



April 13, 2021

The Honorable Anna Eshoo, Chairwoman
The Honorable Brett Guthrie, Ranking Member
Energy and Commerce Committee, Health Subcommittee
United States House of Representatives
Washington, D.C. 20510-6200

Dear Representatives Eshoo and Guthrie:

Partnership to End Addiction is a national nonprofit uniquely positioned to reach, engage and help families impacted by addiction. With decades of experience in research, direct service, communications and partnership-building, we provide families with personalized support and resources — while mobilizing policymakers, researchers and health care professionals to better address addiction systemically on a national scale.

We are grateful that the Subcommittee will be hosting the upcoming legislative hearing, “An Epidemic within a Pandemic: Understanding Substance Use and Misuse, in America.” The COVID-19 pandemic has exacerbated the country’s unrelenting addiction crisis. Grief, anxiety, social isolation, stress, and economic uncertainty are leading to increased substance use and putting people in recovery at risk for relapse. While it was already very difficult to obtain addiction treatment prior to the pandemic, COVID restrictions have added yet another set of barriers and made it even more difficult to access in-person care. These factors, combined with deadly synthetic opioids and illicit fentanyl in the drug supply, have caused drug overdose deaths to skyrocket to record levels.¹ During the pandemic, more than 240 people have died each day from a drug overdose. It is imperative that Congress continues to focus its attention on substance use, provides adequate funding for services and institutes a public health approach to address this deadly public health threat.

We are encouraged by this hearing, the recent funding for substance use services in the American Rescue Plan Act of 2021 and a number of bills currently before Congress that reflect a public health approach. We support a number of the bills that the Subcommittee will be considering in its upcoming hearing, including:

- H.R. 955, the Medicaid Reentry Act of 2021
- H.R. 1384, the Mainstreaming Addiction Treatment Act of 2021
- H.R. 2067, the Medication Access and Training Expansion Act

The Medicaid Reentry Act of 2021 would help individuals access community-based addiction treatment services upon release during the critical period when individuals are released from incarceration and face a significant risk for overdose.² Individuals who are released from incarceration are often unable to obtain care during a time when they need it most because they lack insurance coverage to pay for treatment. Medicaid is generally prohibited from paying expenses incurred while a beneficiary is incarcerated, and reinstating coverage following release can take weeks or months. The Medicaid Reentry Act would allow states to restart benefits for Medicaid-eligible individuals 30 days prior to

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² <https://www.nejm.org/doi/full/10.1056/nejmsa064115>



release, easing connections to community-based addiction treatment services and reducing the risk of overdose following release.

The Mainstreaming Addiction Treatment (MAT) Act of 2021 would remove another unnecessary barrier to care: the buprenorphine waiver requirement. Buprenorphine is an effective medication for treating opioid use disorder but health care providers who prescribe this medication are subject to unique requirements to obtain a “waiver” from the federal government and a limit on the number of patients that they are able to treat at a given time. These requirements do not exist for any other medication and are incompatible with the goal to increase access to evidence-based treatment for opioid use disorder.³ While removing the waiver is a critical step, more is needed to ensure access to quality, effective addiction treatment.

One important way to increase access to treatment is to improve health care provider training on substance use and addiction, a barrier that is addressed by the Medication Access and Training Expansion (MATE) Act. The MATE Act would require prescribers to undergo opioid and substance use disorder training before receiving or renewing their license to prescribe controlled substances. Currently, health care providers only receive minimal training to address addiction and are unequipped to identify, treat and manage one of the biggest public health crises in our country. In order to expand effective treatment, health care professionals must be trained to treat addiction as they do any other complex disease. At a minimum, prescribers must have a working understanding of addiction before they are permitted to prescribe addictive narcotics.⁴

We also encourage the Subcommittee to consider a few other important bills currently before Congress, including:

- The Family Support Services for Addiction Act (H.R. 433)
- The [Opioid Patients’ Right to Know Act \(H.R. 1185\)](#)
- The Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act (S. 586)

The Family Support Services for Addiction Act would establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families. We know that when families are involved and empowered, the outcomes for their loved ones are better. This legislation fills a significant gap in federal addiction resources by providing family programs with support and funding for their critical services.

Given the overprescribing of prescription opioids that fueled the current addiction crisis, we also believe it is important for patients to have access to non-opioid alternatives for pain. The [Opioid Patients’ Right to Know Act](#) would create a grant program to incentivize states to require prescribers to discuss the addictive qualities of opioids and inform patients of alternative treatment options prior to prescribing opioids for acute pain. While a companion bill has not yet been introduced in the House, a bill currently introduced in the Senate, the Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act would change federal reimbursement policy to expand access to non-opioid approaches to acute pain management.

³ For additional information, please refer to our position statement on the Buprenorphine Prescribing Waiver: <https://drugfree.org/article/buprenorphine-prescribing-waiver/>

⁴ For more information, please read our position statement on Addiction Training for Health Care Professionals: <https://drugfree.org/article/addiction-training-for-health-care-professionals/>



Thank you very much for your willingness to accept our comments on the legislation that will be considered at the Subcommittee's upcoming hearing and other bills before Congress. We believe that these bills would remove unnecessary barriers and move us toward the comprehensive, public-health based approach necessary to overcome our nation's addiction crisis. We are deeply grateful to the Subcommittee's commitment to helping individuals struggling with substance use and addiction and their families.

Sincerely,

Marcia Lee Taylor
Chief External and Government Relations Officer