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August 20, 2018

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
The Capitol, S-230  
Washington, DC 20510

The Honorable Chuck Schumer  
Minority Leader  
United States Senate  
The Capitol, S-221  
Washington, DC 20510

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1895-1989

Dear Senator McConnell and Senator Schumer:

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 5,700 physicians and other clinicians who specialize in the prevention and treatment of addiction, and ASAM's undersigned chapters, we are writing to urge the Senate to take up and pass quickly comprehensive legislation to address the opioid misuse, addiction, and overdose epidemic.

For more than 60 years, ASAM has been the voice of America's addiction medicine professionals. ASAM recognizes that addiction is 1) a chronic, relapsing, multi-dimensional brain disease characterized by changes in the brain circuits related to reward, stress, and self-control and 2) is treatable - like other chronic, relapsing diseases such as diabetes or asthma. Yet, despite broad consensus among the scientific and medical communities that addiction is a treatable medical condition, discrimination and stigma surrounding the disease of addiction, and those suffering from it, have crippled our national response to a public health crisis of historic proportions. Therefore, turning the tide on the opioid misuse, addiction, and overdose epidemic and preventing future crises related to substance misuse and addiction, requires a new approach to the delivery of substance use prevention, addiction treatment and recovery support services. Considering all the lives we have lost and all the lives we still risk losing, the time for change is now.

As such, we respectfully ask that the Senate move swiftly and that any legislative package addressing the opioid misuse, addiction, and overdose epidemic passed by the Senate include the below critical provisions. These provisions collectively recognize that, when it comes to addiction medicine, we must do three things: teach it, standardize it, and cover it.

### Summary of Recommendations

We recommend that the following provisions be included in any legislation addressing the opioid misuse, addiction, and overdose epidemic passed by the Senate. We describe these provisions in more detail below.

- Sections 7071, 7072 of H.R.6, the *SUPPORT for Patients and Communities Act*- H.R. 5102, *Substance Use Disorder Workforce Loan Repayment Act*
- Section 3003 of H.R. 6 - H.R. 3692 – *Addiction Treatment Access Improvement Act*
- Sections 406 and 407 of S. 2680 – Increased training on addiction and pain in medical school/residencies
- *The Opioid Workforce Act of 2018* (S. 2843) - Expansion of the addiction treatment workforce
- Section 7121 of H.R.6 - H.R. 5272 – Guidance from National Mental Health and Substance Use Policy Laboratory
- HR 6082 - *Overdose Prevention and Patient Safety Act*
- Section 2007 of H.R. 6- *Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs*
- Section 5031, 5032 of H.R. 6 - H.R. 4005, the *Medicaid Reentry Act*
- Section 6041, 6042 of H.R. 6 - H.R. 5605, the *Advancing High-Quality Treatment for Opioid Use Disorders in Medicare Act*
- Sections 11001-11002 of H.R. 6 – HR 5797 – *IMD CARE Act* – Expanded to “Substance Use Disorder”

### Addiction Medicine: Teach It.

The current addiction treatment gap will never be closed with the current addiction treatment workforce. There are simply too few physicians and other clinicians with the requisite knowledge and skills to meet the needs of the millions of Americans suffering from untreated substance use disorder. To make a meaningful and sustainable impact on the current opioid misuse, addiction, and overdose epidemic, and to stave off future epidemics related to other addictive substances such as cocaine, benzodiazepines or methamphetamine, it is imperative that our country make strategic investments to incentivize clinicians to work in programs and practices that specialize in the treatment of substance use disorder and addiction.

### **Sections 7071, 7072 of H.R.6, the *SUPPORT for Patients and Communities Act* - H.R. 5102, *Substance Use Disorder Workforce Loan Repayment Act*.**

This legislation would create a more robust treatment workforce by helping participants who pursue full-time substance use disorder treatment jobs in high-need geographic areas repay their student loans. More specifically, the bill would offer student loan repayment of up to \$250,000 for participants who agree to work as a substance use disorder treatment professional in areas most in need of their services. The program would be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals. We strongly support its inclusion in any opioid legislative package passed by the Senate.

### **Section 3003 of H.R. 6 - H.R. 3692 – *Addiction Treatment Access Improvement Act.***

This legislation would 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, 2) temporarily expand the definition of "qualifying practitioner" to include nurse anesthetists, clinical nurse specialists, and nurse midwives, and 3) permit a waived-practitioner to immediately start treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner has board certification in addiction medicine or addiction psychiatry or if the practitioner provides medications for the treatment of addiction involving opioid use in a qualified practice setting. These gains in improved access to addiction treatment provided by trained physicians and other trained prescribers would ensure that more individuals have access for evidence-based care. We strongly support its inclusion in any opioid legislative package passed by the Senate.

### **Sections 406 and 407 of S. 2680 – *Increased training on addiction and pain in medical school/residencies.***

This legislation would create a new, voluntary training pathway for physicians to receive a waiver to treat patients with opioid addiction with Food and Drug Administration (FDA)-approved medications and would establish a new grant program which would, among other things, support accredited schools of allopathic medicine or osteopathic medicine that develop curricula on addiction medicine, which may include pain management, which meet the requirements of said legislation.

By establishing this additional pathway to obtain a DATA waiver, not only will physicians be able to satisfy the DATA 2000 waiver training requirement by taking approved courses during medical school, but the number of graduates who will enter the practice of medicine with an educational background that includes addiction medicine will be increased. We strongly support the inclusion of these provisions in any opioid legislative package passed by the Senate.

### **The Opioid Workforce Act of 2018 (S. 2843) - *Expansion of the addiction treatment workforce.***

In a joint letter, dated May 21, 2018, ASAM, The Addiction Medicine Foundation, the Addiction Medicine Fellowship Directors Association, the American Academy of Addiction Psychiatry, and the American Osteopathic Academy of Addiction Medicine, thanked Senators Nelson and Heller for their efforts to help build the addiction physician specialist workforce with this key piece of legislation. Currently, Addiction Psychiatry has slightly fewer than 50 fellowship training programs. Addiction Medicine has a little more than 50 fellowship training programs. While more fellowship programs are under development, a major barrier to the growth and sustainability of these fellowship training programs is a lack of support for additional training positions.

Considering the health care challenges facing this country, now, more than ever, a greater number of physicians need training on the full spectrum of addiction care: prevention, treatment, remission, and recovery. This legislation would provide critical Medicare support for an additional 1,000 graduate medical education positions over the next five years in teaching hospitals that have, or are in the process of establishing, approved programs in addiction medicine, addiction

psychiatry, or pain management. If needed, it would also provide support for prerequisite residency training for physicians entering these fields. We strongly support its inclusion in any opioid legislative package passed by the Senate.

### Addiction Medicine: Standardize It.

There are many misconceptions about the disease of addiction, and a culture change is needed in this country to drive patients to the treatment options that have been proven to be effective at reducing overdose deaths and supporting patients in remission and recovery.

When it comes to addiction involving opioid use, the most effective treatment options involve the use of medications in combination with specific, psychosocial interventions to support remission and recovery and involve a certified addiction medicine specialist in the patient's care. When we say, "treatment works," we are not referring to every approach that claims to be treatment. Rather, as physicians and other clinicians who specialize in the treatment of addiction, we are specifically referring to those interventions that have scientific evidence to support their effectiveness.

### **Section 7121 of H.R.6 - H.R. 5272 – Guidance from National Mental Health and Substance Use Policy Laboratory**

This legislation would, for the first time, direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide explicit guidance for entities applying for grants from the Substance Abuse and Mental Health Services Administration in order to 1) encourage the funding of evidence-based practices; 2) encourage the replication of promising or effective practices; and 3) inform applicants on how to best articulate the rationale for the funding of a program or activity. We believe recipients of federal grants for mental health or substance use disorder prevention or treatment programs should use evidence-based practices to the greatest extent possible and strongly support the inclusion of this legislation in any opioid legislative package passed by the Senate.

### **HR 6082 - *Overdose Prevention and Patient Safety Act***

ASAM is dedicated to increasing access to and improving the quality of addiction treatment for patients. To that end, we are committed to advocating for a national addiction treatment system that integrates mental health, substance use disorder, and primary care services to produce the best patient outcomes and establish the most effective approach to caring for people with multiple healthcare needs. This legislation would accomplish this by expanding the circumstances under which medical records relating to substance use disorders can be disclosed to healthcare providers, plans, and healthcare clearing houses, thereby enabling medical professionals to access that information when treating patients. Such disclosures must be made in accordance with HIPAA privacy regulations and the bill prohibits any entity from discriminating against an individual based on information contained in substance use medical records.

Ultimately, the barriers that Part 2 currently presents to coordinated, safe, and high-quality medical care cause significant harm, and thoughtful changes to the law are necessary to mitigate this harm while protecting patients' privacy. Access to a patient's entire medical record, including

addiction records, helps ensure that health providers and organizations have all the information necessary for safe, effective, high-quality treatment and care coordination that addresses all a patient's unique health needs. We strongly support modernizing Part 2 as part of any opioid legislative package passed by the Senate.

#### Addiction Medicine: Cover It.

#### **Section 2007 of H.R. 6 - *Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs.***

This legislation would greatly expand access to Medication-Assisted Treatment (MAT) in Medicare through bundled payments made to Opioid Treatment Programs. We strongly support its inclusion in any opioid legislative package passed by the Senate.

#### **Section 5031, 5032 of H.R. 6 - H.R. 4005, the *Medicaid Reentry Act.***

The risk of opioid-related overdose death dramatically increases in the first days and weeks after an individual with untreated opioid use disorder is released from jail or prison. Providing treatment access during incarceration and warm handoffs to community-based care upon release can reduce this risk and help save lives. Passing legislation to facilitate pre-release treatment and connections to community-based care for individuals released from the criminal justice system should be a key part of a comprehensive Congressional response to the ongoing opioid addiction and overdose death epidemic.

This legislation would require the Secretary of the Department of Health and Human Services (HHS) to convene a stakeholder group that will produce a report of best practices for states to consider in health care related transitions for inmates of public institutions, and we strongly support its inclusion in any opioid legislative package passed by the Senate.

#### **Section 6041, 6042 of H.R. 6 - H.R. 5605, the *Advancing High-Quality Treatment for Opioid Use Disorders in Medicare Act.***

In 2016, approximately one third of Medicare beneficiaries received an opioid prescription and over half a million received high doses of opioids yet many lack access to quality substance use disorder treatment.<sup>1</sup> This legislation would create an Alternative Payment Model (APM) demonstration program to incentivize the delivery of high quality, evidence-based substance use disorder treatment services. The voluntary program would enroll eligible beneficiaries who agree to receive substance use disorder treatment services through providers and institutions participating in the program.

APM demo program participants would receive both medication and psychosocial supports, such as care management, psychotherapy, treatment planning and appropriate social services to treat substance use disorder. Care teams would require inclusion of health care providers who are licensed to dispense opioid medications for detoxification or maintenance treatment for opioid use disorder, as well as appropriate providers of psychosocial treatment.

ASAM providers continue to see instances where patients cannot access the care they need due to insufficient insurance coverage of comprehensive treatment. We know that medication with attention to psychosocial needs is the evidence-based standard for treating addiction involving opioid use. This legislation acknowledges this and is a great step in the right direction. We strongly support its inclusion in any opioid legislative package passed by the Senate.

**Sections 11001-11003 of H.R. 6 – HR 5797 – IMD CARE Act – Expanded to “Substance Use Disorder”**

Medicaid beneficiaries with a substance use disorder (SUD), including, but not limited to, opioid use disorder and cocaine use disorder, should be able to access clinically appropriate residential treatment. As a result, we strongly support the expansion of this legislation to “substance use disorder” in any opioid legislative package passed by the Senate. However, to ensure beneficiaries receive the highest quality of care and to protect the American taxpayer from subsidizing non-evidence-based, residential addiction treatment, eligible residential treatment programs should be required to provide evidence-based SUD treatment, including offering FDA-approved medications for the treatment of addiction. Further, we strongly recommend that any opioid legislative package passed by the Senate providing for a limited repeal of the IMD exclusion ensures that treatment provider assessments for all addiction treatment services, levels of care, and length-of-stay recommendations, as well as methods of residential treatment program qualification, are based upon the ASAM Criteria and its levels of care or other nationally-recognized, evidence-based SUD-specific set of criteria.

On behalf of the families and patients we serve, thank you for the work thus far on legislative solutions to address the opioid misuse, addiction, and overdose epidemic. Each one of us has friends or relatives who have lost loved ones to this epidemic or suffered personally from this tragedy. It will take all of us working together to stem the tide of this public health emergency that claimed 42,249 lives in 2016 alone. Only then, will we be able to ensure our fathers, mothers, sisters, brothers, and friends get the help they need and are treated with the dignity we all deserve. We look forward to working with you and serving as a resource as the legislative process moves forward. If you have any questions or concerns, please contact Kelly Corredor, ASAM’s Director of Advocacy and Government Relations, at [kcorredor@asam.org](mailto:kcorredor@asam.org) or at 301-547-4111.

Sincerely,

A handwritten signature in black ink that reads "Kelly J. Clark". The signature is written in a cursive, flowing style.

Kelly J. Clark, MD, MBA, DFASAM  
President, American Society of Addiction Medicine

and

The Following Chapters of the American Society of Addiction Medicine:

1. Alabama Society of Addiction Medicine
2. Arizona Society of Addiction Medicine
3. California Society of Addiction Medicine
4. Connecticut Society of Addiction Medicine
5. Georgia Society of Addiction Medicine
6. Hawaii Society of Addiction Medicine
7. Indiana Society of Addiction Medicine
8. Kentucky Society of Addiction Medicine
9. Louisiana Society of Addiction Medicine
10. Maryland-DC Society of Addiction Medicine
11. Massachusetts Society of Addiction Medicine
12. Michigan Society of Addiction Medicine
13. Minnesota Society of Addiction Medicine
14. Nevada Society of Addiction Medicine
15. New Jersey Society of Addiction Medicine
16. New York Society of Addiction Medicine
17. North Carolina Society of Addiction Medicine
18. Northern New England Society of Addiction Medicine (Representing Vermont, New Hampshire, and Maine)
19. Northwest Society of Addiction Medicine (Representing Montana, North Dakota, and Wyoming)
20. Ohio Society of Addiction Medicine
21. Oklahoma Society of Addiction Medicine
22. Oregon Society of Addiction Medicine
23. Pennsylvania Society of Addiction Medicine
24. Rhode Island Society of Addiction Medicine
25. Tennessee Society of Addiction Medicine
26. Texas Society of Addiction Medicine
27. Washington Society of Addiction Medicine
28. Wisconsin Society of Addiction Medicine

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<sup>1</sup> An average morphine equivalent dose (MED) greater than 120mg per day for at least 3 months. U.S. Department of Health & Human Services, Office of Inspector General. Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing. HHS OIG Data Brief. (Jul 2017) (<https://oig.hhs.gov/oei/reports/oei-02-17-00250.pdf>)