

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. Robert Corey Waller
Chair, Legislative Advocacy Committee
American Society of Addiction Medicine
4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815

Dear Dr. Waller:


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

1. In your testimony you cite research from the University of Kentucky about the motivation to use diverted buprenorphine was the inability to find treatment. Are you aware that the research abstract clearly states: “Results: Lifetime buprenorphine use “to get high” was 70.1%. Nearly half (46.5%) [of the patients in the study] used diverted buprenorphine over the 6-month follow-up period.” Doesn’t the use of buprenorphine to “get high” suggest that this medication is being used recreationally, and doesn’t recreational use suggest to you that diverted buprenorphine is helping to spread and maintain addiction?

The Honorable Representative Gus Bilirakis

Dr. Waller, ASAM has concerns that HR 2872, the Opioid Treatment Modernization Act, will unintentionally lead to reduced access to treatment. However, I have heard several concerns aligned with Dr. Sledge’s testimony, which is that there is no one size fits all approach and that simply raising the caps could lead to the unintended consequence of increased diversion and prescription drug abuse if other services, such as counseling and patient monitoring, are not mandated.

1. Can you provide some detail about ASAM’s recommendations for preventing diversion if requirements, such as those included in HR 2872, are not enacted?
2. How will ASAM’s proposals not only prevent diversion, but also ensure patients receive comprehensive, effective treatment?

The Honorable Representative Frank Pallone, Jr.

The Controlled Substances Act currently prohibits the transportation of controlled substances outside of registered locations, making it illegal for physicians to transport controlled substances from one practice setting to another. At the hearing, we heard from a witness about the problems this creates for team physicians who need to transport controlled substances from one state to another for an athletic game or tournament. However, at the same time, we heard from you and other witnesses that the substance abuse epidemic this country is facing is fueled in part by diversion of prescribed opioid medicines.

1. Please discuss any issues or potential unintended consequences the Committee should think about when considering legislation to facilitate the ability of doctors to transport controlled substance pain medications with them when they travel with sports teams, or otherwise need access to such controlled substance medicines. What additional safeguards, if any, should be put in place to allow for the safe transport of these substances in the instance of sports travel or for disaster assistance?