



Advocating for Communities: Increasing access to treatment for substance use disorder.

Expand access to treatment including medications for substance use disorder and bolster the addiction medicine physician workforce.

The United States is in the midst of an ongoing epidemic of illicit drug-related overdoses and deaths, stemming largely from illicitly manufactured opioids including fentanyl, fentanyl analogs, and heroin, as well as methamphetamine and cocaine. According to the Substance Abuse and Mental Health Services Administration, in 2017 and estimated 20.7 million Americans over the age of 12 had a substance use disorder (SUD) related to alcohol or illicit drug use, but only 1.5 percent received any substance use treatment. Moreover, according to the Centers for Disease Control and Prevention, over the past year, nearly 106,000 Americans died of a drug-related overdose. The U.S. is experiencing a shortage of methadone, which is one of only three medications approved by the Food and Drug Administration to treat opioid use disorder (OUD). Additionally, growing shortages in our health care workforce to adequately treat those suffering with SUD, including OUD, continues to exacerbate this crisis facing our communities. Lack of access to medication treatment and physicians to treat SUD contributes to existing racial, gender, and geographic inequities in the U.S., especially in rural areas.

The AMA supports S. 644/H.R. 1359, the **Modernizing Opioid Treatment Access Act (M-OTAA)**, introduced by Sens Edward Markey (D-MA), Rand Paul (R-KY), Bernie Sanders (I-VT), Mike Braun (R-IN), Cory Booker (D-NJ), and Margaret Wood Hassan (D-NH), as well as Reps Donald Norcross (D-NJ), Don Bacon (R-NE), Ann Kuster (D-NH), David Trone (D-MD) Brian Fitzpatrick (R-PA), Paul Tonko (D-NY), Brittany Pettersen (D-CO), and Andy Kim (D-NJ). This bipartisan legislation would responsibly expand access to methadone treatment for OUD in medical settings and areas where it is not currently available by allowing opioid treatment program (OTP) clinicians and board-certified physicians in addiction medicine or addiction psychiatry to prescribe methadone for OUD treatment that can be picked up from pharmacies, subject to the Substance Abuse and Mental Health Services Administration rules or guidance on supply of methadone for unsupervised use. The M-OTAA would capitalize on the existing addiction expert workforce and pharmacy infrastructure to integrate methadone treatment for OUD with the rest of general healthcare.

The AMA also strongly supports H.R. 7050, the **Substance Use Disorder Workforce Act**, introduced by Reps Brad Schneider (D-IL), David Valadao (R-CA), Annie Kuster (D-NH) and Mike Kelly (R-PA), which would expand our expert workforce by providing 1,000 additional Medicare-supported graduate medical education (GME) positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management. Although not reintroduced yet, the Senate companion bill, entitled the Opioid Workforce Act, is traditionally led by Sens. Maggie Hassan (D-NH) and Susan Collins (R-ME). This bill is critical for medical students to receive appropriate training prior to caring for patients in communities across the country suffering from opioid and related substance use disorders and facing a shortage of physicians trained to treat them.

Congressional Asks:

- **Ask your Members of Congress to cosponsor S. 644/H.R. 1359, the Modernizing Opioid Treatment Access Act (M-OTAA), to expand access to methadone treatment for opioid use disorder.**
- **Ask your Representatives to cosponsor H.R. 7050, the Substance Use Disorder Workforce Act, to increase Medicare-supported GME training opportunities for addiction medicine, addiction psychiatry, and pain management. Urge your Senators to introduce the companion bill, the Opioid Use Disorder Workforce Act in the Senate.**