



The Addiction Medicine Foundation

2 Wisconsin Circle, Suite 700 • Chevy Chase, MD 20815

February 26, 2018

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The Honorable Harold D. Rogers
2406 Rayburn House Office Building
Washington, DC 20515

The Honorable Katherine M. Clark
1415 Longworth House Office Building
Washington, DC 20515

Dear Congressman Rogers and Congresswoman Clark:

On behalf of The Addiction Medicine Foundation, I am writing to thank you for your efforts to help build the addiction treatment workforce in the United States and to give you our strong support and endorsement for your proposed legislation, the Substance Use Disorder Workforce Loan Repayment Act of 2018. Key provisions of this draft legislation would provide incentives for physicians to enter the new subspecialty of addiction medicine. These include: up to \$250,000 in medical school, residency or other education and training loan forgiveness in exchange for six years of professional practice in the field in an area of high need; repayment for years served (1/6th for each year) if the full six year period cannot be completed; and allowance for up to a year of non-work time (for example for maternity/paternity leave, other health reasons, etc.) that would extend the six year period. We also are heartened by the proposed funding of \$25 million annually with a ten year authorization; this investment and long term commitment would help to create a needed pipeline of professionals entering the field.

As you proceed with this and other legislation to address the unhealthy substance use and addiction crisis in the country, we strongly recommend that you proceed in a comprehensive fashion, including all addictive substances (alcohol, nicotine, controlled prescription, illicit and other addictive drugs) and including prevention and early intervention as well as treatment and disease management.

Phone: (301) 656-3378 • Facsimile: (240) 762-5422
E-mail: email@addictionmedicinefoundation.org

Use of any substance increases the chances of use of and addiction involving others and cessation of use of one substance, unless addressed in a comprehensive way, is often followed by substitution with another. Further, we will never treat our way out of the addiction crisis; we must also focus on the front end to prevent unhealthy use and intervene early to prevent costly health and social consequences. Finally, we recommend that you consider support for physicians who agree to serve as addiction faculty and as state and local addiction medical staff. The broad change that is needed in medicine is driven by fellowship training, support for which is included in this bill. However, fellows are not only trained as expert clinicians but also as faculty to teach others and as change agents to drive knowledge and practice across public policy and programs.

Again, we are grateful for your recognition of the importance of addressing unhealthy substance use and addiction as health issues and your work to build the healthcare addiction workforce. If we can provide any further information as you proceed with your deliberations, please let us know.

Best Regards,



Kevin Kunz, M.D., M.P.H., DFASAM
Executive Vice President
The Addiction Medicine Foundation
kkunz@addictionmedicinefoundation.org
301-656-3378
808-895-6619 cell