



ASAM American Society of
Addiction Medicine



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**Partnership
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Young People in Recovery



SMART Recovery
Self-Management and Recovery Training



**THE KENNEDY
FORUM**

FOR IMMEDIATE RELEASE

November 1, 2019

Statement by Leading Addiction Stakeholders Endorsing Federal Bill to Expand Medication Access and Training for Addiction Treatment

Leading addiction prevention, treatment, and recovery stakeholder groups today endorsed the Medication Access and Training Expansion (MATE) Act. Together, they released the following joint statement:

Cultural stigma and lack of understanding about addiction have prevented far too many Americans from accessing evidence-based care for this chronic, treatable disease. For too long, addiction medicine has been siloed from the rest of the U.S. healthcare system. To shatter the stigma surrounding addiction, we must equip medical professionals across the healthcare continuum to understand and treat addiction – and that starts with standardizing and expanding medication access and training.

For these reasons, we endorse the Medication Access and Training Expansion (MATE) Act, newly introduced legislation by Representative Lori Trahan (D-MA), along with lead sponsors, Representatives Jack Bergman (R-MI), David Trone (D-MD), Buddy Carter (R-GA), Ann Kuster (D-NH), and Hal Rogers (R-KY), and original sponsors, Representatives Paul Tonko (D-NY), Max Rose (D-NY), Chris Pappas (D-NH) and Jason Crow (D-CO), that would ensure all Drug Enforcement Administration (DEA) controlled substance prescribers have a baseline knowledge of how to prevent, identify, treat, and manage patients with substance use disorder (SUD).

The MATE Act would require all DEA controlled substance prescribers to receive one-time training on treating and managing patients with SUD, unless such a prescriber is otherwise qualified. The legislation 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 will 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.

The MATE Act would address a critical need for training in addiction medicine. According to a recent [survey](#) conducted by Shatterproof in partnership with the Massachusetts Medical Society (MMS), only 1 in 4 providers had received training on addiction during their medical education. Less than one-third of emergency medicine, family medicine, women’s health or pediatric providers felt “very prepared” to screen, diagnose, provide brief intervention for, or discuss or provide treatment for, opioid use disorder (OUD). Perhaps most troubling, less than half of emergency medicine, family medicine and internal medicine providers surveyed believed that OUD is treatable.

By better educating the medical workforce about safe and effective treatment for addiction, we have a powerful opportunity to improve care for the millions of Americans living with SUD, which is a complex disease of the brain, not a moral failing. We see a future where addiction prevention, treatment, remission, and recovery are accessible to all—and profoundly improve the health of individuals at risk of and living with addiction.

It is past time for the entire medical community to reckon with addiction. The value of lives lost is incalculable. Congress must act now and pass the MATE Act.

American Society of Addiction Medicine (ASAM)
CADA of Northwest Louisiana
Center on Addiction
Connecticut Certification Board
Faces & Voices of Recovery
National Council for Behavioral Health
National Safety Council
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