Statement to the House Energy and Commerce Health Subcommittee Hearing

"AN EPIDEMIC WITHIN A PANDEMIC: UNDERSTANDING SUBSTANCE USE AND MISUSE IN AMERICA"

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The American Association for the Treatment of Opioid Dependence (AATOD) , which represents 1,200 Opioid Treatment Programs throughout the United States, opposes the passage of bill number H.R. 1384 and S. 445 (The Mainstreaming Addiction Treatment (MAT) Act). We certainly support the need to expand access to the treatment of opioid use disorder, wherever it is needed, especially in rural and underserved areas. There is no need to sacrifice quality of care as access to treatment is expanded.

It is true that buprenorphine, in combination with psychosocial services, has been effectively used for two decades. However, the vast majority of individuals currently receive no counseling. This has led to lower treatment retention and poor clinical outcomes. [1,2] Simply prescribing medication alone is not medication-assisted treatment.

In response to the opioid crisis, federal and state authorities worked urgently to implement opioid prescribing limits and increase prescriber education to mitigate the misguided prescribing practices that contributed to the opioid epidemic. This legislation moves in the opposite direction by removing the education requirements and limits that currently protect consumers and making it easier to prescribe a medication known to be highly diverted and misused.

Additionally, there is no need to eliminate the 8-hour training for practitioners as required by the original DATA 2000 legislation. There is a need to remove barriers to such treatment expansion such as Prior Authorizations by insurance companies. There is also a need to better ensure that DATA 2000 practitioners have access to other resources that can provide comprehensive services to the patients being treated.

Eliminating the waiver will massively expand access to <u>medication</u>, not <u>treatment</u>. This legislation does not provide medical professionals with the resources needed to integrate quality substance use disorder treatment into their settings. Many individuals with an opioid use disorder engage in polysubstance misuse, much of which requires psychosocial interventions,

not medication. Of adults with a substance use disorder, 37.9% also have a co-occurring mental health disorder.[3]

There is no data on the efficacy or quality of MAT provided in primary care settings. There is, however, data available on the rates of buprenorphine misuse. The RADARS® (Researched Abuse Diversion Addiction Related) surveillance system found that during 2018, individuals presenting for opioid treatment in the U.S. reported misuse of buprenorphine in 27.4% of cases and within these, 15.3% indicated misuse of buprenorphine by injection. [5]

The stigma surrounding MAT for opioid use disorder is generated in large part when diversion and misuse of these medications occur. Diversion control plans are not required of MAT provided in a primary care setting. The rate of buprenorphine diversion has been steadily increasing as more buprenorphine is prescribed.[5] The number of opioid treatment admissions reporting buprenorphine as a primary drug of misuse has also steadily increased.[3]

We do support increasing access to patients seeking Opioid Use Disorder (OUD) treatment as follows:

- Removing infrastructure and technology barriers to telehealth in rural areas; physicians can currently initiate treatment with buprenorphine via telehealth, if infrastructure were in place;
- Considering increase in take home allowances from highly structured, highly regulated Opioid Treatment Programs (OTP's) for eligible, stable patients to reduce transportation time and costs;
- Support initiatives to use medication units and mobile vans operated by highly regulated OTP's and for which DEA has current guidelines;
- Supporting removal of Prior Authorization requirements for treatment entry, for all insurance types, expanding on CARA 3.0's proposal on this matter.
- Incentivize state and local jurisdictions to make opening OTPs easier.

The requirement to obtain a medical license has already proven insufficient to ensure safe prescribing practices of opioids. A lack of adequate prescriber training on best practice guidelines for pain management and opioid prescribing has been identified as a significant factor in the development of the opioid epidemic due to over-prescribing of opioids without any oversight. The waiver requirement addresses these past wrongs and helps protect consumers from untrained practitioners inappropriately prescribing powerful opioid medications.

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1 T McLellan , A & O. Arndt, Isabelle & Metzger, David & Woody, George & O'Brien, Charles. (1993). The Effects of Psychosocial Services in Substance-Abuse Treatment. JAMA: the journal of the American Medical Association. 269. 1953-9. 10.3109/10884609309149701

2 Principles of Effective Treatment, A Research Based Guide (3rd Edition), National Institute on Drug Abuse, last update January 2018

3 Co-morbidity: Substance Use and Other Mental Disorders https://www.drugabuse.gov/sites/default/files/infographic-comorbidity.pdf

4 Lofwall, M.R, Walsh, S. L. 2014. A review of buprenorphine diversion and misuse: the current evidence base and experiences from around the world. *Journal of Addiction Medicine.* Sep-Oct;8(5):315-26.

5 Treatment Center Programs Combined, 2008-2018, RADARS® (Researched Abuse Diversion Addiction Related)