

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

November 24, 2015

Dr. Chapman Sledge
Chief Medical Officer
Cumberland Heights
P.O. Box 90727
Nashville, TN 37209

Dear Dr. Sledge:

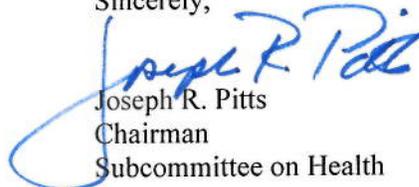
Thank you for appearing before the Subcommittee on Health on October 20, 2015, to testify at the hearing entitled "Examining Legislative Proposals to Combat Our Nation's Drug Abuse Crisis."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on December 8, 2015. Your responses should be mailed to Graham Pittman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to graham.pittman@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Representative Tim Murphy

On September 17, Secretary Burwell announced that HHS would be revising the regulations related to buprenorphine dispensing in the physician office setting to “safely and effectively increase access.”

1. Based on your experience with Cumberland Heights, how great is the risk of buprenorphine diversion or abuse?
2. You have concerns with simply raising the prescriber “cap” for buprenorphine, isn’t that true? Why?
3. How can an effective drug diversion control plan assist in reducing the incidence of diversion? What happens in the absence of such plans?
4. In your view, how important is it that medication-assisted treatments be accompanied by behavioral counseling and psycho-social support?