



ASAM American Society of
Addiction Medicine

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Chair of ASAM's Legislative Advocacy Committee Testifies at Congressional Hearing in Favor of Strengthening America's Addiction Treatment Workforce and Increasing Access to Addiction Treatment

Dr. Shawn Ryan urges lawmakers to advance bills that would ensure the treatment of addiction is taught, standardized, and covered throughout the United States

ROCKVILLE, MD. – Shawn Ryan, MD, MBA, FASAM, Chair of the American Society of Addiction Medicine's (ASAM) Legislative Advocacy Committee testified before the US House Committee on Energy and Commerce, Health Subcommittee today during a hearing titled, "Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders." While recognizing the diligent and dedicated work Congress has done over the past five years to advance crucial legislation to address the ongoing addiction crisis, Dr. Ryan urged members of the committee to seize the opportunity to create a sustainable and robust addiction prevention and treatment infrastructure.

"ASAM is actively building, implementing, and advocating for the tools and resources to secure a foundation for addiction treatment in this country that will save lives," Dr. Ryan told lawmakers. "To be truly effective, this requires an 'all hands-on deck' approach by the medical community, payers, and policymakers to drive demand toward quality, evidence-based care."

Dr. Ryan outlined the gaps in the country's addiction prevention and treatment infrastructure related to medical school curriculum, the standardization of the delivery of individualized addiction care, and adequate health insurance coverage. For example, there are roughly [3,000 board-certified addiction specialist physicians](#) in the US, according to a recent report by the American Board of Medical Specialties (ABMS), and according to a recent [survey](#), only one in four Massachusetts healthcare providers

report receiving training on addiction during their medical education. Despite being part of evidence-based care for opioid use disorder (OUD), access to lifesaving medications such as buprenorphine and methadone can be elusive to patients.

SAMHSA [estimates](#) that less than four in ten patients with OUD receive treatment with medications, while there are [approximately 2 million](#) Americans living with OUD. For vulnerable populations such as persons who are incarcerated, the risk of overdose is particularly high because those who are in treatment prior to incarceration may be forced to discontinue treatment, and those with untreated OUD are often not offered evidence-based and life-saving treatment upon entering jail or prison, thereby reducing their opioid tolerance. With overdose deaths reaching historic highs in recent years, lawmakers must make evidence-based reforms in order to strengthen the nation's addiction prevention and treatment infrastructure and save lives.

Specifically, Dr. Ryan urged Congress to focus its legislative action on three areas:

1. Increasing the number of qualified, well-trained addiction treatment professionals and ensuring all healthcare professionals receive basic training in addiction prevention, diagnosis, and treatment. Addiction medicine must be adequately taught to those who are, and will be, on the frontlines of this crisis;
2. Standardizing the delivery of individualized addiction care to ensure our nation's addiction prevention and treatment infrastructure can meet the needs of those with substance use disorder (SUD). This will involve rethinking how the United States targets grant programs and holds grantees accountable for the funds they receive; and
3. Reforming payment policies and strongly enforcing mental health and addiction parity so that people suffering from substance use and mental health disorders are adequately covered for high-quality, comprehensive care.

The subcommittee heard testimony on several bills, including three supported by ASAM that would strengthen the addiction treatment workforce by increasing the number of addiction specialist physicians, training all controlled medication prescribers on assessing and treating SUD, and removing unnecessary regulatory burdens to prescribing buprenorphine for treatment of OUD. Those bills are:

- **The Opioid Workforce Act (H.R.2439)**, legislation that would provide an additional 1,000 Graduate Medical Education (GME) slots to qualifying hospitals with approved programs in addiction medicine, addiction psychiatry, pain medicine, and corresponding prerequisite programs.

- The **Medication Access and Training Expansion (MATE) Act (H.R.4974)**, **legislation that** would require all DEA controlled medication prescribers to have a baseline knowledge of how to prevent, identify, treat, and manage patients with SUD and would allow accredited medical schools and residency programs and schools training future physician assistants and advanced practice registered nurses to fulfill the training requirement through comprehensive curriculum.
- **The Mainstreaming Addiction Treatment (MAT) Act (H.R.2482)**, legislation that ASAM urged be passed after or concurrent with the passage of the **MATE Act**, which would eliminate what would then be a clearly redundant requirement that practitioners apply for a separate DEA waiver to prescribe buprenorphine for addiction treatment, along with the waiver's patient limits and extra regulatory burdens.

Additionally, Dr. Ryan underscored the need to standardize the delivery of individualized addiction care by ensuring the nation's addiction prevention and treatment infrastructure can meet the needs of those with SUD and is aligned with the science.

To that end, Dr. Ryan expressed ASAM's support for:

- **The State Opioid Response Grant Authorization Act (H.R. 2466)** with amendments to (1) align its authorized funding with the FY20 enacted amount of \$1.5 billion; (2) authorize the use of funds to allow for treatment of stimulant use disorder, and (3) strengthen the program by applying a long-standing, bipartisan provision from the Ryan White CARE Act that would require certain grantees to enroll as Medicaid providers, beginning in FY21.

With regard to reforming payment policies, Dr. Ryan urged the passage of the **Medicaid Reentry Act (H.R.1329)** or the **Humane Correctional Health Care Act (H.R.4141)** that would improve insurance coverage of addiction treatment as it relates to persons who are incarcerated.

"As you can see, there isn't a lack of good ideas, and we know what to do to treat addiction and save lives," Ryan testified. "Sadly, to date, our nation hasn't fully tackled the addiction and overdose crisis like the systemic problem that it is. We know that systemic change – disrupting the status quo that is falling short of its potential – is exceptionally difficult and won't happen overnight. But given the magnitude of the problem we face, it is both necessary and worth it to end this suffering being experienced across our nation, in our communities, and by American families."

To read Dr. Ryan's complete testimony and view video from the hearing, [CLICK HERE](#).

About ASAM

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.

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