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The Voice of Addiction Medicine
American Society of Addiction Medicine

American Society of Addiction Medicine (ASAM) Testimony at the Bipartisan Opioid Task Force Roundtable, “Third Wave of the Opioid Epidemic: Fentanyl and Synthetics”

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Introduction

Chairwoman Kuster, Chairman Fitzpatrick, and distinguished members of this Task Force, thank you for the opportunity to participate in today’s discussion.

My name is Dr. Margaret Jarvis. I am board certified in Addiction Medicine and Psychiatry, and I am Chief of the Addiction Medicine Service line for the Geisinger Health System in Pennsylvania.

I serve on the Board of the American Society of Addiction Medicine, known as ASAM. ASAM is a medical society representing over 6,000 health care professionals in the field of addiction medicine. I offer this testimony on ASAM’s behalf.

Background

The cost of untreated, and *ineffectively* treated, addiction in the United States is staggering.

Tens of thousands of Americans are losing their lives every year to drug overdose, now largely due to fentanyl and its analogues.¹ The White House Council of Economic Advisers has estimated the cost of the opioid crisis approached \$504 billion – or 2.8% of GDP – in 2015 alone.²

The good news is, with the right policies, we can save money and lives.

I'll defer to other experts regarding our ability to reduce the availability of lethal drugs. As an addiction specialist, I would like to spend my time talking about effective demand reduction policies when supply-side efforts fall short or produce unintended consequences.

To that end, I will focus on two themes:

1. A far greater financial investment is necessary in demand-reduction interventions that evidence shows will have the most impact to save lives; and
2. We need *bold* policy changes that meet the scale of this crisis and rapidly mainstream evidence-based addiction prevention and treatment across America.

¹ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health". September 2018.

² White House: Opioid Crisis Cost US Economy \$504 Billion in 2015. Voice of America. <https://www.voanews.com/a/us-opioid-crisis-white-house-report/4126121.html>. Published November 19, 2017. Accessed July 19, 2019.

Invest in a Well-Trained Addiction Treatment Workforce

First, we need an adequate addiction treatment workforce. ASAM applauds the inclusion of full funding for the SUPPORT Act's SUD Loan Repayment Program and the CURES Act's training demonstration program in the House Labor-HHS bill. But there's more to do.

ASAM urges the passage of the Opioid Workforce Act which has cleared the Ways and Means Committee. This legislation would increase the number of resident physician slots in residency programs in addiction psychiatry, addiction medicine, or pain medicine.

Invest in the Delivery of Comprehensive, Evidence-Based Addiction Care

Second, the Energy and Commerce Committee should hold a hearing on the CARE Act of 2019. This legislation would authorize \$100 billion over the next decade to support evidence-based addiction treatment services. Crucially, it would direct the Department of Health and Human Services, in consultation with ASAM, to develop model licensure standards for the regulation of addiction treatment programs based on nationally recognized levels of care. It would also encourage entities delivering addiction treatment services to become Medicaid providers, helping to ensure these federal grants are the payer of last resort and are largely used for wraparound services that enhance the core medical services that Medicaid and other insurance are better suited to cover.³

³ Bailey P. Medicaid Must Be Part of Solution to Opioid Crisis. Center on Budget and Policy Priorities. <https://www.cbpp.org/blog/medicaid-must-be-part-of-solution-to-opioid-crisis>. Published May 8, 2019. Accessed July 19, 2019.

Bold Policy Interventions that Mainstream Addiction Treatment

Third, thanks to many of you, critically important pieces of legislation that would further mainstream addiction medicine have been filed on parity enforcement, modernization of 42 CFR Part 2, and addiction treatment for the incarcerated. Congress should work quickly toward their passage.

Additionally, ASAM endorses The Mainstreaming Addiction Treatment Act, which would eliminate the separate DEA waiver to prescribe buprenorphine for the treatment of addiction, conditioned on the inclusion of additional provisions that would (1) eliminate DEA regulations on medications in Schedules III-V that are based on the prescribing intent to treat addiction, including ending related routine DEA audits, and (2) require all DEA controlled substance prescribers to complete medical education on addiction.⁴

An effective way to accomplish the educational goal would be to transfer the training requirement from the X- waiver to the DEA controlled substance license and include new provisions that would allow accredited schools of medicine, advanced practice nursing, and physician assistants, as well as residency programs, to embed such training in their curricula. This would provide a glide path for phasing out the need for any separate, federally mandated addiction education course for these future practitioners.

Indeed, many of us have heard the heartbreaking analogy that the daily death toll of this crisis is equivalent to an airplane full of people crashing every day. With such a policy innovation,

⁴ Fiscella K, Wakeman SE, Beletsky L. Buprenorphine deregulation and mainstreaming treatment for opioid use disorder: X the X waiver [published December 26, 2018]. *JAMA Psychiatry*. doi:[10.1001/jamapsychiatry.2018.3685](https://doi.org/10.1001/jamapsychiatry.2018.3685) (recommending mandatory education and elimination of discriminatory DEA regulations).

Congress would have the opportunity to send a powerful message -- if you want a license to fly the “controlled substance” plane, then you need to know something about landing it.⁵

Closing

In closing, addiction is a complex medical disease. While preliminary data indicates overdose fatalities may have decreased slightly last year, too many Americans continue to lose their lives, and millions more are losing their families and friends. Stigma, siloed care, an inadequate clinical workforce, lack of patient access to treatment meeting generally accepted standards of care – you can help fix this.

Thank you again for the opportunity to present. I look forward to your questions.

⁵ Melville, Nancy A. Opioid Agreement Ethics Challenged. <https://www.medscape.com/viewarticle/851543>. Published September 25, 2015. Accessed July 19, 2019 (quoting one physician’s analogy that likens managing long-term opioid therapy to flying a plane).