



March 20, 2023

The Honorable Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20852

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
600 Army Navy Drive
Arlington, VA 22202

Dear Assistant Secretary Delphin-Rittmon and Administrator Milgram:

On behalf of the American Academy of Family Physicians (AAFP), representing 129,600 family physicians and medical students across the country, I write to provide recommendations for implementation of the Medication Access and Training Expansion (MATE) Act.

The MATE Act was passed as part of the Consolidated Appropriations Act (CAA) of 2023. This law requires prescribers of controlled substances in schedules II, III, IV, and V to complete a one-time eight-hour training prior to their first registration or renewal of their Drug Enforcement Agency (DEA) license on or after June 21, 2023. As detailed in the law, the training must focus on “treatment and management of patients with opioid or other substance use disorders, or the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid or other substance use disorders.”

Medications included in schedules II-V are prescribed for a wide variety of purposes, including hospice and palliative care, cancer treatment, undergoing and recovering from surgery, sickle cell disease, attention-deficit/hyperactivity disorder (ADHD), anxiety, sleep disorders, substance use disorders (SUDs), coughs, seizures, irritable bowel syndrome, and more. Currently, the law requires this new training requirement to take effect in June 2023. **The AAFP is extremely concerned that this short time frame and the wide-reaching impact on medications could cause harmful lapses in care.** Moreover, many family physicians in small, solo, or rural practices are the only source of health care for their community and for traditionally underserved populations. These physicians, especially, need flexibility and clarity to meet these new requirements and prevent disruptions in their patients’ access to care.

To address these concerns, the AAFP recommends Substance Abuse and Mental Health Administration (SAMHSA) and the DEA:

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- **Accept qualifying educational offerings that are certified under the AAFP credit system, the primary source of continuing education for nearly 130,00 family physicians and students,**
- **Clarify that all clinicians who completed X-waiver training requirements have already completed this new training requirement,**
- **Clarify that recent family medicine residents have already completed this training,**
- **Allow attestation of training completion for DEA license registration or renewal, and**
- **Allow a 1-year grace period to complete trainings when a clinician's DEA license is up for renewal.**

The AAFP's Credit System

The AAFP strongly urges the DEA and SAMHSA to confirm that SUD-related educational offerings certified by the AAFP satisfy the MATE Act training requirement. The AAFP appreciates the flexibility in the MATE Act that the eight-hour requirement includes training obtained "through classroom situations, seminars at professional society meetings, communications, or otherwise." However, there remains significant confusion about what previous, current, and future trainings will qualify for this new training requirement. Thus, **the AAFP urges broad interpretation of the SUD education and training that qualifies under the MATE Act, including AAFP accredited continuing medical education (CME) activities.**

The AAFP Credit System has certified individual CME activities since 1948. The AAFP is the only physician credit system that focuses on a review of CME at the activity level. This review offers a detailed validation that the activity is relevant, unbiased, and aligned with the scope of care provided by family physicians. The AAFP Credit System review ensures the relevance of content to a family physician audience and validates an activity's scientific integrity and soundness.

An interpretation of CME that considers only the Accreditation Council for Continuing Medical Education (ACCME) accreditation system fails to recognize the high-quality training that maintains the most relevant SUD-related course materials for certain clinician types, in certain states, and/or for a physician's specific patient population. **By interpreting this new training requirement to include CME providers that secure credit from the AAFP, SAMHSA and the DEA will ensure more than 129,000 family physicians have access to appropriate training for their specialty and patient population each year and gain access to large professional communities of family and osteopathic physicians who do not participate in many of the CME activities offered by ACCME-accredited providers.**

Based on our current understanding of the requirement, AAFP-accredited CME activities account for 68,050 current AAFP members that have already completed 8 hours/credits or more of education on management of patients with OUD/SUD and safe prescribing since 2017. Additionally, the AAFP has approved over 4,000 educational sessions with over 9 million credits in these topic areas since 2020.

The AAFP strongly urges the DEA and SAMHSA to confirm that SUD-related educational offerings certified by the AAFP satisfy the MATE Act requirement.

X-Waiver Training Requirements

The AAFP urges SAMHSA and the DEA to consider any physician, resident, or medical student who obtained an x-waiver as having already completed this new training requirement. Prior to the CAA of 2023, physicians were required to obtain an x-waiver to prescribe buprenorphine

for the treatment of opioid use disorder (OUD). This entailed completing an 8-hour training on buprenorphine prescribing and treatment that closely aligns with the new training requirements under the MATE Act. More than 100,000 physicians and other health care professionals have already received x-waiver training.

The AAFP has [long urged Congress and the administration](#) to remove barriers for physicians prescribing medication for opioid use disorder, like the x-waiver. Previously, this training requirement, patient volume caps, and attestation to meeting counseling and other requirements hindered the expansion and accessibility of OUD treatment. This was particularly poignant in rural and underserved areas where family physicians were some of the only sources of care in their community, yet they had to forego time caring for their patients to meet the 8-hour training requirement to prescribe life-saving medications. **To prevent unnecessary, duplicative training requirements and disruptions in access to OUD treatment, the AAFP strongly urges SAMHSA and the DEA to clarify that previous x-waiver training completes the MATE Act training requirement.**

Recent Family Medicine Residents

The AAFP recommends the DEA clarify that all family medicine residents who graduated in good standing within the last five years have completed this training. All family physician residents receive training on identification and treatment of SUD as required by the Accreditation Council for Graduate Medical Education (ACGME).¹ Additionally, as of 2018, the average family medicine residency devotes about 33 hours to education about pain management topics, including 5.4 hours on chronic pain assessment, 16.2 hours on therapy, and 11.4 hours on risk assessment.² Beyond this training, residents regularly receive training in the standards of care for SUD screening, brief intervention, and referral to or provision of treatment. As such, it would reduce confusion and burden on current and recent family medicine residents to clarify that they have already met the requirements of this new provision.

State-based Requirements

Some states already require certain training related to OUD, SUD, and safe prescribing. Roughly 28 states already require 2-3 hours of OUD/SUD/prescribing training, including some that require 2-3 hours every 2-3 years. Six other states require between 3.5 and 6 hours of this training, sometimes every 2-3 years, and notably, California requires 12 hours of this training. As such, many physicians across the country have fully or partially completed the new training requirement and should not have to complete an entire 8-hour training to comply with the MATE Act. **The AAFP urges the DEA to clearly stipulate that trainings completed to comply with existing state requirements will count toward completion of the MATE Act training requirements and work with states to provide clear guidance to physicians regarding how many additional hours of training are required.** Without clear guidance from the DEA indicating that training used to fulfill these state requirements counts, many physicians, physician organizations, and practices will be unable to provide the appropriate support to ensure physicians can renew their DEA license and continue to appropriately prescribe necessary medications for their patients.

¹ ACGME Program Requirements for Graduate Medical Education in Family Medicine. ACGME-approved focused revision: June 12, 2022; effective July 1, 2022. Accessed at:

https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2022.pdf

² Zoberi, K., & Everard, K. M. (2018). Teaching Chronic Pain in the Family Medicine Residency. Family Medicine, 50(1), 22–27. <https://doi.org/10.22454/FAMMED.2018.134727>

Attestation of Training

The DEA should allow physicians to attest that they have fulfilled the new educational requirements when they apply to obtain or renew their DEA registration and not require submission of paperwork verifying the details of their coursework. Such administrative requirements would only add to the burden associated with this new requirement for physicians and for the agencies. Primary care physicians are already overwhelmed with administrative tasks and regulatory requirements, which reduce the time a physician can spend caring for their patients. Requiring additional reporting to comply with this provision would further burden family physicians and could result in care delays or disruptions for their patients. The AAFP urges DEA to adopt a simple, attestation-based process for physicians to confirm they have met training requirements when registering for or renewing their license.

Renewal Timeframes

To reduce likely disruption in patient care because of the extremely short timeline for implementation of this new law, the AAFP strongly urges the DEA to provide a one-year grace period for physicians to fulfill the educational requirement while maintaining their DEA registration. While the AAFP remains committed to working with SAMHSA and the DEA to ensure our members have accurate information about this new training requirement, rapid changes in the SUD care and controlled substance prescribing environment have created some confusion and concern about the ability to comply with changing regulations. Without a grace period, many family physicians would need to take at least one full day away from their practices to complete this additional training requirement in a short window of time. Without further clarification about a year-long grace period, there is clear danger that many physicians' registration would lapse and their patients would be left without access to medically necessary care. A grace period could help to prevent these lapses and smooth the implementation process significantly.

Thank you for the opportunity to provide these comments. The AAFP looks forward to working with SAMHSA, DEA, and other agencies to uphold safe prescribing practices and improve access to SUD treatment. For additional questions, please contact Morgan Bailie, Senior Regulatory Specialist, at mbailie@aafp.org.

Sincerely,



Sterling Ransone, Jr., MD, FFAFP
American Academy of Family Physicians, Board Chair

Cc: Catherine Oakar, Special Assistant to the President for Community Public Health and Disparities, Domestic Policy Council
Rachel Pryor, Counselor to the Secretary, U.S. Department of Health and Human Services
Office of the Secretary