Dear Senators Markey, Warren, Shaheen, Feinstein, and Hassan,

We are writing on behalf of the American Association for the Treatment of Opioid Dependence (AATOD), which represents over 1,100 opioid treatment programs (OTPs) in the United States, and the National Alliance for Medication Assisted Recovery (NAMA Recovery), which represents over 700,000 patients, receiving methadone and buprenorphine medication as part of their treatment and recovery. NAMA Recovery represents the interests of all MAT patients, both those who are enrolled in OTPs as well as those who receive treatment in office-based settings. Patients of both OTPs as well as OBOTs serve on the NAMA Recovery Board of Directors.

This letter is in response to your correspondence of April 17, 2020 to Secretary Azar and Assistant Secretary McCance-Katz, urging them to increase the existing DATA 2000 patient cap from 275 patients to 500 patients during the COVID 19 pandemic.

We understand the intent of your letter and your interest in increasing treatment capacity for the treatment of opioid use disorder at the time of the double epidemics of opioid use and COVID-19. We respectfully urge you to reconsider this proposal.

It is true that buprenorphine, in combination with psychosocial services, has been effectively used for two decades, however, most individuals currently receive little or no counseling or other recovery support services. This has led to lower patient retention and questionable clinical outcomes. Simply prescribing medication alone is not medication assisted treatment (MAT).

We are referencing the article “Patterns and Quality of Buprenorphine Opioid Agonist Treatment in a Large Medicaid Program”, by Dr. Adam Gordon and his associates, published in 2015,
which conducted a retrospective analysis of DATA 2000 Medicaid claims in the state of Pennsylvania. The analysis concluded that 80% of such Medicaid claims were for the prescription of buprenorphine and approximately 20% of the claims were for counseling services.

It is also true that no one really knows what kind of care such patients receive when utilizing buprenorphine through DATA 2000 practices. While SAMHSA has a mandate to collect annual data from the medical practitioners authorized to treat up to 275 patients in their DATA 2000 practices, we understand that such comprehensive data have not been published. We have encouraged SAMHSA to collect this information in order to have a more informed understanding in making policy changes in this area.

At the present time, SAMHSA has approved more than 75,000, waived medical practitioners to prescribe buprenorphine in DATA 2000 practices. Unfortunately, only 50% of these waived practitioners are active prescribers. There are a number of reasons for this, including insurance related barriers, lack of access to integrated clinical support services, and stigma against individuals who have an opioid use disorder.

It is useful to cite an article written by Judy George, published in MedPage on April 20, 2020. The article referenced Dr. Emma McGinty of Johns Hopkins Bloomberg School of Public Health, stating… "We conducted a national survey of primary care physicians to try to understand barriers to treatment. Despite very strong research evidence showing that medication is the effective treatment, one-third of primary care physicians do not view medication for opioid disorder as more effective than treatment without medication”. This article underscores the significance of such attitudinal barriers in increasing access to care.

Dr. McGinty goes on to state…. “Most primary care physicians also don't support eliminating the requirement that they complete 8-hour training and register with the federal government to prescribe buprenorphine for OUD, according to the Hopkins poll… These administrative hurdles are often cited as a barrier to treatment, but our findings suggest that eliminating these requirements may not be enough to prompt widespread prescribing of buprenorphine for opioid use disorder in the primary care setting”.

In fact, the American Academy of Addiction Psychiatry along with other federally approved medical associations and societies, which train many DATA 2000 practitioners, have indicated that they have experienced a 400% increase in training DATA 2000 waived practitioners between 2018-2019. In addition, AAAP and the other medical associations/societies have the capacity to respond to increased opioid training needs through such online courses. AAAP also offers a professional mentoring program through Providers Clinical Support Services (PCSS) with options for free on-line discussion forums, individual questions, and one-one mentoring (www.pcssnow.org).

We understand that DATA 2000 practices may not be available in all rural and suburban settings. We also know that the number of patients in DATA 2000 treatment has increased markedly over the last several years as reported by the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration. Rather than propose such blanket increases in treatment capacity, we suggest a more nuanced approach where state officials such as the State Opioid Treatment Authorities would work with SAMHSA to determine any emergency needs to increase capacity in specific communities or regions based on evidence.
We do understand that it is not the intent of your correspondence to suggest that counseling is not necessary, but we are concerned that this could be an unintended consequence. We recognize that this recommendation is made to increase treatment capacity during this terrible epidemic.

There are some organizations which do not think the provision of clinical support services is necessary, as they believe medication alone is enough to treat opioid use disorder. This is based on the claim that not all patients with opioid use disorder would need or benefit from counseling and other support services.

Medication alone may be adequate for some patients, but this is not the case for the majority of patients. Many individuals with opioid use disorder also live with co-occurring mental disorders and/or other pre-existing chronic health conditions such as Hepatitis C or HIV. Additionally, some patients may also have diagnoses of other substance use disorders, most especially stimulant use disorders involving cocaine or methamphetamine and sedative, hypnotic and anxiolytic use disorders. Lastly, many individuals with substance use disorders have experienced significant trauma that medication alone does not address. We are happy to provide research-based references in support of how comprehensive care with medication, counseling and other support services improves patient outcomes.

NAMA Recovery in particular, as the representatives and voice of medication assisted treatment patients across the United States, feels strongly that patients deserve access to quality, comprehensive care offered by trained providers.

It is understood that your letter does not seek to dismantle DATA 2000 regulations. The undersigned organizations are grateful to have your support for our work. We are writing to provide context in an extremely complicated policy environment, which has become even more complex with the impact of COVID-19.

We appreciate your consideration in this area and are happy to meet with you to discuss these issues at greater length when the time is right.

Sincerely,

Mark W. Parrino, MPA
AATOD President

Zachary C. Talbott, MSW
NAMA Recovery President