

Congress of the United States
Washington, DC 20515

July 30, 2015

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

Dear Secretary Burwell:

As you know, the United States is in the midst of a severe opioid abuse epidemic. In 2013 alone, approximately 1.9 million Americans met the diagnostic criteria for abuse or dependence on prescription pain relievers. We support the Department's March announcement which outlined a three-pronged approach to combat opioid abuse. We write today to urge you to use the power granted to the Department through the Drug Addiction Treatment Act of 2000 (P.L. 106-310) to increase access to Medication-Assisted Therapy (MAT) for the treatment of opioid abuse.

While effective medications to treat opioid addiction exist, federal regulations continue to limit access to these treatments. These restrictions have created a huge disparity between those who can prescribe opioids and those who can prescribe treatments for opioid addiction. Only 10 percent of the 23 million Americans with addictions and substance use disorders receive any care in a given year.

Addiction experts agree that individuals suffering from an opioid addiction need access to a broad range of treatments, including MAT, which involves a combination of medications and therapeutic supports to help people recover from opioid addiction. Numerous studies have shown that MAT reduces drug use, disease rates, and criminal activity among opioid addicted persons. Specifically, buprenorphine mono or combination therapy helps to reduce the transmission of HIV and hepatitis among drug users and the occurrence of high-risk injection practices. MAT has also been shown to be safe and cost-effective and to reduce the risk of overdose.

Medications such as methadone and buprenorphine benefit patients in staying sober while reducing the side effects of withdrawal and curbing cravings, which can lead to relapse. Buprenorphine used alone or in combination with naloxone as an abuse deterrent formulation does not produce the euphoria or dangerous side effects of heroin or other opioids.

Despite the effectiveness of MAT, there is significant under treatment with this proven therapy. According to the National Survey on Drug Use and Health, of the 2.5 million Americans 12 years of age or older who abused or were dependent on opioids in 2012, fewer than one million received MAT.

Use of buprenorphine is highly controlled. In order to prescribe buprenorphine therapy, physicians must take and pass an eight-hour course and meet other qualifications, and then apply for a special waiver. The Drug Addiction Treatment Act arbitrarily capped the number of addicted patients a

physician can treat at any one time to 30 through the first year following certification, expandable to 100 patients thereafter. As an acknowledgement the cap was set without a full understanding of what market use and application could be, the statute grants you as HHS Secretary direct authority to raise the cap. Lifting the cap would enable physicians to treat more patients with these highly effective drugs.

We view immediate Administrative action to raise the current prescriber caps on highly effective MAT medications buprenorphine mono or combination therapy as an important part of larger collaborative efforts between the Congress and the Administration to address drug addiction. We ask for a response to this request within 30 days of your receipt of this letter.

Sincerely,



Brian Higgins
Member of Congress



Richard Hanna
Member of Congress



Paul Tonko
Member of Congress



Seth Moulton
Member of Congress



Elise Stefanik
Member of Congress



John Katko
Member of Congress