



## **The Opioid Workforce Act of 2019 (H.R. 3414)**

### **Summary**

- Originally introduced May 1, 2019 by Representatives Brad Schneider (D-IL), Susan Brooks (R-IN), Ann McLane Kuster (D-NH), and Elise Stefanik (R-NY).
- Increases, by 1,000, the number of Medicare supported direct graduate medical education (DGME) and indirect medical education (IME) slots available to hospitals that have or are in the process of establishing approved residency programs in addiction medicine, addiction psychiatry, or pain management.

### **Distribution Methodology for Additional Slots**

- Increases the number of residency slots available to qualifying hospitals nationally by 1,000 between 2021-2025.
- In 2021, one-half of the new residency slots (500) are available only to teaching hospitals that have existing established approved programs in addiction medicine, addiction psychiatry, or pain management.
- Hospitals may receive slots for the associated number of residents training in a pre-requisite program, such as internal medicine, necessary for the number of full-time residents that will ultimately train in the addiction medicine, addiction psychiatry, and/or pain management program.
- Between 2022-2025, one-half of the new residency slots (500) are available only to teaching hospitals that have demonstrated they are establishing a program in addiction medicine, addiction psychiatry, and/or pain management. Slots received under this provision must be used in an addiction medicine, addiction psychiatry, pain management, or a prerequisite residency program.
- A hospital may not receive more than 25 slots.
- Hospitals may apply for slots under both the new and existing categories (i.e., a hospital with an established pain management program that is also in the process of establishing an addiction psychiatry program may apply for slots under both the 'new' and 'existing' buckets.)

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