

April 27, 2021

The Honorable Paul Tonko
U.S. House of Representatives
2369 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Turner
U.S. House of Representatives
2082 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Tonko and Turner:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our support for H.R. 1384, the “Mainstreaming Addiction Treatment (MAT) Act of 2021.” As the largest professional association for physicians and the umbrella organization for state and national medical specialty societies, the AMA continues to be deeply committed to confronting and ending the drug overdose epidemic, which is having a devastating effect across our nation. We commend your leadership in offering an important solution to overcoming barriers to treatment for the millions of patients who lack access to the gold standard of treating opioid use disorder, medication-assisted treatment (MAT), by eliminating the requirement in current law for obtaining an “X” waiver from the U.S. Drug Enforcement Administration (DEA) to prescribe MAT, including buprenorphine, in-office.

Amid the coronavirus pandemic, the drug overdose epidemic has only become worse. According to the Centers for Disease Control and Prevention’s (CDC) latest [preliminary data](#) on overdose deaths, more than 87,000 Americans died of drug overdoses over the 12-month period that ended in September. That number translates to a 29 percent increase and is higher than in any year since the overdose epidemic began. The majority of overdose deaths were caused by illicitly manufactured fentanyl and other synthetic opioids and an increasing number of fatal overdoses involved the stimulants methamphetamine and cocaine. Many deaths are also due to drug combinations, typically fentanyl or heroin with stimulants.

Health care disparities that exist throughout the U.S. health care system are magnified in the lack of access to MAT. Rural communities have been hit hard by the epidemic of opioid overdose deaths, yet a [2019 JAMA article](#) found that 71 percent of rural counties lacked a single waived practitioner. Disparities in MAT access based on race and ethnicity have also been [identified](#), with non-Hispanic white patients being more likely to receive MAT than other patients (also see [JAMA Psychiatry](#)). According to the CDC, the highest increase in mortality from opioid-related causes, predominantly driven by fentanyl, is now among Black Americans, and the risk of methamphetamine overdose has been shown to be 12 times higher among American Indian and Alaska Native populations vs. the overall U.S. population.

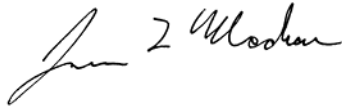
The effectiveness of long-term treatment with evidence-based therapy such as MAT means patients with opioid use disorder can receive the support they need to lead satisfying, productive lives, and many overdose deaths could be prevented. Although some success has been achieved in increasing the number of physicians who have become certified to prescribe office-based buprenorphine, a significant number of waived physicians are not providing treatment due to various barriers. These barriers are significant and impede patient access to needed treatment even though caps on the number of patients to whom one physician may prescribe have been increased. Physicians who are permitted to prescribe MAT for opioid use disorder are assigned special registration numbers by the DEA, have certain recordkeeping requirements, and are subject to on-site inspections and audits of their practices. Having special rules for

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prescribing buprenorphine increases the stigma associated with addiction treatment. Even though buprenorphine is a Schedule III controlled substance, the training and recordkeeping requirements associated with its use as well as the potential for DEA audits make it seem like the medication is disproportionately dangerous and has a high risk of abuse. The limitations in federal law for physicians prescribing this medication have led to justifications by insurance plans for imposing prior authorization and other restrictions on these prescriptions, although some of these restrictions have recently been eliminated in some states.

The AMA believes that the MAT Act of 2021 would end an outdated and burdensome requirement in federal law that restricts physicians and other medical professionals from prescribing buprenorphine in-office. The evidence is clear that treatment with MAT works. Your bill would help provide more access to treatment for those with opioid use disorders and could help save countless lives, and the AMA is pleased to support it.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with the first name "James" being particularly prominent.

James L. Madara, MD