



American Society of Addiction Medicine

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TREAT ADDICTION • SAVE LIVES

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June 9, 2015

The Honorable Edward J. Markey
United States Senate
255 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Rand Paul
United States Senate
167 Russell Senate Office Building
Washington DC, 20510

Dear Senators Markey and Paul:

On behalf of the American Society of Addiction Medicine (ASAM), the largest medical society representing physicians and allied professionals treating addiction, I am writing to thank you for your bill, the "Recovery Enhancement for Addiction Treatment Act" (TREAT Act). This important act supports ASAM's efforts to improve patients' access to life-saving medications that treat opioid addiction. Specifically, your bill lifts the current prescribing limitation on buprenorphine, an FDA-approved pharmacotherapy with proven clinical and cost effectiveness. Moreover, your bill sets forth a strategy for lifting this limit that supports improved prescriber education, diversion control and expansion of qualified buprenorphine treatment providers nationwide.

The morbidity and mortality statistics related to prescription drug and heroin addiction are astounding. According to the Centers for Disease Control and Prevention (CDC), deaths from prescription opioid pain relievers quadrupled between 1999 and 2013, and the rate of deaths involving heroin almost tripled between 2010 and 2013. This epidemic is compounded by the vast gap in access to opioid addiction treatment. This does not have to be our patients' realities. We have at our disposal highly effective, FDA-approved pharmacotherapies to treat opioid addiction. Unfortunately, they all come with arbitrary treatment limits that have resoundingly negative effects on treatment access and outcomes. The current 100-patient prescribing limit on buprenorphine is codified in federal statute and can and should be eliminated for highly qualified addiction treatment providers.

There are today nearly 5,000 board-certified addiction medicine physicians, addiction psychiatrists and addiction osteopaths sufficiently trained to treat this devastating disease, using pharmacotherapies like buprenorphine and other treatment modalities supported by these specialties. There are tens of thousands more primary care physicians

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and advanced practice clinicians like nurse practitioners and physicians assistants who, with significant specialized training and access to the aforementioned specialists, can also advance the use of buprenorphine and thereby help fill the treatment gap.

Expanding the prescribing limit for qualified addiction treatment providers will have an immediate, positive impact on expanding opioid addiction patient access to a clinically and cost-effective addiction pharmacotherapy. The TREAT Act details a thoughtful, actionable approach that supports this outcome. ASAM applauds the goals of this Act and looks forward to a continued collaboration on expanding access to opioid addiction treatment and the concomitant effort to ensure safe prescribing of opioids for pain, alternate pain therapy options and early identification of and treatment for addiction among all first-line healthcare providers.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Jeffrey Goldsmith, MD". The signature is written in a cursive, flowing style.

R. Jeffrey Goldsmith, MD, DLFAPA, FASAM
President, American Society of Addiction Medicine