

June 1, 2020

The Honorable Nancy Pelosi  
Speaker of the House  
United States Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
2421 Rayburn House Office Building  
Washington, DC 20515

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

The Honorable Chuck Schumer  
Senate Minority Leader  
322 Hart Senate Office Building  
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader McConnell, Congressman McCarthy, and Senator Schumer:

**In response to the coronavirus pandemic, the eleven undersigned organizations representing behavioral health and substance use disorder treatment providers and public health advocates write to encourage Congress to pass the Mainstreaming Addiction Treatment Act (MAT Act, H.R. 2482, S. 2074).** This bipartisan, bicameral legislation would remove the federal barrier established by the DATA 2000 Act that requires health care practitioners to obtain a waiver from Drug Enforcement Administration (DEA) before prescribing buprenorphine, one of three drugs approved by the Food and Drug Administration (FDA) to treat opioid use disorder (OUD).

The CDC estimates that drug overdoses killed more than 67,000 Americans in 2018. Of those deaths, most (69.4 percent) involved an opioid. Unfortunately, the coronavirus is expected to heighten these already devastating figures as economic and social stresses created by the pandemic will cause even more Americans to need substance use treatment.

While the Substance Abuse and Mental Health Services Administration (SAMHSA) advises health care providers to anticipate an increase in demand for treatment during disasters and other times of high stress,<sup>1</sup> the American treatment system is underresourced to meet this expected demand. A conclusive body of evidence demonstrates that medication for OUD is the most effective way to treat the disease, federal rules established by the DATA 2000 Act have contributed to a nationwide shortage in healthcare providers who can prescribe this medication. A 2019 report by the National Academy of Science, Engineering and Medicine (National Academies) suggests that as few as two to three percent of health care practitioners have a waiver.<sup>2</sup>

In response to the pandemic, SAMHSA and DEA have provided guidance and enforcement discretion to enable greater access to this medication, such as increased prescribing via telehealth. Of the three FDA-approved medications for OUD treatment, buprenorphine can now be prescribed via telehealth and administered at home without a visit to a doctor or treatment facility. This flexibility is vitally important for people experiencing self-isolation and quarantine caused by COVID-19.

However, because of the very small number of waived providers who can legally prescribe the medication, the life-saving flexibility enabled by telehealth is only available to a limited number of Americans. As of 2017, 44 percent of U.S. counties did not have a single waived physician authorized to prescribe buprenorphine for OUD treatment,<sup>3</sup> leaving millions of Americans without local access to physicians who can treat them.

In its 2019 report sponsored by National Institutes of Health and SAMHSA, the National Academies concluded that the waiver is not supported by evidence and that such strict regulations are not imposed upon access to life-saving medications for other chronic diseases.<sup>4</sup> The report also noted that the waiver is an impediment to expanding access to OUD treatment for those who need it.<sup>5</sup> Buprenorphine reduces mortality from OUD by up to 50 percent,<sup>6</sup> yet it is the only Schedule III controlled substance that requires a practitioner to obtain a waiver in order to prescribe. Schedule II medications, such as morphine and hydrocodone, have a high abuse potential yet do not require such a waiver.

We believe that the MAT Act will help expand access to life-saving care. **As part of its ongoing COVID-19 response efforts, Congress should pass the MAT Act (H.R. 2482 and S. 2074).** Such an overwhelming public health crisis requires an all-hands on deck approach. As the health care system is being pushed past its capacity, having outdated, unsubstantiated regulations that limit OUD treatment to a small minority of physicians can no longer be justified.

Sincerely,

American College of Emergency Physicians  
American College of Medical Toxicology  
American Foundation for Suicide Prevention  
Community Catalyst  
Drug Policy Alliance  
Harm Reduction Coalition  
National Association of Attorneys General  
National Council for Behavioral Health  
National Health Care for the Homeless Council  
Shatterproof  
The Pew Charitable Trusts

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<sup>1</sup> Substance Abuse and Mental Health Services Administration, “Disaster Planning Handbook for Behavioral Health Treatment Programs” (2013). <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4779.pdf>.

<sup>2</sup> National Academies of Sciences, “Medications for Opioid Use Disorder Save Lives,” (2019), 2-3.

<sup>3</sup> C.H.A. Andrilla et al., “Geographic Distribution of Providers with a Dea Waiver to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder: A 5-Year Update,” *Journal of Rural Health* 35, no. 1 (2019): 108-12, <https://www.ncbi.nlm.nih.gov/pubmed/29923637>.

<sup>4</sup> National Academies of Sciences, Engineering, and Medicine, “Medications for Opioid Use Disorder Save Lives” (2019), <https://doi.org/10.17226/25310>.

<sup>5</sup> Ibid.

<sup>6</sup> M.A. Schuckit, “Treatment of Opioid-Use Disorders,” *N Engl J Med* 375, no. 16 (2016): 1596-97, <https://www.ncbi.nlm.nih.gov/pubmed/27797302>.