



Majority Leader Mitch McConnell  
317 Russell Senate Office Building  
Washington, DC 20510

Minority Leader Harry Reid  
522 Hart Senate Office Building  
Washington, DC 20510

March 7, 2016

ALAMEDA COUNTY (OAKLAND)

BALTIMORE CITY

BOSTON

CHICAGO

CLEVELAND

DALLAS COUNTY

DENVER

DETROIT

FULTON COUNTY (ATLANTA)

HOUSTON

KANSAS CITY

LONG BEACH

LOS ANGELES COUNTY

MARICOPA COUNTY (PHOENIX)

MIAMI-DADE COUNTY (MIAMI)

MINNEAPOLIS

MULTNOMAH COUNTY (PORTLAND)

NEW YORK CITY

PHILADELPHIA

SACRAMENTO

SAN ANTONIO

SAN DIEGO COUNTY

SAN FRANCISCO

SANTA CLARA COUNTY (SAN JOSE)

SEATTLE - KING COUNTY

SOUTHERN NV (LAS VEGAS)

TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

Dear Majority Leader McConnell and Minority Leader Reid:

As you know, opioid misuse is a growing public health crisis. Large, urban health departments are on the front lines of the epidemic where they work for increased community access to prevention and treatment, monitor local and state data to analyze trends, educate healthcare providers on the proper opioid prescribing practices, and train first responders and community members on how to use lifesaving medications that reverse the effects of an opioid overdose and save lives.

S.524, the “Comprehensive Addiction and Recovery Act (CARA),” which directs resources across the continuum of prevention, treatment, and recovery, is an important response to the epidemic.

However, additional steps are needed to address the epidemic of opioid abuse and overdose. The following officials from large urban health departments urge the Senate to approve The “Recovery Enhancement for Addiction Treatment (TREAT) Act,” (S.1455) to specifically expand the types of qualifying practitioners who can prescribe medication-assisted treatment.

Medication-assisted treatment, including buprenorphine, is the most effective way to treat opioid addiction. This medication reduces death from opioids, drug use, and crime, and, most importantly, helps individuals regain their ability to participate in their communities, families, and workplaces.

According to the Centers for Disease Control and Prevention, opioid overdose deaths increased by 14 percent in 2014, the most recent year for which data is available. Since 2000, overdose deaths have claimed the lives of half a million Americans. But, overdose deaths and other consequences of opioid misuse are preventable.

As health commissioners leading the nation’s largest, most urban health departments, we have seen firsthand the damage opioid misuse has done to our communities. Together we have worked to align strategies to address the opioid crisis, but local action is not enough. It is critical to recovery that the full range of treatment and harm reduction strategies are available. We need the federal government as a partner in this effort in order to improve treatment access by remedying the shortages in prescribers certified to offer buprenorphine treatment.

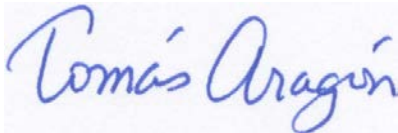
Although nurse practitioners and physician assistants can prescribe addictive opioid medications, they are not permitted to prescribe the very drug - buprenorphine – needed for the treatment of opioid addiction under federal law.

This limitation in the current law ignores the important and successful partnership between primary care physicians, nurse practitioners and physician assistants in the treatment of addiction, and hampers access to buprenorphine. Building on these strong partnerships between physician and non-physician providers is vital in expanding access to effective treatment.

The TREAT Act, authored by Senator Edward Markey (D-MA) would relax patient limits and allow nurse practitioners and physician assistants who receive specialized training to prescribe buprenorphine under the supervision of qualified physicians.

We strongly feel that this bill supports a responsible approach to increase prescribing capacity, while ensuring that practitioners are adequately trained and supervised. As public health agencies we have broad support for this approach in our communities and stand ready to implement changes quickly once Congress acts to pass legislation.

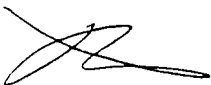
Sincerely,



Tomas Aragon, MD, DrPH  
Health Officer, City of San Francisco



Kelly Colopy, MPP  
Director, Long Beach Department of Health  
and Human Services



Rex Archer, MC, MPH  
Director of Health, Kansas City (Missouri)



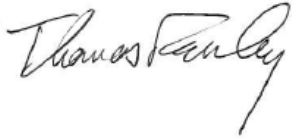
Abdul El-Sayed, MD, DPhil  
Executive Director & Health Officer, Detroit  
Health Department



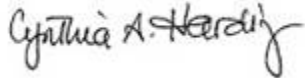
Mary T. Bassett, MD, MPH  
Commissioner, New York City Department  
of Health and Mental Hygiene



Bob England, MD, MPH  
Director, Maricopa County Department of  
Public Health



Thomas Farley, MD, MPH  
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Public Health



Cynthia A. Harding, M.P.H.,  
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Joseph P. Iser  
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