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Suite 900  
Washington, D.C. 20024

May 20, 2020

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The Honorable Frank Pallone, Jr.  
Chair, Energy and Commerce Committee  
US House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Pallone,

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Thank you for the invitation to testify as a witness in front of the Energy and Commerce Subcommittee on health for the March 3, 2020 hearing entitled “*Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders.*” Per the requirements of my participation in the hearing, I am submitting the following in response to your Questions for the Record. Please find your questions and my answers to these questions below.

**Chair Pallone Question** - *It seems like it would be very disruptive for someone in recovery for substance use disorder to have to stop and start their treatment as they move through the justice system-can you talk about how that can affect a person’s recovery?*

Dr. Das Answer – Yes, you are correct. Though continuity of care and efficacy to treatment are essential for both mental and physical ailments, patients with substance use disorders (SUDs) are at greater risk for relapse when they experience disruption in their care. This is especially concerning for patients receiving a prescribed medication for a substance use disorder that may have their medications suddenly stopped or switched. Substance use disorders are known to be chronic and episodic or broken treatment can be damaging, especially for patients in the justice system who are already a vulnerable population. If an individual with insulin dependent diabetes were sent from one facility to another, then it would be assumed that the insulin would be available about both places. Treatment for substance use disorders should also be available, equitable and evidence based in our justice system. Furthermore, we know that comfort, familiarity and trust between patients and care providers is an extremely important aspect of recovery. Patients and their providers build important relationships when they work together to treat SUDs. When these relationships or therapeutic approaches are disrupted, it can have dire consequences including relapse and overdose.

**Chair Pallone Question** - *One of the bills on the docket today is H.R. 3414, the Opioid Workforce Act. This legislation would increase graduate medical education slots in addiction medicine, addiction psychiatry, and pain medicine. How can we encourage*

*residents to go into these specialties and to ultimately practice in areas where these specialties are most in shortage?*

Dr. Das Answer – APA supports H.R. 3414, the Opioid Workforce Act of 2019. Part of the reason for our country’s treatment disparity is a shortage of physicians trained in addiction medicine, addiction psychiatry or pain management. We can encourage medical students to go into addiction medicine and addiction psychiatry or pain management by doing four things, (1) funding new residency positions in these specialties, (2) expanding loan repayment and forgiveness programs, (3) invest in academic medical centers to expand expertise and addiction and (4) offering incentives for these physicians to work and stay in underserved areas. Finally, on a broader note, society (inclusive of educational bodies, lawmakers, funding agencies, healthcare agencies) giving importance to substance use disorders in general and adequate funding will signal physicians that this is a priority for our country and can help to sustained interest.

Thank you again for providing me with the opportunity to testify and send answers to follow-up questions for the record. Kindly let me know if you have any follow up questions or need additional information.

Sincerely,

A handwritten signature in blue ink that reads "Smita Das" with a stylized flourish at the end.

**Smita Das, MD, PhD, MPH**