CLAAD Center for Lawful Access and Abuse Deterrence

October 19, 2015

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member
Subcommittee on Health
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Pitts and Ranking Member Green:

Thank you for your commitment to addressing our nation's prescription drug abuse and heroin epidemic and the devastating consequences on American families and communities. The not-for-profit Center for Lawful Access and Abuse Deterrence (CLAAD) would like to be of assistance to the committee as you consider federal legislation that would affect patient access to medication-assisted treatment for opioid dependence (MAT). CLAAD's policy positions are established through a consensus process, and our *National Prescription Drug Abuse Prevention Strategy* has been vetted and endorsed by 30 not-for-profit public health and safety organizations.

We urge you to ensure that any MAT-related legislation you support advances three crucial goals:

- Expanding access to MAT;
- Improving the quality of MAT; and
- Reducing the likelihood of medication diversion, misuse, abuse, and accidental exposure.

The Recovery Enhancement for Addiction Treatment Act (H.R. 2536, TREAT Act) represents a step in the right direction toward these goals. The TREAT Act would amend the Drug Addiction Treatment Act of 2000 (DATA 2000) to achieve the following desirable outcomes:

- Increasing the initial buprenorphine patient limit from 30 to 100;
- Extending buprenorphine prescribing authority to advanced practitioners, *i.e.*, nurse practitioners and physician assistants;
- Imposing either certification requirements or restrictions in treatment setting on buprenorphine prescribers who wish to exceed the 100 patient limit; and
- Requiring use of the state's prescription drug monitoring program (PDMP).

The TREAT Act could be improved by:

- Imposing an upper limit on the number of patients whom practitioners with certifications or in qualified settings may treat with buprenorphine; and
- Excluding from the limit lower-risk patients, namely:

- Patients whose buprenorphine is not dispensed to them for self-administration (*e.g.*, administered by implant or injection by a practitioner);
- Women who are pregnant; and
- Persons in stable, long-term recovery, as evidenced by periodic definitive urine drug testing.

On the other hand, the Opioid Addiction Treatment Modernization Act (H.R.2872) does not adequately enhance access to treatment, improve the quality of care, or decrease the risk of diversion, misuse, abuse, or accidental exposure. To the contrary, the bill creates the following barriers to MAT, among others:

- It imposes repetitive training requirements on MAT providers, which would limit practitioners' ability to take courses on other important topics (e.g., ethics, prenatal care, and HIV/hepatitis C prevention and treatment);
- The bill requires practitioners to certify that they can provide, directly or by referral, all FDA-approved MAT medication; yet, not all practitioners have the ability to refer patients to methadone clinics because such clinics are not available in many areas; and
- The bill creates unnecessary waste of provider and government resources with no corresponding benefit to patients or public health and safety by requiring annual provider certifications and duplicative government reporting and oversight.

Please contact us if we may provide additional feedback on the bills before the committee or any other policy proposals. Once again, thank you for your attention to this pressing public health and safety crisis.

Sincerely,

Michael C. Barnes
Executive Director

Karen L. Thurman
Senior Government Relations Advisor