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June 19, 2014

The Honorable Edward J. Markey 218 Russell Senate Office Building United States Senate Washington, DC 20510

Dear Senator Markey,

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 "Expanded Opportunity for Substance Abuse Treatment 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 prescribes a strategy for lifting this limit that supports improved prescribing 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. Every day, in fact every 19 minutes, an American dies from an unintentional drug overdose. 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 5000 board-certified addiction medicine, addiction psychiatry and addiction osteopaths sufficiently trained to treat this devastating disease, using pharmacotherapies like buprenorphine and the myriad other treatment modalities supported by these specialties. There are tens of thousands more primary care physicians 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 "Expanded Opportunity for Substance Abuse Treatment Act" details a

PHONE: (301) 656-3920 ● FAX: (301) 656-3815 E-MAIL: EMAIL@ASAM.ORG ● WEBSITE: WWW.ASAM.ORG 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 assure 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,

Stuart Gitlow, MD, MBA, MPH, FAPA

President, American Society of Addiction Medicine