

April 13, 2021

To: Members of the Subcommittee on Health of the House of Representatives' Committee on Energy and Commerce

From: National Viral Hepatitis Roundtable

Subject: Support for H.R. 1384, the "Mainstreaming Addiction Treatment Act of 2021"

On behalf of National Viral Hepatitis Roundtable (NVHR), a coalition of patients, health care providers, community-based organizations, and public health partners fighting for an equitable world free of viral hepatitis, I am writing to express our strong support for H.R. 1384.

In the wake of the opioid overdose epidemic, the Centers for Disease Control and Prevention (CDC) have reported rising rates of hepatitis B and hepatitis C - alongside multistate outbreaks of hepatitis A and significant clusters of new HIV infections - linked to injection drug use. In the case of hepatitis C, several modeling studies have demonstrated that effective prevention of new infections among people who inject drugs (PWID) requires a combination approach entailing the scale-up of syringe services programs (SSPs), increased uptake of hepatitis C treatment, and improved access to medications for opioid use disorder (MOUD, such as methadone and buprenorphine, also referred to as medications for addiction treatment [MAT]).

NVHR believes that the outdated statutory waiver requirements governing the prescribing of buprenorphine have substantially hampered the integration of buprenorphine prescribing in clinical care, with a range of unintended consequences that include racial and geographic disparities in access to treatment along with rising overdose mortality and rates of acute viral hepatitis. H.R. 1384 would begin to rectify these conditions by removing the separate X-waiver requirements for practitioners already permitted to prescribe controlled substances. If enacted into law, H.R. 1384 would not only dramatically increase the number of practitioners capable of prescribing buprenorphine, but also effectively address the undue stigma embedded in current statute towards effective treatment for patients with opioid use disorders.

In closing, NVHR commends the work of the Subcommittee in focusing on meaningful Congressional actions to alleviate the struggles and suffering of people with substance use disorders and their families and communities. We encourage the Subcommittee to report out

H.R. 1384 favorably and maintain attention and commitment to tackling the syndemics of substance use and viral hepatitis in future hearings.

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