Congress of the United States
Washington, DC 20515

October 7, 2015

The Honorable Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Burwell,

As you know, there is a rapidly growing opioid abuse epidemic in our nation and the need for comprehensive treatment has never been greater. Data from SAMHSA's 2013 National Survey on Drug Use and Health shows that 1.9 million people in the United States suffered from substance use disorders related to prescription opioid pain medicines in 2013 and 517,000 suffered from a heroin use disorder. The number of unintentional overdose deaths from prescription opioids has soared in recent years, more than quadrupling since 1999.

Despite the increasingly high rate of opioid abuse and significant need for treatment, existing evidence-based comprehensive treatment strategies that move people from opioid maintenance and into full recovery are highly underutilized. Some have called for relaxing federal law to allow physicians in *Drug Addiction Treatment Act of 2000* (DATA 2000) practices, which are not required to use or offer comprehensive services, to increase the number of patients they see as a means to increase access to opioid addiction treatment. However, we know very little about the DATA 2000 waivered practices, how many patients are in them, what treatment services they receive, how long they stay in treatment, and how often they use illicit opioids or divert the buprenorphine that is prescribed to them. Moreover, an HHS study which appeared in the *American Journal of Public Health* found that nationally only half DATA-waived physicians are listed on the buprenorphine treatment locator. This suggests that DATA 2000 physicians who can see more patients are not actively seeking to do so.

The evidence makes clear that prescription drugs alone is not the answer. Prescription drugs help to stabilize the patient, but they do not sufficiently ensure treatment effectiveness and success. If you are considering increasing the DATA 2000 patient limit, we strongly encourage you to better study and understand the quality and effectiveness of the treatment these practices provide. As such, we ask that you measure:

- The number of patients in treatment within each DATA 2000 practice relative to its cap;
- The percentage of practices providing counseling on-site and the corresponding number of patients in each practice who utilize those services;
- The percentage of physicians referring patients for counseling off-site and the corresponding number of patients in each practice who utilize those services;
- The percentage of practices providing toxicology testing to guide therapeutic dosing and decision making;
- The percentage of toxicology tests for illicit opioids that are positive;
- The percentage of other illicit drug use in DATA 2000 practices;

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- The percentage of patients in DATA 2000 practices that are divert their buprenorphine (for resale or other illicit use).The dropout rates in DATA 2000 practices. What percent of DATA-waivered practices;
- The relapse rate after drop out of DATA 2000 practices;
- The extent to which DATA 2000 practices successfully wean patients off of buprenorphine and on to opioid antagonist medication and relapse prevention counseling;
- What percentage of patients are enrolled in multiple DATA 2000 practices (that is, filling prescriptions from multiple practices);
- What percentage of patients are taking their prescriptions for buprenorphine to multiple pharmacies, and
- The dosing regimens for buprenorphine in DATA 2000 practices, and its association with buprenorphine diversion.

Further, to ensure that patients seeking care at DATA 2000 practices receive the type of care that has proven to be most-effective; we ask that you adopt the following MAT-based reforms at these practices:

- Inform patients of their treatment options and the availability of non-addictive FDA-approved treatments and counseling;
- Review all FDA-approved treatments options, and obtain informed consent to treatment selected;
- Report to HHS on patient length of treatment stay, dropout rates, and drug use in past 30 days prior to discharge;
- Report on the average buprenorphine prescription length (e.g., one week, 30 days, etc.);
- Conduct a minimum amount of counseling per patient, per month;
- Employ prescription drug diversion control strategies;
- Perform drug testing to make sure patients are taking their prescribed medications, are not using illicit drugs, and to guide treatment decisions (e.g., increase or decrease intensity);
- Use Prescription Drug Monitoring Programs to ensure patients are not getting opiates elsewhere;
- Provide each patient with a comprehensive ASAM Patient Placement Assessment;
- Develop individualized treatment plans based on their assessment, including relapse and overdose prevention;
- Monitor the patient's response to treatment, using toxicology tests and patient self-report, and make changes to the patient's treatment plan, when indicated by lack of treatment response, treatment failure, or the patient's desire to become opioid-free;
- Implement an active medication diversion control plan, including medication checks.

We do not believe that simply allowing DATA 2000 physicians the ability, whether acted upon or not, to prescribe more opiates to patients by increasing the patient cap is a solution. Doing so runs the risk of allowing more physicians to prescribe more opioids, without providing patients with the comprehensive and coordinated care necessary for effective treatment as described by HHS' own treatment guidelines in TIP 40. We agree strongly that there is a need for more quality treatment, which includes a full range of treatment options, including support for becoming opioid-free with the help of detoxification and relapse prevention medication assisted treatment. Only by safely reducing

the number of people who are using opioids inappropriately will we reverse the current epidemic. We further ask that you work closely with the Congress before any action is taken in this area.

Thank you for your consideration.

Sincerely,

Tim Murphy
Member of Congress

Lou Barletta
Member of Congress

Dan Benishek
Member of Congress

Steve Chabot
Member of Congress

Daniel M. Donovan Jr.
Member of Congress

Frank C. Guinta
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