational standards for the training of physicians.

There is no evidence showing that a one-time mandated education requirement, as the MATE Act requires, will have the result that we all want, which is improving patient outcomes and stopping patients from dying from a drug-related overdose. In response to increasing numbers of people dying from a drug related overdose, beginning in 2016-2017, states began enacting mandates to restrict opioid prescribing, require use of state prescription drug monitoring programs and require prescribers to take specific continuing medical education (CME) classes. These policy interventions have not had a positive effect on reducing drug-related overdose or increasing access to evidence-based treatment for SUDs. This includes the 40 states with mandated CME requirements. A one-time training mandate for SUDs, no matter how well-intentioned, will not have meaningful impact on reducing drug-related overdose for the same reasons state-level CME mandates have not had the desired effect.

Some argue that forcing physicians and others to take this education will lead to tens of thousands more patients receiving care for SUD. In fact, there are more than 100,000 physicians and other health professionals already with a federal "x-waiver" to prescribe buprenorphine for opioid use disorder, but only a small fraction see patients with OUD. Also, insurance networks are inadequate throughout the nation, and health insurers deny care for OUD on a regular basis. Requiring all physicians to take this eight-hour CME will not fix the current infrastructure challenges facing patients with OUD.

For education to be effective, it has to be foundational. This is why we support grant programs to help medical schools and residency programs to implement enhanced education efforts. The AMA has strongly supported medical schools and residency programs incorporating training on the broad range of issues

essential to end the epidemic, i.e., SUDs, pain management, and harm reduction. The AMA also continues to urge physicians to enhance their education on SUD care, pain management and evidence-based harm reduction initiatives. In addition, the AMA regularly promotes and updates more than 400 state, specialty, and other resources provided by the nation's medical societies and other leading institutions.

To increase access to evidence-based care and improve patient outcomes, the AMA is working to remove health insurer prior authorization barriers, address inadequate SUD networks and strongly supports enforcement of ongoing mental health/SUD parity violations. We stand ready to work with Congress to take action on evidence-based measures to end the epidemic, including removing the x-waiver—as the AMA-supported MAT Act of 2021 would do, finalizing SUD telemedicine, providing the U.S. Department of Labor increased authority to enforce mental health and SUD parity laws, removing arbitrary dose thresholds for patients with pain, increasing access to harm reduction initiatives, and making naloxone available over the counter. These measures will help patients and physicians.

For all the aforementioned reasons, the AMA strongly supports the advancement of MAT Act within the HELP Committee and remains opposed to the MATE Act and its potential harm to patient access to care.

Sincerely,

James L. Madara, MD

cc: Senator Michael Bennet
Senator Susan Collins