

May 8, 2023

Thomas W. Prevoznik
Acting Assistant Administrator
Diversion Control Division
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Dear Acting Assistant Administrator Prevoznik:

On behalf of the American Medical Association (AMA) and our physician and medical student members, we commend you and other Drug Enforcement Administration (DEA) officials for participating in listening sessions with the Substance Abuse and Mental Health Services Administration (SAMHSA) to hear from the medical community about the DEA's recent guidance on implementing the Medication Access and Training Expansion (MATE) Act. In light of the rapid turnaround from passage of the MATE Act to the impending June 23, 2023, compliance deadline for physicians and other DEA registrants, I write to provide an update on the AMA's efforts to help physicians comply with the MATE Act as well as to make two additional recommendations to help mitigate potential unintended consequences.

The AMA is pleased that the DEA has recognized that physicians and other health care professionals obtain high quality education in a variety of settings and formats, including classroom settings, seminars at professional society meetings, and virtual offerings. We similarly appreciate the DEA's recognition that a broad array of organizations, including the AMA, are among those that regularly provide relevant education and training options that help physicians obtain meaningful education related to treatment and management of substance use disorders. The MATE Act guidance provided by DEA has allowed us to identify more than 36 hours of education and training to help physicians meet the new MATE Act requirement. The AMA, furthermore, has repeatedly promoted this training available on our EdHub® to the nation's medical societies and our members.¹

The AMA remains concerned, however, about the rapidly approaching compliance deadline. Despite the DEA and SAMHSA each providing guidance, we continue to field numerous inquiries about how physicians can meet the new MATE Act attestation requirement. The confusion is significant. To help mitigate potential unintended consequences, such as the unexpected barrier to practice that physicians may encounter if we are unable to reach them in time and who may not realize that they will be required

¹ Among the subject areas the AMA has identified to help meet the new MATE Act DEA attestation: Basics of Safe Opioid Prescribing and Management, Basics of Addiction Treatment, Management of Addiction in Special Populations, Opioids and Fatalities: Prevention and Management, and Addiction Medicine During the COVID-19 Pandemic. The courses are free and can be accessed here: <https://edhub.ama-assn.org/course/302>.

to attest to having taken the training until they seek to renew their registrations this summer, **we ask that the DEA grant a one-year grace period for registrants.** We understand that Congress stipulated the requirement shall take effect on June 23, 2023, but we believe the DEA has authority to allow a grace period for registrants to complete the requirement.

Patients across the country are being treated for a variety of serious conditions by DEA-registered physicians who are prescribing controlled substances as part of their treatment plans. If there is a lapse in their DEA registration due to implementation of the MATE Act requirements, patients receiving hospice and palliative care, patients with cancer, undergoing surgery, and those with moderate to severe pain, postoperative pain, sickle cell disease, mental illness, cough, anxiety, seizures, sleeping disorders, and substance use disorders could lose access to medically necessary care. Emergency departments could be inundated with patients no longer able to receive treatment from their usual source of care, a crisis which could be compounded as emergency physicians will also need to comply with the MATE Act's requirements.

The AMA also requests clarification of whether the more detailed recommendations regarding educational content that SAMHSA² issued on March 24, 2023 can be viewed by DEA-registered physicians as meeting the education and training requirements outlined in the March 27, 2023 [DEA guidance](#). The table below provides a side-by-side view of the guidance provided by DEA and the more detailed content guidance provided by SAMHSA.

DEA	SAMHSA
<p>How can practitioners satisfy this new training requirement?</p> <p>There are multiple ways that practitioners can satisfy this new training requirement.</p> <ul style="list-style-type: none"> • First, the following groups of practitioners are deemed to have satisfied this training: <ol style="list-style-type: none"> 1. Group 1: All practitioners who are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association. 2. Group 2: All practitioners who graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a comprehensive 	<p>As an overarching concept, SAMHSA recommends that content should be related to the prevention, recognition, and care of people with substance use disorders including those with concurrent pain and/or psychiatric and medical co-morbidities. Categorized for organizational purposes, recommended core curricular training elements could therefore include:</p> <ol style="list-style-type: none"> 1. Substance Use Disorders <ul style="list-style-type: none"> • Use of validated screening tools for SUD and risk factors for substance use, including mental disorders • Diagnosis and assessment of individuals who screen positive for SUDs • The initiation and management of FDA approved medications for SUDs (opioids, alcohol and tobacco), including the impact of unique, individual physiology and metabolism on medication pharmacodynamics

² Recommendations for Curricular Elements in Substance Use Disorders Training.” U.S. Substance Abuse and Mental Health Services Administration. Last updated by SAMHSA on March 24, 2023.
<https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training> Last accessed April 20, 2023.

<p>curriculum that included at least eight hours of training on:</p> <ul style="list-style-type: none"> ▪ Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or ▪ Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders. <p>• Second, practitioners can satisfy this training by engaging in a total of eight hours of training on treatment and management of patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:</p> <ol style="list-style-type: none"> 1. The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training. 2. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training from one of the groups listed below—prior to the enactment of this new training obligation on December 29, 2022—that training counts towards the eight-hour requirement. 3. Past DATA-Waived trainings count towards a DEA registrant’s 8-hour training requirement. 4. Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings. 	<ul style="list-style-type: none"> • Consideration of polysubstance use and co-occurring mental disorders • Patient and family education on safety and overdose prevention (diversion control; safe storage; use of naloxone) <p>2. Effective Treatment Planning</p> <ul style="list-style-type: none"> • Use of patient-centered decision making and paradigms of care, and use of evidence-based communication strategies such as shared decision making and motivational interviewing • The impact of stigma, trauma and the social determinants of health on substance use and recovery • Collaborating with other disciplines to facilitate access to medications and referrals to services such as case management • Legal and ethical issues involved in the care of patients with SUD <p>3. Pain management and substance misuse</p> <ul style="list-style-type: none"> • The assessment of patients with acute, subacute, or chronic pain • Components of developing an effective treatment plan, including general principles underlying nonpharmacologic and pharmacologic analgesic therapy, as well as the importance of multidisciplinary treatment interventions • Managing patients on opioid analgesics, including tapering off the medication when the benefits of opioids no longer outweigh the risks • Recognizing signs of OUD in the setting of prescribed opioids
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The AMA understands that DEA and SAMHSA will not evaluate individual courses. To help medical societies and other organizations provide additional clarity and assurance to physicians, however, **we ask that DEA clarify that SAMHSA’s content guidance can be relied upon by medical organizations and physicians when determining if courses fulfill the MATE Act requirements.** This will help physicians better understand whether previous, current and future educational programs can count toward the attestation requirements for DEA registrant applications and renewals.

We greatly appreciate your consideration of these recommendations. The AMA wants to remain very engaged with the DEA and SAMSHA as you move forward to implement the MATE Act. By working together, we can help to ensure that the new educational requirements are meaningful and operationally

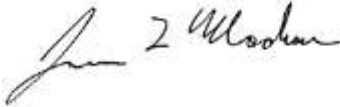
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realistic. If you have any questions or would like to arrange a meeting, please contact Margaret Garikes, Vice President for Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD