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April 8, 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:

The Pew Charitable Trusts (Pew) is a global research and public policy organization dedicated to serving the public. Operated as an independent, nonpartisan non-profit, Pew applies a rigorous, analytical approach to improve public policy, inform the public, and invigorate civic life. For the past several years, Pew has performed in-depth research and analysis on strategies to address the nation's opioid crisis. Through its Substance Use Prevention and Treatment Initiative, Pew collaborates with states in their efforts to improve access to timely, comprehensive, evidence-based, and sustainable treatment for opioid use disorder (OUD).

As the nation battles the coronavirus pandemic, the American health system is being pushed to the brink. Congress and the Federal government have responded swiftly to this evolving emergency, providing critical funding and regulatory flexibility to equip health care providers with the tools they need to fight the pandemic.

The impact of coronavirus is particularly acute for the millions of Americans suffering from OUD. As the pandemic overwhelms the nation's primary care and hospital systems, access to treatment facilities is becoming increasingly limited. Of the three medications approved by the Food and Drug Administration to treat OUD, buprenorphine is the only one that can be prescribed without a visit to a doctor or treatment facility, making this medication even more critical for people experiencing self-isolation and quarantine.

Buprenorphine alleviates the painful symptoms associated with OUD and reduces mortality by up to 50 percent. Unlike opioids commonly prescribed to control pain, buprenorphine has a ceiling characteristic, meaning that its effects will not increase even with repeated dosing, which minimizes the risk of respiratory depression leading to fatal overdose compared to other opioid medications.<sup>1</sup> Prescribing buprenorphine for OUD is no more complex to manage than other chronic conditions treated in primary care<sup>2,3,4,5</sup> and is safe to dispense from a pharmacy and take at home.

Despite the relative safety of the drug, federal rules established by the DATA 2000 Act require practitioners to receive additional training, complete registration, and undergo oversight, as well as obtain an additional waiver (known as the X-waiver) from the Drug Enforcement Administration (DEA) before prescribing buprenorphine. These regulations have led to a nationwide shortage in OUD treatment providers. A 2019 report by the National Academy of Science, Engineering and Medicine suggests that as low as two to three percent of practitioners have a waiver.<sup>6</sup> As of 2017, 44 percent of US counties did not have a single waived physician authorized to prescribe buprenorphine for OUD treatment,<sup>7</sup> leaving millions of Americans without local access to physicians who can treat them at home.

The CDC estimates that drug overdoses killed more than 67,000 Americans in 2018. Of those deaths, most (69.4 percent) involved an opioid.<sup>8</sup> Unfortunately, the coronavirus pandemic will heighten these already devastating figures as economic and social stresses created by the coronavirus lead many Americans to require substance use treatment. In focus groups of opioid treatment program patients following Hurricane Sandy, patients indicated that barriers to accessing treatment during the disaster led them to return to using street drugs to stave off withdrawal.<sup>9</sup> However, less than 8% patients in office-based buprenorphine treatment reported resumption of or increases in illicit opioid use post-Hurricane Sandy, suggesting the efficacy of buprenorphine treatment during emergencies.<sup>10</sup>

The National Academies recently concluded that no evidence base supports the X-waiver process.<sup>11</sup> The existence of this waiver is even more unconscionable during this time of crisis when access to at-home treatment solutions can mean life or death for millions of Americans. As the health care system is being pushed past its capacity, having regulations in place that further limit OUD treatment to a small minority of physicians can no longer be justified.

For these reasons, **The Pew Charitable Trusts (Pew) strongly encourages Congress to pass the Mainstreaming Addiction Treatment Act (the MAT Act, H.R. 2482 and S. 2074).** This bipartisan legislation would remove the federal rules established by the DATA 2000 Act that require health care practitioners to obtain a waiver from the DEA before prescribing buprenorphine to treat OUD. For the roughly two million Americans who met criteria for OUD in the past year,<sup>12</sup> this legislation will help expand access to life-saving care in the safety of their homes.

We urge Congress to pass the MAT Act expeditiously. Thank you for your continuing efforts to support expanding access to OUD treatment and for taking swift action to address the coronavirus pandemic. Pew welcomes the opportunity to work with you. Please do not hesitate to contact my colleague Libby Jones at [ejones@pewtrusts.org](mailto:ejones@pewtrusts.org) or 202-540-6516 with any questions.

Sincerely,



Elizabeth Connolly  
Director, Substance Use Prevention and Treatment Initiative

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- <sup>1</sup> Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee at the U.S. Department of Health and Human Services, “Addressing Prescription Drug Abuse in the United States Current Activities and Future Opportunities” (2013), [https://www.cdc.gov/drugoverdose/pdf/hhs\\_prescription\\_drug\\_abuse\\_report\\_09.2013.pdf](https://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf); American Society of Addiction Medicine, “The Asam National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use” (2015), <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>.
- <sup>2</sup> J. Berk, “To Help Providers Fight the Opioid Epidemic, ‘X the X Waiver’,” *Health Affairs Blog* (2019), [10.1377/hblog20190301.79453](https://doi.org/10.1377/hblog20190301.79453).
- <sup>3</sup> K. Fiscella, S.E. Wakeman, and L. Beletsky, “Buprenorphine Deregulation and Mainstreaming Treatment for Opioid Use Disorder: X the X Waiver,” *JAMA Psychiatry* 76, no. 3 (2019): 229-30, <https://www.ncbi.nlm.nih.gov/pubmed/30586140>.
- <sup>4</sup> S.E. Wakeman and M.L. Barnett, “Primary Care and the Opioid-Overdose Crisis - Buprenorphine Myths and Realities,” *New England Journal of Medicine* 379, no. 1 (2018): 1-4, <https://www.ncbi.nlm.nih.gov/pubmed/29972748>.
- <sup>5</sup> R.C. Waters, “In Support of Buprenorphine Deregulation,” *Fam Pract Manag* 26, no. 4 (2019): 6-8, <https://www.ncbi.nlm.nih.gov/pubmed/31287271>.
- <sup>6</sup> National Academies of Sciences, “Medications for Opioid Use Disorder Save Lives,” (2019), 2-3.
- <sup>7</sup> C. Holly 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,” *The Journal of Rural Health* (2018), <https://doi.org/10.1111/jrh.12307>; Roger A. Rosenblatt, et al., “Geographic and Specialty Distribution of US Physicians Trained to Treat Opioid Use Disorder,” *Annals of Family Medicine* 13, no. 1 (2015): 23-26. doi: 10.1370/afm.1735.
- <sup>8</sup> Holly Hedegaard, M.D., Arialdi M. Miniño, M.P.H., and Margaret Warner, Ph.D., “Drug Overdose Deaths in the United States, 1999–2018,” *NCHS Data Brief*, No. 356, January 2020.
- <sup>9</sup> Harlan Matusow, Ellen Benoit, Luther Elliott, Eloise Dunlap, and Andrew Rosenblum. “Challenges to opioid treatment programs after Hurricane Sandy: Patient and provider perspectives on preparation, impact, and recovery.” *Substance use & misuse* 53, no. 2 (2018): 206-219.
- <sup>10</sup> Babak Tofighi, Ellie Grossman, Arthur R. Williams, Rana Biary, John Rotrosen, and Joshua D. Lee. “Outcomes among buprenorphine-naloxone primary care patients after Hurricane Sandy.” *Addiction science & clinical practice* 9, no. 1 (2014): 3.
- <sup>11</sup> National Academies of Sciences, “Medications for Opioid Use Disorder Save Lives.”
- <sup>12</sup> Substance Abuse and Mental Health Services Administration, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health” (2019).