

Congress of the United States

Washington, DC 20515

February 8, 2021

President Joseph R. Biden Jr.
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Biden:

As the sponsors of the Mainstreaming Addiction Treatment (MAT) Act and longtime champions of expanding lifesaving access to medication-assisted treatment, we write to invite you to work with Congress to take swift action to eliminate the burdensome buprenorphine waiver (commonly referred to as the x-waiver) requirement that places undue limitations on access to this life saving treatment, and adds to the stigma associated with treatment for substance use disorder.

For two decades, buprenorphine has been used as a safe, effective and life-saving medication-assisted treatment for individuals suffering from a substance use disorder. The National Academies of Sciences, Engineering and Medicine recommends that all FDA-approved medication-assisted treatment options be made available to every individual suffering from opioid use disorder.¹ However, it is estimated that only 20 percent of Americans struggling with opioid use disorder receive specialty addiction treatment.² Furthermore, recent a report from the HHS Office of Inspector General found that 40 percent of counties in the United States did not have a single provider who can prescribe buprenorphine.³

Under current law, medical professionals must receive a waiver from the Drug Enforcement Administration (DEA) in order to prescribe buprenorphine to treat substance use disorder. This burdensome requirement does not improve patient safety, but does lead to treatment bottlenecks and a lack of providers across the country, particularly in rural areas. This outdated waiver requirement continues to limit access to treatment even as medical professionals are able to prescribe the same drug for pain management without jumping through bureaucratic hoops. Removing this barrier will massively expand treatment access, making it easier for medical professionals to integrate substance use disorder treatment into primary care settings. After France took similar action to make buprenorphine available without a specialized waiver, opioid overdose deaths declined by 79 percent over a four-year period.⁴

According to the Centers for Disease Control and Prevention (CDC), over 81,000 drug overdose deaths occurred in the United States during the 12-month period ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period. In fact, overdose fatalities are

¹ https://www.nap.edu/resource/25310/032019_OUDconclusions.pdf

² https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf

³ Department of Health and Human Services Office of Inspector General, "Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder" (2020).

⁴ <https://pubmed.ncbi.nlm.nih.gov/15204673/>

now the leading cause of death for Americans under 50. Sadly, and unacceptably, just 1 in 5 individuals with an opioid use disorder is receiving the treatment they need.

Unfortunately, millions of Americans living in rural communities don't have access to all treatment options for substance use disorders, but specifically struggle to access medically-assisted treatment.⁵ We must expand rural access by engaging primary care practices—the places where most rural Americans receive care. Doctors and nurses in these practices are trusted members of the community, therefore it is essential that we remove barriers for these providers to ensure effective, evidence-based care for patients struggling with substance use disorders.⁶

In addition to rural communities, rates of substance use disorder are much greater among American Indians/Alaska Natives (AI/ANs) than in the general population. Compared with Caucasian Americans, almost three times as many AI/ANs were diagnosed as having substance dependence or abuse (8.7% and 22.8%, respectively), and the percentage of AI/ANs requiring treatment for alcohol or illicit drug use is almost twice that of other racial and ethnic groups in the United States (17.5% and 9.3%, respectively). Low rates of medically-assisted treatment implementation suggest racial disparities in access to medically-assisted treatment among AI/ANs⁷, which suggests a strong need for the MAT Act to pass Congress and be implemented into law.

We appreciate your previous comments that the x-waiver requirement should be removed,⁸ and we look forward to working with you to accomplish this important goal. We agree that the x-waiver reflects a longstanding stigma around substance use treatment, and sends a message to the medical community that they lack the knowledge or ability to effectively treat individuals with substance use disorder. Keeping the waiver in place is an enormous barrier to access to treatment. There is broad support for elimination of the waiver by medical groups including the American Medical Association, law enforcement groups including the National Association of Attorneys General, and substance abuse treatment providers and advocates across the country.

We believe that the best path forward to eliminating the x-waiver is through legislation. Last month, the Department of Health and Human Services considered regulatory changes to expand access to treatment by allowing certain providers to prescribe buprenorphine without receiving a waiver. However, the Department subsequently withdrew the proposal, with public reports indicating that there were concerns about the administration's authority to take those actions under existing statutory law. The best way to resolve those concerns and move forward on our shared goal of eliminating the x-waiver and expanding treatment opportunities is by supporting passage of the MAT Act without delay.

We respectfully request that you prioritize the elimination of the x-waiver in order to deliver on your promise to expand access to medication-assisted treatment, and we invite you to support passage of our Mainstreaming Addiction Treatment Act (MAT) Act in order to accomplish this goal. This bill would eliminate the x-waiver requirement, and authorize the Secretary of Health

⁵ <https://www.ahrq.gov/ncepcr/primary-care-research/opioids.html>

⁶ <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600397>

⁷ Id.

⁸ <https://joebiden.com/opioidcrisis/>

and Human Services (HHS) to conduct a national campaign to educate practitioners about the change in law, and encourage providers to integrate evidence-based medication-assisted treatment into their practices.

We look forward to working with you to pass the bipartisan MAT Act, and expand access to lifesaving medication-assisted treatment.

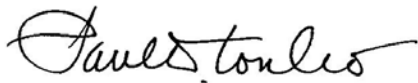
Sincerely,



Margaret Wood Hassan
United States Senator



Lisa Murkowski
United States Senator



Paul D. Tonko
Member of Congress



Antonio Delgado
Member of Congress



Anthony Gonzalez
Member of Congress



Michael Turner
Member of Congress