

Congress of the United States

Washington, DC 20515

January 12, 2024

Thomas J. Nasca, MD, MACP
President and CEO, Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

David J. Skorton, MD
President and CEO, Association of American Medical Colleges
655 K Street, NW, Suite 100
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Robert A. Cain, DO, FACOI, FAODME
President and CEO, American Association of Colleges of Osteopathic Medicine
7700 Old Georgetown Road, Suite 250
Bethesda, MD 20814

Dear Dr. Nasca, Dr. Skorton, and Dr. Cain,

We write to acknowledge your work to prepare the next generation of American physicians to prevent, identify, and treat opioid use disorder (OUD) and to encourage increased efforts to ensure more physicians are trained to respond to the opioid crisis.

The United States has the highest number of opioid-involved deaths per capita, and the opioid overdose epidemic has claimed over 500,000 lives since 2000. Despite the work done by extensive and diverse stakeholders, national opioid overdose deaths increased from 68,630 in 2020 to 80,411 in 2021.¹

This staggering statistic demonstrates the need for further interventions to ensure Americans have access to both prevention and effective treatment for OUD. Buprenorphine, when taken as prescribed, has been a critical component in saving lives by easing opioid cravings and helping individuals transition into recovery. It is the only Schedule III narcotic approved by the U.S. Food and Drug Administration for treatment of OUD and is a critical component of any toolbox in confronting this epidemic.

To this end, Congress has worked closely with governmental agencies, advocates, and your organizations to improve access to this medication through policies such as removing the “X-waiver” and increasing the number of patients an individual physician can treat with buprenorphine. As a result of these combined efforts, buprenorphine distribution in the United States grew by 24% between 2019 to 2022.² This expanded access, in addition to other key policy changes, has been instrumental in addressing OUD. However, despite legislative action that mandates training, some clinicians still express hesitation in prescribing buprenorphine.³

1 <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

2 <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2807455>

3 <https://www.kff.org/mental-health/press-release/new-kff-analysis-examines-rapidly-evolving-federal-policies-for-substance-use-disorder-treatment-for-the-opioid-epidemic/>

As the nation's sole accreditor for both allopathic and osteopathic residencies, we applaud the Accreditation Council for Graduate Medical Education (ACGME) for convening a stakeholder congress to develop recommendations and curricular resources to confront the opioid epidemic.⁴ We also recognize the steps the Association of American Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) have taken to ensure both medical students and resident physicians have the training they need to tackle the opioid overdose epidemic, including by joining over 80 organizations to form the Action Collaborative on Combating Substance Use and Opioid Crises.⁵ As a result of this engagement, more medical students and residents are learning to recognize and treat OUD.

While we commend your work in this area, we believe that more can be done to provide medical students and residents with the in-person, experiential training necessary to use medication assisted treatment. We have heard from medical students, residents, and patient advocates that this direct education is a critical component of preparing our physician workforce to take on the opioid epidemic. Unfortunately, not enough medical students and residents receive this training. According to the ACGME's 2022-2023 data resource book, while the vast majority of residency programs provided training in how to treat substance-use disorder, only 14% of emergency medicine, family medicine, internal medicine, and psychiatry residencies provided this experiential training.⁶ This is deeply concerning.

We urge ACGME, AAMC, and AACOM to accelerate their efforts to ensure medical students and residents have the necessary clinical experiences to treat confidently and effectively those suffering from OUD.

We would appreciate your timely response to our letter as well as a proposed roadmap for increased training for medication assisted treatment. We would also appreciate identification of any barriers, regulatory or otherwise, that may stand in the way of improving our physician workforce's ability to address the opioid crisis.

We as Members of Congress remain ready to support you in this work.

Sincerely,



Ann McLane Kuster
Member of Congress



Brian Fitzpatrick
Member of Congress

⁴ <https://www.acgme.org/newsroom/2021/10/opioid-congress-recommendations/>

⁵ <https://nam.edu/opioid-collaborative-member-organizations/>

⁶ https://www.acgme.org/globalassets/pfassets/publicationsbooks/2022-2023_acgme_databook_document.pdf



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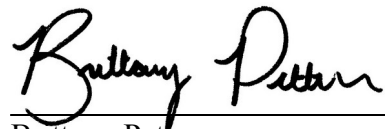
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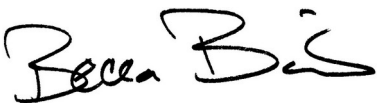
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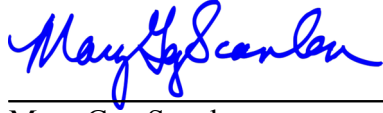
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