

The Medication Access and Training Expansion (MATE) Act

Senators Michael Bennet and Susan Collins

BACKGROUND:

According to the Centers for Disease Control and Prevention (CDC), we have lost more than 840,000 Americans from a drug overdose since 1999.¹ Preliminary reports from the CDC also indicate 2020 was the deadliest year for drug overdoses since 1999 with more than 92,000 deaths. Stigma and lack of understanding about addiction, which persists even within the medical community, have prevented far too many people from accessing evidence-based care for this chronic, treatable disease.

To address this crisis, we must take a comprehensive, multi-pronged approach to strengthening the infrastructure around addiction treatment, which includes equipping medical professionals across the health care continuum to recognize and treat addiction. This starts with standardizing and increasing access to addiction treatment medications and training on how to integrate them into medical practice.

Prescribers of Drug Enforcement Agency (DEA) controlled substances are often the first practitioners to interact with and provide interventional care for individuals with substance use disorders (SUD), and yet they lack adequate education or training in addiction.

- **FACT:** According to a recent Shatterproof survey, only 1 in 4 surveyed providers had received training on addiction during their medical education.²
- **FACT:** Only about 5% of all physicians, 4% of nurse practitioners, and 2% of physician assistants have obtained a waiver necessary to prescribe medication assisted treatments, like buprenorphine.
- **FACT:** Training is currently voluntary and offered through the Substance Abuse and Mental Health Services Administration and other expert-led organizations for free.

THE MATE ACT WOULD:

- Create a one-time, non-repetitive requirement for all DEA controlled substance prescribers (Schedule II, III, IV or V) to complete training on treating and managing patients with opioid and other substance use disorders, unless the prescriber is otherwise qualified.
- Allow accredited medical schools and 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 their education with an outside medical society or state licensing body.
- Normalize addiction medicine education across certain professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction course.
- Authorize federal grants to schools and medical programs to develop the curricula used to train prescribers on how to best identify and treat SUDs.

¹ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

² <https://www.shatterproof.org/inittogether>