



2005 Market Street, Suite 2800 215.575.9050 Phone  
Philadelphia, PA 19103-7077

901 E Street NW 202.552.2000 Phone  
Washington, DC 20004

[www.pewtrusts.org](http://www.pewtrusts.org)

April 15, 2016

The Honorable Roy Blunt  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Patty Murray  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

Dear Chairmen Blunt and Cole, and Ranking Members Murray and DeLauro:

The Pew Charitable Trusts is an independent nonpartisan, nonprofit research and policy organization. Our work to address substance use disorders focuses on developing and supporting policies that 1) reduce the inappropriate use of prescription drugs while ensuring that patients have access to effective pain management, and 2) expand access to effective treatment for substance use disorders through increased use of medication-assisted treatment (MAT). Pew urges you to include funding in the fiscal year (FY) 2017 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill to support efforts to combat the opioid epidemic.

Drug overdose rates hit record levels in 2014, the most recent year for which data are available. This increase was driven by opioids, such as heroin and prescription pain relievers, which were involved in more than 28,000 overdose deaths.<sup>i</sup> According to Dr. Tom Frieden, director of the Centers for Disease Control and Prevention (CDC), “The increasing number of deaths from opioid overdose is alarming. The opioid epidemic is devastating American families and communities. To curb these trends and save lives, we must help prevent addiction and provide support and treatment to those who suffer from opioid use disorders.”

Decades of research have unequivocally demonstrated that the most effective treatment for substance use disorder is MAT, which pairs medications approved by the Food and Drug Administration with behavioral therapy. Despite the evidence, MAT has been adopted in less than half of private-sector treatment programs and even in programs that do offer MAT, just over one-third of patients receive it.<sup>ii</sup> The President’s FY 2017 Budget request includes funding for a

number of initiatives that would substantially expand access to MAT for opioid use disorder and, ultimately, save lives.

The President's FY 2017 Budget requests \$50.1 million that would enable the Substance Abuse and Mental Health Services Administration (SAMHSA) to support 23 new state grants to expand access to MAT, recovery support services, and coordinate human immunodeficiency virus/hepatitis C treatment. The grants, targeted to states that have high rates of treatment admissions for opioid use disorders, would increase access to effective, comprehensive, coordinated care for these patients. This program currently funds grants in 11 states, but the demand for services has continued to rise in parallel with increased opioid misuse and many more states could benefit from this support.

The President's proposal also includes \$10 million for a new SAMHSA demonstration program on expanding buprenorphine prescribing authority. Federal law currently limits the prescribing of buprenorphine to physicians. This restriction exists despite the fact that there are no federal restrictions on nurse practitioners and physician assistants prescribing any other drug, including opioid pain relievers, which are the largest contributor to overdose deaths. This demonstration would test the safety and effectiveness of allowing nurse practitioners and physician assistants to prescribe buprenorphine for the treatment of substance use disorder. Research published last year in the American Journal of Public Health demonstrates that the current supply of physician prescribers of buprenorphine is not sufficient to treat the growing number of patients with opioid use disorder.<sup>iii</sup> This research would be a critical first step in understanding how nurse practitioners and physician assistants, who are often the only primary care providers in rural areas, could help more patients access MAT.

Another important item in the President's FY 2017 Budget is \$10 million to support a Rural Opioid Overdose Reversal Program run by the Health Resources and Services Administration. These funds would be used to increase the availability of naloxone, a drug that blocks the effects of opioids and reverses overdose, in rural communities, and to refer patients with drug dependency to treatment centers. According to the CDC, naloxone was administered to reverse more than 26,000 overdoses between 1996 and 2014.<sup>iv</sup> However, this drug could be much more widely used in rural areas. A 2015 study found that rural communities are disproportionately affected by underutilization of naloxone, despite the fact that rural residents suffer a higher rate of opioid overdose than in other parts of the country.<sup>v</sup> This program would take steps to narrow that gap.

Pew strongly urges you to support the requests in the President's Budget that would make MAT more accessible and effective. Should you have any questions or if we can be of assistance with your work please contact Lindsey Berman at 202-540-6958 or [lberman@pewtrusts.org](mailto:lberman@pewtrusts.org). Pew thanks you for your leadership.

Sincerely,



Cynthia Reilly, B.S. Pharm.  
The Pew Charitable Trusts

---

<sup>i</sup> Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. *Morbidity and Mortality Weekly Report* 2016; 62(50):1378-82.

<sup>ii</sup> Knudsen, H. K., Abraham, A. J., & Roman, P. M. (2011). Adoption and implementation of medications in addiction treatment programs. *Journal of Addiction Medicine*, 5(1), 21.

<sup>iii</sup> Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. *American journal of public health*, 105(8), e55-e63.

<sup>iv</sup> Centers for Disease Control and Prevention. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014. *Morbidity and Mortality Weekly Report* 2014; 64(23);631-635.

<sup>v</sup> Faul, M., Dailey, M. W., Sugerman, D. E., Sasser, S. M., Levy, B., & Paulozzi, L. J. (2015). Disparity in naloxone administration by emergency medical service providers and the burden of drug overdose in US rural communities. *American journal of public health*, 105(S3), e26-e32.