Statement for the Record American Nurses Association "An Epidemic Within a Pandemic: Understanding Substance Use and Misuse in America" House Energy and Commerce Health Subcommittee April 14, 2021

The American Nurses Association (ANA), representing the interests of the nation's 4.2 million registered nurses, commends the House Energy and Commerce Health Subcommittee for convening this hearing on "An Epidemic Within a Pandemic: Understanding Substance Use and Misuse in America," and appreciate the opportunity to submit this statement for the record.

ANA is committed to advancing the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving quality of health for all.

Support for H.R. 1384, the Mainstreaming Addiction Treatment (MAT) Act

The MAT Act, introduced by Representative Paul Tonko, would eliminate the current buprenorphine waiver program, allowing providers who are already able to prescribe buprenorphine for pain related conditions to meet a growing and unmet need for medicationassisted treatment. ANA supports removing non-evidence-based restrictions on medicationassisted treatment so that more providers can prescribe it for patients who desperately need it.

About Buprenorphine and Medication-Assisted Treatment

Buprenorphine is an opioid-based medication that helps curb cravings, prevent overdoses, and has allowed people suffering from opioid use disorder to recover while avoiding devastating and painful withdrawal symptoms that prevent people from being able to quit. It is considered the "gold standard" for opioid use disorder and has been in use for medication-assisted treatment for more than two decades.

To this day, prescribers are not required to have specific education or clinical training to prescribe opioid pills for pain management purposes. However, prescribing Buprenorphine for treatment of opioid use disorder requires providers to undergo extensive education courses before they can obtain the waiver necessary to prescribe. This has caused unknown numbers of prescribers to not pursue the waiver, leaving many people suffering from opioid use disorders without treatment options. An additional consequence of requiring the waiver for treatment and not pain reduction, is that many providers do not want to become the only waived provider in a geographic area. Being the only provider for treatment in an area could cause their practices to have a large influx of new patients and reduce access for patients that were already established with their practice. If all providers can prescribe medication-assisted treatment for opioid use disorder, this issue will be avoided in many cases and create more access points to care.

Giving patients access to more providers who have the ability to prescribe Buprenorphine to treat opioid use disorder is the most effective way to slow and overcome this epidemic. After France

took similar action to make buprenorphine available without a specialized waiver, opioid overdose deaths declined by 79 percent over a four-year period¹.

Conclusion

Thank you for giving nurses the opportunity to provide input on this important issue. ANA stands ready to work with the Committee to find and implement sustainable solutions regarding this important issue. If you have any questions, please contact Ingrida Lusis, Vice President of Policy and Government Affairs, at (301) 628-5081 or Ingrid.Lusis@ana.org.

¹ https://pubmed.ncbi.nlm.nih.gov/15204673/