The Opioid epidemic has devastated communities across the country, and a collective effort across multiple sectors is needed to stem the tide of opioid use disorder (OUD) and substance use disorder (SUD) and better help patients dealing with chronic pain.

Patients with SUDs and chronic pain need treatment. Access to this treatment is limited partially by the number of physicians who have specialized expertise in addiction and pain management. In 2018, only 11% of the 21.2 million SUD patients age 12 or older received the treatment they needed.

The Opioid Workforce Act of 2019 would increase Medicare support for graduate medical education (GME) and increase the number of physicians trained in pain medicine, addiction medicine, or addiction psychiatry, thereby increasing and improving access to the treatment these patients need.

Summary of the Legislation

- The Opioid Workforce Act of 2019 was originally introduced in the House on May 1, 2019, by Representatives Brad Schneider (D-Ill.), Susan Brooks (R-Ind.), Ann McLane Kuster (D-N.H.), and Elise Stefanik (R-N.Y.). On Nov. 19, 2019, a Senate version was introduced by Senators Maggie Hassan (D-N.H.) and Susan Collins (R-Maine).

- It provides an additional 1,000 GME slots to qualifying hospitals with approved residency programs in addiction medicine, addiction psychiatry, pain medicine, and corresponding prerequisite programs.
  - In fiscal year (FY) 2022, 500 of the new residency slots would be available only to teaching hospitals with existing approved programs. Between FY 2023 and FY 2026, 500 of the new slots would be available to teaching hospitals establishing a program.
  - A hospital may apply for slots for existing addiction medicine, addiction psychiatry, or pain medicine programs as well as programs it is in the process of establishing, but may not receive more than 25 additional residency slots. Hospitals receiving slots for advanced programs may also receive a corresponding number of slots for residents training in a prerequisite program.

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