

September 17, 2018

The Honorable Paul Ryan  
Speaker  
U.S. House of Representatives  
H-232, The Capitol  
Washington, D.C. 20515

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
H-204, The Capitol  
Washington, D.C. 20515

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
S-230, The Capitol  
Washington, D.C. 20510

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
S-221, The Capitol  
Washington, D.C. 20510

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Dear Speaker Ryan, Minority Leader Pelosi, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Emergency Physicians (ACEP), our 38,000 members, and the more than 140 million patients we treat each year, I am writing to thank you for your efforts to end the opioid misuse epidemic and for your leadership on this critical issue. We greatly appreciate the progress that has been made to date in developing a comprehensive legislative approach to curb this public health crisis.

But in order to ensure patients and physicians have legitimate pain reduction options other than opioids, and that we provide opioid use disorder patients with the best chance to end their addiction, Congress must work quickly to resolve differences and enact this vital legislation. ACEP urges Congress as it does so to include sufficient support and resources in the opioid conference agreement to be able to effectively expand the Alternatives to Opioids (ALTO) and emergency department (ED)-initiated Medication Assisted Treatment (MAT) programs included in the legislation passed by each chamber.

According to the U.S. Centers for Disease Control and Prevention (CDC), there were more than 42,000 opioid overdose deaths in 2016, equivalent to nearly 116 deaths per day in America; 11.5 million people misused prescription opioids; and 2.1 million had an opioid use disorder. And for every fatal overdose, there are believed to be roughly 30 nonfatal overdoses.

If these statistics weren't concerning enough, the most recent CDC data showed a 30 percent overall increase in emergency department visits for opioid overdoses between July 2016 and September 2017, which included increases in all segments of the population and all regions of the country. This is the situation emergency physicians find themselves in every day trying to combat this horrible epidemic.

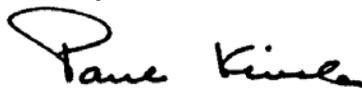
While we are very excited both chambers included ALTO and ED-initiated MAT programs in their respective opioid bills, ACEP believes the House provisions (Subtitles I and J of H.R. 6), if enacted, will enable more lives to be saved since they include direct grants, specified amounts for those grants, and a focus on the emergency department as the site of care where many individuals seek pain relief or overdose treatment.

ALTO is a multidisciplinary acute pain management program that helps treat painful conditions for emergency department patients without using opioids. It is based on a very simple premise that the best way to avoid opioid misuse and addiction is to never start a patient on opioids. ALTO protocols use specific non-addicting drugs and therapies that target receptor sites and enzymes that mediate the pain. Within two years of implementing the ALTO program at a hospital in New Jersey, there was an 82 percent reduction in opioid prescriptions. More recently, 10 hospitals in Colorado established a similar program and saw a decrease in opioid use of 36 percent in just the first six months.

With opioid overdoses, once overdose patients in the emergency department are stabilized, emergency physicians have a unique opportunity to provide opioid use disorder interventions and initiate referrals for continued treatment by appropriately trained pain management specialists, primary care providers, or addiction specialists. One such intervention that has shown great success is through the use of medications, such as buprenorphine, which helps patients stop their use of opiates by decreasing withdrawal symptoms. The use of these drugs, combined with counseling and other support services, is commonly referred to as Medication Assisted Treatment. Studies show that initiating MAT in the emergency department, versus simple referral for outpatient treatment or a brief intervention, is associated with increased engagement in addiction treatment, reduced use of illicit opioids, and decreased use of inpatient addiction treatment services. One of the key elements of this program is the requirement that the health care site have agreements in place with a sufficient number of community providers to ensure a “warm hand-off” for the patient from the ED to appropriate follow-up care can be established. Initiating MAT in the ED can be the critical difference in ensuring a patient can follow through on their addiction treatment. But just as important to long-term recovery is ensuring sufficient access to and continuation of services in the outpatient setting.

Thank you again for your efforts to help end the opioid epidemic in America. Should you have any questions or require any further information, please do not hesitate to contact Brad Gruehn, ACEP’s Congressional Affairs Director, directly at (202) 370-9297 or at [bgruehn@acep.org](mailto:bgruehn@acep.org).

Sincerely,



Paul D. Kivela, MD, MBA, FACEP  
ACEP President

CC: House Energy and Commerce Committee  
House Ways and Means Committee  
Senate Finance Committee  
Senate Health, Education, Labor, and Pensions Committee