Help Combat the Opioid Epidemic, Cosponsor the Opioid Workforce Act


Endorsed by: Association of American Medical Colleges, Greater New York Hospital Association, American Medical Association, American Hospital Association, Federation of American Hospitals, American Society of Addiction Medicine, American College of Academic Addiction Medicine, Indiana University, American Psychiatric Association, Association of Behavioral Health and Wellness

Dear Colleague,

We invite you to cosponsor H.R. 2439, the Opioid Workforce Act of 2019, to train more doctors in the fight against the opioid epidemic. Specifically, this legislation would increase the number of resident physician slots in hospitals with programs focused on substance use disorder treatment and addiction medicine.

Teaching hospitals and academic medical centers rely on funding from Medicare’s Graduate Medical Education (GME) program to train physicians. However, the number of doctors eligible for funding was capped in 1997, while the demand for new doctors – especially in the field of addiction medicine – has dramatically increased. The Association of American Medical Colleges (AAMC) projects that by 2032, there will be a shortage of as many as 121,000 physicians. Without immediate action, with each graduating class, thousands of qualified medical school graduates will be unable to become licensed physicians, threatening Americans’ access to comprehensive health care services.

This physician shortage is a problem for the millions of Americans who are grappling with substance use disorders. Unfortunately, there remains a substantial gap between the number of Americans needing treatment for substance use disorders (SUD) and those who receive it. More than 70,000 Americans fatally overdosed in 2017. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), that same year approximately 20.7 million people needed substance use disorder treatment, but only 4 million received the needed care. Though there are many reasons for the treatment gap, existing and looming shortages of physicians only exacerbate this problem. Medical school graduates want to train to become experts in treating addiction disorders, but without funding, teaching hospitals lack the necessary resources to train our medical school graduates.

The Opioid Workforce Act addresses the physician shortage by expanding the SUD-treatment workforce. The legislation provides 1,000 additional residency positions over five years to hospitals that have, or are establishing, approved residency programs in addiction medicine, addiction psychiatry, or pain management. These new residency positions are an important step forward in supporting the health care workforce that serve on the front lines of the opioid epidemic.

We hope you will join us in cosponsoring this important bipartisan legislation that will help alleviate both the ongoing opioid epidemic and address the looming physician shortage. If you are interested in cosponsoring or have any further questions, please contact Vic Goetz (vic.goetz@mail.house.gov) in Rep. Schneider’s office of Erin McMenamin (erin.mcmenamin@mail.house.gov) in Rep. Brooks’ office.
Sincerely,

Brad Schneider  
Member of Congress

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