November 14, 2019

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independent Avenue S.W.  
Washington, D.C. 20201

Dear Secretary Azar:

We, the undersigned members of the Big Cities Health Coalition (BCHC) support the passage of the bipartisan “Mainstreaming Addiction Treatment Act of 2019” (H.R. 2482) to eliminate the DEA X waiver requirements and patient limits on buprenorphine prescribing for opioid use disorder (OUD). In the meantime, we urge HHS to exercise its legal authority to further raise the patient capacity limits for all qualified clinicians and eliminate the extra sixteen hours of training currently required of non-physician clinicians. This action will support ongoing local and state public health efforts to turn the tide of the opioid overdose crisis in our communities.

BCHC is a forum for leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve. We are calling for the removal in federal laws and regulations of impediments to prescribing buprenorphine — the highly effective medication to treat OUD.

As you know, OUD, and threat of related overdose injury/death, is an urgent public health crisis facing communities across the country. More than 70,000 people died of a drug overdose in the United States in 2017. U.S. opioid-related fatalities have quadrupled in the past 20 years. Deaths continue to rise due to various factors including the presence of fentanyl in illicit drug markets. Increases in fatal overdoses are being seen among men and women of all ages and races, and trends show that the epidemic has evolved to impact a wider range of the population, contributing to decreases in life expectancy.\(^1\) In addition to this huge human cost, this epidemic has also come with a significant financial cost, with opioid overdose and death costing the United States over $78.5 billion.\(^2\)

It is imperative that local, state, and federal governments promote and implement proven strategies to prevent, treat and combat the opioid health crisis. If current trends continue, drugs, alcohol and suicide could kill an estimated 1.6 million Americans between 2016 and 2025, according to a new analysis,\(^3\) a 60 percent increase. OUD is a treatable medical condition, and most importantly, opioid-related deaths are preventable.

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People living with OUD, without access to effective treatment, are at high risk for opioid-related death and illnesses. Decades of scientific studies have shown that OUD is highly treatable with medication, and yet only about 10% of people with a substance use disorder receive treatment for it. Buprenorphine is one of three FDA-approved medications for the treatment of opioid addiction and has been found to be the most effective treatment available in general medical settings in reducing opioid use, overdose, and death. Buprenorphine has been available in the U.S. for the treatment of OUD since 2002, with the passage of the “Drug Addiction Treatment Act (DATA) of 2000.” Despite the scientific evidence of the efficacy of buprenorphine, it remains highly regulated by federal law, thus limiting its availability. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), fewer than 10% of physicians nationwide are certified to prescribe buprenorphine. In 2016, 47% of counties (and 72% of rural counties) did not have any buprenorphine-waivered physician in their communities. Additionally, recent studies have highlighted racial disparities in access to buprenorphine.

Burdensome requirements and restrictions on practice are barriers to expanding access to this life-saving medication. In order to prescribe buprenorphine for OUD, clinicians must obtain a separate waiver (after completing a training course—8 hours for physicians and 24 hours for non-physician practitioners—and completing an application). There is a limit on the number of patients that waivered clinicians may treat with buprenorphine for OUD at a given time. That said, there is no scientific evidence to support these restrictions. Notably, buprenorphine is no more complicated to prescribe than many other commonly prescribed medications (e.g., medications to control diabetes). In other areas of practice, for example, clinicians are trusted to follow practice standards regarding medication management, ranging widely in complexity. Ironically, clinicians may prescribe opioid medications, such as oxycodone and others that have been widely implicated in the overdose epidemic, for pain treatment without additional training, an application for a waiver, or limits on how many patients they may treat.

Our communities are greatly affected by untreated and under-treated OUD. Our ongoing efforts to address the opioid epidemic as a public health crisis require increased access to evidence-based interventions, specifically, buprenorphine to treat OUD. Congress and HHS have loosened some of the restrictions in DATA 2000 twice in 2016 and in 2018, but these actions were incremental and insufficient to meet the enormous need for OUD treatment posed by the persistent opioid epidemic. We once again urge you to immediately exercise HHS’ legal authority to further raise the patient capacity limits for all qualified clinicians, and to eliminate the extra sixteen hours of training currently required of non-physician clinicians to encourage more clinicians to treat patients’ OUD.

The Big Cities Health Coalition is ready to work with HHS to develop and enhance evidence-based solutions to address the opioid epidemic across the country.

For more information, please contact Chrissie Juliano, BCHC Executive Director at juliano@bigcitieshealth.org or 301-664-2989.
Sincerely,

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Micheal Baker, MS, MA, Office of Intergovernmental and External Affairs
9 Comprehensive Addiction and Recovery Act of 2016 (CARA); SUPPORT for Opioid Act of 2018 included authorization for certain DATA 2000 waivered practitioners to start immediately treating up to 100 patients at a time with buprenorphine (increasing the initial 30 patient cap); codified the 2016 HHS regulation that raised the number of patients that practitioners who meet certain eligibility requirements can treat with buprenorphine at any one time to 275 patients (instead of 100 patients) after one year of waivered buprenorphine practice.