



May 31, 2016

CDR Jinhee Lee, PharmD
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
5600 Fishers Lane, Room 13E21C
Rockville, MD 20857

Re: Proposed Rule to Expand Patient Access to Buprenorphine, RIN 0930-AA22

Dear Commander Lee:

I am writing on behalf of the Big Cities Health Coalition (BCHC), which supports the Department of Health and Human Services' (HHS) proposal to expand patient access to Buprenorphine from 100 patients per practitioner to 200 patients for practitioners who meet certain criteria. BCHC is a forum for the leaders of America's largest urban health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 54 million people they serve.

Opioid abuse and addiction is sweeping across our country – devastating cities, states, and small communities alike. Local jurisdictions need the federal government's support to overcome this deadly epidemic. As experts on the health of the communities they serve, BCHC members see firsthand the need to increase access to on-demand treatment, which includes removing barriers to the prescribing of buprenorphine.

Buprenorphine is an evidence-based medication-assisted treatment option with a much lower chance of overdose than methadone. Because buprenorphine is a partial opioid agonist, it activates fewer opioid receptors in the brain. This results in similar effects to full opioids, but to a much lesser degree, lowering the risk of misuse, dependency, and side effects. Also, because of buprenorphine's long-acting agent, many patients may not have to take it daily.

Importantly, buprenorphine is the only addiction therapy drug that can be prescribed by a primary care provider rather than in a designated drug-treatment clinic. This helps to convey the accurate perception that substance use disorder is a medical condition. Unfortunately, current law restricts doctors to treating 100 patients per year. This barrier does not exist for any other medication and significantly limits patients' access to a life-saving treatment option. BCHC strongly supports the proposal to increase the cap on buprenorphine prescriptions to make this drug more accessible to those who need it.

BCHC's members have been at the leading edge of innovation in combatting the opioid epidemic, including medication-assisted treatment. These city

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.

(county) health departments have expanded access to buprenorphine treatment by offering services in low-barrier settings, such as recovery centers, emergency shelters, and mental health facilities. Many work with city (county) EMS, fire, and police departments to train all emergency responders on how to recognize signs of an overdose and administer naloxone accordingly. Providing access to buprenorphine services across a number of settings throughout a jurisdiction allows engagement of those who are more transient and/or lack stable housing into much needed treatment.

Despite these innovations and leadership from our nation's cities, progress has stalled. The arbitrary 100 patient cap prevents doctors from providing buprenorphine to all who need it. While one would never limit a doctor to prescribe blood pressure medication to only 100 patients per year that is what we have done with buprenorphine. This restriction prevents communities from achieving the full benefit of this lifesaving drug.

Enacting this proposed rule change will be an important step forward. It will allow those in need to get effective evidence-based treatment in an appropriate and private medical setting. It will help reduce stigma by treating addiction patients the same as any other medical patients, and there is no medical basis for any limit on the number of patients to whom a provider can prescribe buprenorphine. Additionally, BCHC continues to urge Congress to broaden buprenorphine prescription authority to other health care providers—including nurse practitioners and physician assistants. All medical professionals licensed to prescribe prescription drugs should be authorized to prescribe buprenorphine.

The opioid epidemic will not be overcome by using just one approach. This proposal is a relatively small regulatory change that has the potential to have a huge impact in the fight against addiction. The proposed rule is a necessary ingredient to respond to the needs of communities across the nation, which can be a key component in a comprehensive federal response that needs to include interventions focused on prevention, treatment, recovery, and surveillance.

Thank you for your attention and leadership in addressing this critical issue. This proposed rule is an important step forward in addressing this public health emergency.

Sincerely,

A handwritten signature in black ink that reads "Chrissie Juliano". The signature is written in a cursive, flowing style.

Chrissie Juliano, MPP
Director, Big Cities Health Coalition